

Date of Notification (1)
11/10/12

Name of Building Owner/Operator (2)
JOHN LEAHY

Street Address
168 MAIN STREET

City, State, Zip Code
WOODBIDGE, NJ

Name of Contact
JOHN LEAHY

Telephone Number
[REDACTED]

Agenda Notification
☐ EPA
☐ OCP
☒ DOI
☒ DOH
☐ DCA

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
JOHN LEAHY

Street Address
168 MAIN STREET

City (5)
WOODBIDGE

County (6)
MIDDLESEX

County Code (7) (State use only)
[REDACTED]

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

Square Feet
[REDACTED]

of Floors
[REDACTED]

Bldg. Age
[REDACTED]

Current Use (Prior if being demolished)
[REDACTED]

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

ASOM No.
[REDACTED]

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
[REDACTED]

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Start Date (10)
10/26/11

Sched. Completion Date (11)
11/07/11

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

Scope of Work (check all that apply)
☒ >2 sf or >2 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)	Removal Method				
	Yes	No	N/A			R	R	E	E	E
BASEMENT		X		PIPE INSULATION	35 LFT	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
TULLYTOWN, PA

Disposal Date
10/27/11

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature
[REDACTED]

Date
10/25/11

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) <u>11/10/11</u>		Name of Building Owner/Operator (2) BEN PENA		Signature: <u>[Signature]</u> Date: <u>10/25/11</u> Time: <u>2:03PM</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 RIDGELAND ROAD		City, State, Zip Code PARAMUS, NJ	
	Name of Contact BEN PENA		Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BEN PENA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 23 RIDGELAND ROAD			Square Feet # of Floors Bldg. Age		
City (5) PARAMUS	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number [REDACTED]		
Start Date (10) 10/26/11		Sched. Completion Date (11) 11/07/11	License Number 00159		
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"/> >2 sf or >2 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >160 sf or >250 lf <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					
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 s u l e	E n c l o s e
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	30 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"/>
						<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.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY						
City, State PATERSON, NJ 07503		Disposal Date 10/27/11	City, State TULLYTOWN, PA						
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature [Signature]				Date 10/25/11		

ASB-41

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

Date of Notification (1) 10/19/11		Name of Building Owner/Operator (2) CAROL ANN WILSON		APPROVED NJ Dept. of Health & Senior Services Date: 10/20/11 Time: 7:52AM	
Agency/ies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 154 22ND AVENUE City, State, Zip Code PATERSON, NJ Name of Contact CAROL ANN WILSON Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL ANN WILSON Street Address 154 22ND AVENUE City (5) PATERSON, NJ County (6) PASSAIC County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
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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 Telephone Number License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number		Start Date (10) 10/20/11 Sched. Completion Date (11) 10/31/11	
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"/> >2 sf or >2 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 checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-frable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	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						
BASEMENT		X		PIPE INSULATION	29 L FT	X			
BASEMENT BOILER		X		BOILER INSULATION	35 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 10/21/11		City, State TULLYTOWN, PA		Completed by (Print or Type) BOGDAN JOLDZIC	
Title PRESIDENT		Signature [Signature]		Date 10/19/11		ASB-41	

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

APPROVED	
NJ Dept. of Health & Senior Services	
 (signature)	
Date: 10/20/11	Time: 12:10 PM

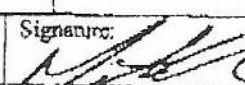
Date of Notification (1): 10/20/11		Name of Building Owner/Operator (2): NJSDA	
Agencies Notified	Type Notification	Street Address:	
	() Initial	1 WEST STATE STREET	
	(X) EPA Notification	City, State, Zip Code:	
	(X) DEP () Amendment	TRENTON, NJ 08625	
	(X) DOL Notification	Name of Contact:	
(X) DOH () Cancellation		MR. DVANG KAPADIA	
() DCA		Telephone Number:	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SCHOOL		Type of Facility (4):	
		() School (K-12) (X) Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 120 CENTRAL AVE.			
City & State (5): EAST ORANGE, NJ		Square Feet: NA	# of Floors: 2
		Bldg. Age: NA	
County (6): ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8): WHITMAN		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.	
Street Address: 116 TICES LANE, UNIT B-1		Street Address: 339 North 6th Street	
City, State, Zip Code: EAST BRUNSWICK, NJ 08816		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: KEVIN LOVELY		Telephone No.: 732-390-5858	License No.: 00641
Start Date (10): 10/20/11	Scheduled Completion Date (11): 10/26/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address: P.O. Box 8265	
(X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		City, State, Zip Code: Haledon, NJ 07538	

Scope of Work (Check all that apply):

- | | | |
|--|----------------------------------|--|
| (X) ≥ 3 sf or ≥ 3 lf
() ≥ 160 sf or ≥ 260 lf | (X) Renovation
() Demolition | () Full Containment with Negative Pressure
() Wrap & Cut
() Glovebag Procedure
(X) Non-Friable Procedure |
|--|----------------------------------|--|

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF/SKY LIGHT		X		TRASITE/FLASHING	30 SF	X			
WINDOW		X		CAULKING	2 SF	X			
Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 18693		Cubic Yards of Waste:	Name of Registered landfill: YESI				
City, State: PO BOX 5670, NEWARK NJ 07105		Disposal Date: 10/26/11		City, State: IMPERIAL, PA 15126					
Completed By: MIKE ALTADOUKA		Title: PRESIDENT		Signature: 		Date: 10/20/11			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

10/20/11
(signature)
Date: 10/20/11 Time: 1:50 PM

Date of Notification (1) <u>10/20/11</u>		Name of Building Owner/Operator (2) <u>Stacey Umland</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>124 Mountwell Avenue</u> City, State, Zip Code <u>Haddonfield, NJ 08033</u>					
		Name of Contact <u>Stacey Umland</u>	Telephone Number <u>[REDACTED]</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>124 Mountwell Avenue</u>		Square Feet	# of Floors				
City (5) <u>Haddonfield</u>		Bldg. Age					
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>[REDACTED]</u>	License No. <u>00493</u>				
Start Date (10) <u>10/21/11</u>	Scheduled Completion Date (11) <u>10/21/11</u>	Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>P.O. Box 341</u>					
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
1st floor		duct insulation (wrap and cut)	16 LF	<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>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/24/11</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>10/20/11</u>				

ABB-41
MAR 00

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

10/20/11

Date of Notification (1) 11/01/2011		Name of Building Owner/Operator (2) Butler School District		APPROVED NJ Dept. of Health & Senior Services Paul C. Horn (Signature) Date: 10/30/11 Time: 2:35PM
Agencies Notified	Type Notification	Street Address 38 Bartholdi Avenue		
(X) EPA	(X) Initial Notification	City, State, Zip Code Butler, NJ 07405		
(X) DEP	() Amended Notification	Name of Contact Debbie Naley-Minenna, Bus. Admin.		
(X) DOL	() Cancellation	Telephone Number		
(X) DOB				
(X) DCA				

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Butler High School			Type of Facility (4) (X) School (K-12) () Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 38 Bartholdi Avenue			Square Feet 6500		
City (5) Butler, NJ 07405			# of Floors 1		
County (6) Morris			Hldg. Age 64		
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00127			Street Address 180 Sargeant Avenue		
Street Address 307 North Walnut Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code West Chester, PA 19380			Telephone Number 610-996-3515		
Project Manager for Monitoring Firm Matt Abraham			License Number 00807		
Scheduled Start Date (10) 11/01/2011			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 11/01/2011			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Clifton, NJ 07013		
() Abatement Performed Outside of Normal Facility Hours - Describe:					
() Other - Describe:					

Scope of Work (Check all that apply)

- () Demolition
() 125 sf or 125 lf
(X) 160 sf or 160 lf

(X) Renovation

- (X) Full Containment with Negative Pressure
() Mini-Enclosure
() Glovebag Procedure
() Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	A N C I E N T	A D D I T I O N A L
Band Room	X	Floor Tile / Mastic	1,584 SF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.	Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 10/20/11

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

Check # **7736**

Date of Notification (1) 10/24/11		Name of Building Owner/Operator (2) MR. FRIE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation							
Street Address 131 WEST QUACKENBUSH AVE.		City, State, Zip Code DUMONT NJ 07628							
Name of Contact PETER		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. FRIE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 131 W. QUACKENBUSH AVE		Square Feet 1450							
City (5) DUMONT		# of Floors 2							
County (6) BERGEN		Bldg. Age 56							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452							
Telephone No.		Telephone No. [REDACTED]							
Start Date (10) 10/21/11		License No. 00156 A							
Scheduled Completion Date (11) 10/24/11		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 Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) Basement	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	Enclose
				PIPE	90 LF	<input checked="" type="checkbox"/>			
				BOILER	25 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681		Cubic Yards of Waste 1		Name of Registered Landfill Cumberland County Landfill			
City, State Kearny, New Jersey		Disposal Date 10/24/11		City, State Newburg, PA 17242					
Completed by R. McDonald		Title President		Signature [Signature]		Date 10/24/11			

Date of Notification (1)

11/10/11

Name of Building Owner/Operator (2)

Kathy LePore

Street Address

271 Burlington Avenue

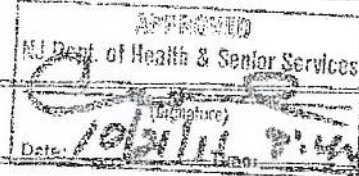
City, State, Zip Code

Paterson, NJ 07502

Name of Contact

Kathy LePore

Telephone Number



Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Kathy LePore

Street Address

271 Burlington Avenue

City (5)

Paterson, NJ 07502

County (6)

Passaic

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
 residential

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

License Number

0378

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

10/25/11

Sched. Completion Date (11)

10/25/2011

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: _____

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	c	n
o	d	a	c
v	a	p	e
s	i		

basement

boiler insulation

20 sf

Registered Waste Hauler
 B & G Restoration, Inc.

NJDEP Hauler ID#
 19563

Cubic Yards of Waste
 1 yard

Name of Registered Landfill
 Tullytown Resource & Recovery Center

City, State
 Lincoln Park, NJ 07035

Disposal Date
 10/26/11

City, State
 Tullytown, PA

Completed by (Print or Type)
 Gordana Luna

Title
 Treasurer

Signature

Gordana Luna

Date
 10/21/2011

Scanned
10/20/11

Telephone: (609)826-4950

Fax: (609)826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Type of Notification ☒ Initial ☐ Amended ☐ Emergency Date of Notification: 10/20/11

Name of Building Owner/Operator: =Picatinny Arsenal

Street Address: City: Picatinny Arsenal State: NJ Zip: 07806
Name of Contact: Greag Gainer Telephone Number: ~~201-271-1000~~

FACULTY INFORMATION

Name of Facility Where Work Activity is to Take Place: Building 3306

Describe Facility Use: Officers Building

Street Address: City: State: Zip:

County Name: Morris County Code (State Use Only):

Scheduled Start Date: 11/1/11 Scheduled Completion Date: 11/22/11

Occupancy Status During Activity (check only one):

- ☐ Facility closed/vacated during entire activity
☐ Activity performed outside of normal facility hours - Describe _____
☒ Other - Describe: section off building

Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor tile	Square Footage: 6000	Percentage Asbestos: _____
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: _____
<input type="checkbox"/> Other	Square Footage: _____	Percentage Asbestos: _____

CONTRACTOR INFORMATION

Company Name: National Flooring Removal

Telephone Number: ~~(609) 271-1000~~

Street Address: PO box 58 City: Augusta State: NJ Zip: 07822

New Jersey Asbestos License Number (If applicable):

Monitoring Firm

Telephone Number: ()

Completed by (Type or Print legibly): Robert Haas Title: Owner

Signature: Robert M. Haas (AA) Date: 10/20/11

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification) Date of Notification: 10/21/11

Building Information

Name of Building Owner/Operator: Kearfott Corporation
Street Address: 1150 McBride Ave City: Little Falls State: NJ Zip: 07424
Name of Contact: Tom Harding Telephone No.: (914) 341-1111

Facility Information

Name of Facility Where Work Activity is to Take Place: Kearfott Corp. Guidance & Navigation Div.
Describe Facility Use: Manufacturing
Street Address: 1150 McBride Ave City: Little Falls State: NJ Zip: 07424
County Name: PASSAIC County Code (state use only):
Scheduled Start Date: 10/22/11 Scheduled Completion Date: 10/24/11
Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe:
☐ Other—Describe:

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 525 sf Percentage Asbestos: 82
☐ Mastic Square Footage: Percentage Asbestos:
☐ Other: Square Footage: Percentage Asbestos:

Contractor Information

Company Name: AZTECH MANAGEMENT INC Telephone No.: (914) 341-1111
Street Address: 86 Christopher St City: Montclair State: NJ Zip: 07042
New Jersey Asbestos License Number (if applicable): 00371
Monitoring Firm (if applicable): Telephone No.:

Signature

Completed By (type or print legibly): Constantin Vivian Title: President
Signature: Constantin Vivian Date: 10/21/11

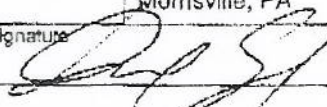
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 1640

DOL - 10 DAY

OCT 24 2011

APPROVED

Date of Notification (1) 10/24/2011		Name of Building Owner/Operator (2) Christopher Megowan							
Agencies Notified	Type Notification	Street Address 58 South Broadway							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" 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 Saddle Brook, NJ 07660							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Christopher Megowan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 58 South Broadway		Square Feet 2500	# of Floors 2						
City (5) Saddle Brook		Bldg. Age 70							
County (6) Bergen County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address		Street Address 78 Fenner Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. XXXXXXXXXX	License No. 01099						
Start Date (10) 10/25/2011		Scheduled Completion Date (11) 10/26/2011							
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 Other - Describe: 8:00am - 4:00pm		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation and Fittings	60 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State Clifton, NJ 07013		Disposal Date		City, State Morrisville, PA					
Completed by Dimo Golcev		Title V. President		Signature 		Date 10/24/2011			

Check 20540

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC, 8.60 and 12.120)

RECEIVED

OCT 24 2011

Date of Notification (1) 0-17-11		Name of Building Owner/Operator Kennedy Health Systems	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	18 East Laurel Road	
		City, State, Zip Code	
		Stratford, NJ 08084	
		Name of Contact:	Tel. Number
		Doug Ducat	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital		Type of Facility (4)	
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address		Sq. Feet	# of Floors
18 East Laurel Road		40000 SF	4
City (5)	County (6)	County Code (7)	Bldg. Age: +/- 40 years
Stratford	Camden	(State Use Only)	Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8)		Name of Contractor (9)	
Criterion Labs		USA Environmental Management, Inc.	
Street Address		Street Address	
3370 Progress Drive / Suite J		8436 Enterprise Avenue	
City, State, Zip		City, State, Zip Code	
Bensalem, Pa. 19020		Philadelphia, PA 19153	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
Mike Panepresso			00702
Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
10-31-11	11-15-11	USA Environmental Management, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe Area in question Work will be performed during normal business hours in the 1 st , 2 nd and 3 rd floor mechanical rooms.		8436 Enterprise Avenue	
Other - Describe		City, State, Zip Code	
		Philadelphia, PA 19153	

Source of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non Exempted or non friable work			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
	YES NO NA		
Removal of Asbestos	X		
Containing Pipe Insulation			
Fittings			
Blood Draw Room	X	Fire Proofing	300 SF

Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
USAEMI		32610	20 yds	Minerva Landfill
City, State		Disp. Date	City, State	
Philadelphia, PA 19153		11-15-11	Waynesburg, OH	
Completed by (Print or Type)	Title	Signature	Date	
Dilip Kumar	Program Manager		10-17-11	

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

Pg 1

No Check sent

Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-10/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 24 2011 </div>						
	Street Address 200 Elm Drive		City, State, Zip Code Princeton, NJ 08544						
		Name of Contact Robert Ortego	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)							
Street Address Washington Road									
City (5) Princeton		Square Feet	# of Floors Bldg. Age						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. [REDACTED]	License No. 00509						
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / 5AM-1:30 PM REV # 5 - 10/21/11 ONLY		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	27,295 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Saddle block	85 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wall vapor barrier material	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator		Signature Brian Scafiro /jl			Date 10/21/11		

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

Date of Notification (1) <div style="text-align: center;">8 / 18 / 11</div>		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-10/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number <div style="background-color: black; color: black;">XXXXXXXXXX</div>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)							
Street Address Washington Road		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. <div style="background-color: black; color: black;">XXXXXXXXXX</div>	Telephone No. <div style="background-color: black; color: black;">XXXXXXXXXX</div>	License No. 00509						
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM REV#5-10/21/11 ONLY 5AM-11:30 PM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code BRISTOL, PA 19007							
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
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	482 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS North Landfill					
City, State NEW CASTLE, DE 19720			Disposal Date as needed	City, State Morrisville, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro / jf			Date 10/21/11			

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

Pg 1

Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-10/14/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number 609-241-1234

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-241-1234	Telephone No. 609-241-1234	License No. 00509
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-5:30PM / PM- AM
10/14 ONLY - 5AM - 1:30 PM

Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	
--------------------------------------	--	--	--

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

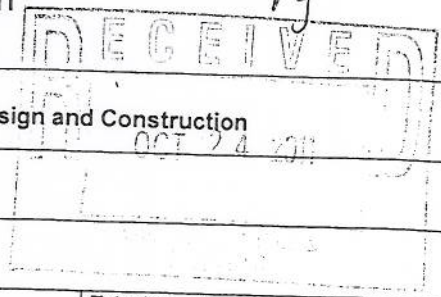
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	27,295 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Saddle block	85 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wall vapor barrier material	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill	
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067	
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>[Signature]</i>	Date / /	

REV# 4

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

Pg 2

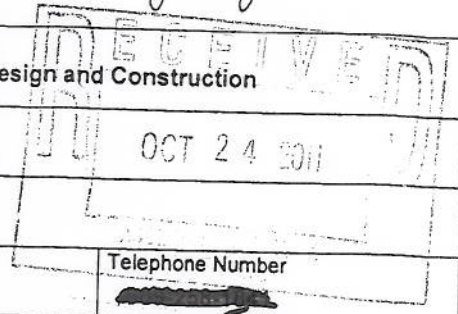


Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-11/14/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Drive						
			City, State, Zip Code Princeton, NJ 08544						
		Name of Contact Robert Ortego	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)							
Street Address Washington Road		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00509						
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM 10/14 ONLY - 5 AM - 1:30 PM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code BRISTOL, PA 19007							
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
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	482 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS North Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature [Signature]	Date 10/11/11					

REV #4

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

Pg 1 of 2



Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-9/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive	City, State, Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortego	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn	Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00509

Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / PM- AM REV. 9/22 + 9/23/11 - 7AM - 12AM		Street Address 1123 BEAVER STREET
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code BRISTOL, PA 19007

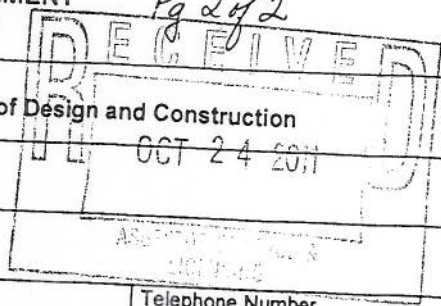
REV. 9/22 + 9/23/11 - 7AM - 12AM

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
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	27,295 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Saddle block	85 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wall vapor barrier material	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill
City, State NEW CASTLE, DE 19720	Disposal Date as needed	City, State Morrisville, PA 19067	

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

Pg 2 of 2



Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-9/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 Elm Drive		City, State, Zip Code Princeton, NJ 08544	
Name of Contact Robert Ortego		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	
City (5) Princeton		# of Floors	
County (6) Mercer		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn		Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00509
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM PM- AM REV# 3 - 9/22 & 9/23/11 - 7AM-12AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code BRISTOL, PA 19007	

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
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	482 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

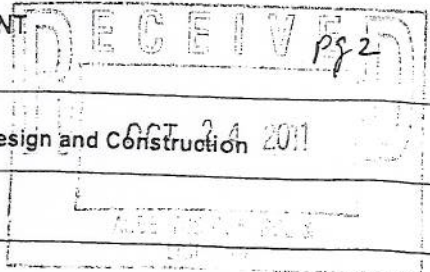
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS North Landfill	
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067	

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

Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-9/06/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="text-align: right; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">OCT 24 2011</div>							
		Street Address 200 Elm Drive							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)							
Street Address Washington Road		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00509						
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	27,777 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Saddle block	85 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall vapor barrier material	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067					
Completed By (Print or Type)		Title		Signature		Date			

REV
#2

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



Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-9/06/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)							
Street Address Washington Road		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00509						
Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/___PM-___AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	482 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS North Landfill					
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067					
Completed By (Print or Type)		Title		Signature		Date			

REV #2

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

CL# 2151
RECEIVED
OCT 24 2011

Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-8/23/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number <i>[Redacted]</i>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn		Telephone No. <i>[Redacted]</i>	Telephone No. <i>[Redacted]</i>	License No. 00509

Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

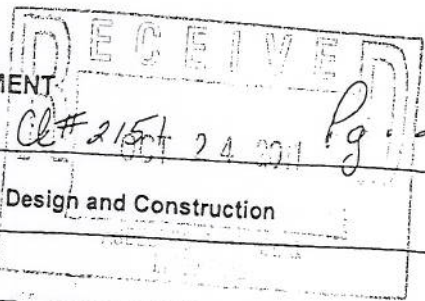
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	27,777 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Saddle block	85 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall vapor barrier material	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill	
City, State NEW CASTLE, DE 19720		Disposal Date as needed		City, State Morrisville, PA 19067	

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



Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-8/23/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCN No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm Michael Keehn	Telephone No. [REDACTED]	License No. 00509

Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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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 Time of Abatement: 7:00AM-3:30PM/ PM- AM	Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007
--	--

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	482 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS North Landfill
City, State NEW CASTLE DE 19380	Disposal Date	City, State	

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

RECEIVED
OCT 24 2011
CR # 2150

Date of Notification (1) 8 / 18 / 11		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA 0208 <input checked="" type="checkbox"/> DOLWD0338 <input checked="" type="checkbox"/> DHSS 0215 <input checked="" type="checkbox"/> DCA 0161 (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 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number [REDACTED]	

Name of Facility Where Abatement is Taking Place (3) Princeton University - JADWIN HALL		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 and commercial buildings, homes, etc.)	
Street Address Washington Road		Square Feet	# of Floors
City (5) Princeton	County (6) Mercer	Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Bromley Corporate Center - Three Terri Lane		Street Address 1123 BEAVER STREET
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm Michael Keehn	Telephone No. [REDACTED]	License No. 00509

Start Date (10) 09 / 01 / 11	Scheduled Completion Date (11) 10 / 31 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007

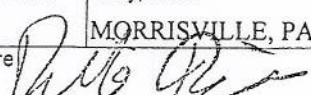
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	27,295 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Saddle block	85 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wall vapor barrier material	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill
City, State NEW CASTLE DE 19720	Disposal Date	City, State	

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

Date of Notification (1) 10/19/2011		Name of Building Owner/Operator (2) Eric Litzky							
Agency 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 531 Ivy Ave City, State, Zip Code Haworth, NJ 07641							
		Name of Contact Eric Litzky	Telephone Number XXXXXXXXXX						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 531 Ivy Ave City (5) Haworth, NJ 07641		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) LCS Environmental	ASCM No.	Name of Abatement Contractor (9) RICI CORP							
Street Address 134 Pennington PKY City, State, Zip Code Franklin Lakes, NJ 08822		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055							
Project Manager for Monitoring Firm Chris Lis	Telephone No. XXXXXXXXXX	Telephone No. XXXXXXXXXX	License No. 00838						
Start Date (10) 10/20/11	Scheduled Completion Date (11) 10/20/11	Name of OSHA Monitor RICI CORP							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Close/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055							
Scope of Work (Check all that apply) <input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 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
Ground floor		x		PIPE INSULATION	1000 SF	x			
Name of Registered Waste Hauler RICI CORP City, State PASSAIC, NJ		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL City, State MORRISVILLE, PA					
Completed by DISTRATKOV		Title PRESIDENT		Signature 		Date 10/19/2011			

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

CHECK 10883

Date of Notification (1) 10/17/11		Name of Building Owner/Operator (2) Gilliam Macchio							
Agencies Notified	Type Notification	Street Address 12 Douglas Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cresskill NJ 07626							
		Name of Contact Gilliam Macchio	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 12 Douglas Drive		Square Feet 2000	# of Floors 2						
City (5) Cresskill		Bldg. Age 50							
County (6) Bergen	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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 	License No. 703						
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/21/11	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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	floor tile	600 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County					
City, State Newark NJ		Disposal Date TBD		City, State Newburg PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 10/17/11			


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

Check # 8019

Date of Notification (1) 10-20-11		Name of Building Owner/Operator (2) Space Savers							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1071 County Road 523 City, State, Zip Code Flemington NJ 08822							
		Name of Contact Greg Pagano	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4)							
Street Address 46 Meadow 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) Whitehouse NJ 08888		Square Feet	# of Floors 2						
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Bldg. Age 65+-						
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		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. [REDACTED]	License No. 00394						
Start Date (10) 10-31-11	Scheduled Completion Date (11) 10-31-11		Name of OSHA Monitor EPC TECHNOLOGIES, INC						
Occupancy Status During Abatement (Check Only One)		Street Address P.O. BOX 337							
<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 NEW EGYPT, NJ 08533							
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) <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	150 LF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ 08533		Disposal Date 11-1-11		City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker			Date 10-20-11			

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

CHECK 10853

Date of Notification (1) 10-17-11		Name of Building Owner/Operator (2) Mr. Lees							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	8 Andrews Place							
		City, State, Zip Code Pompton Plains NJ							
		Name of Contact Mr. Lees	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 8 Andrews Place		<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) Pompton Plains		Square Feet 2500	# 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) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. [REDACTED]	License No. 703						
Start Date (10) 10-31-11	Scheduled Completion Date (11) 11-14-11	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 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
kitchen, dining, living rooms, hall, and 3 closets			x	floor tile	465 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County					
City, State Newark NJ		Disposal Date TBD		City, State Newburg PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 10-17-11			

State of New Jersey

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

Check #: 9820

Date of Notification (1) 10/19/11		Name of Building Owner/Operator (2) Lisa Gonzalez	
Facilities Notified	Type Notification	Street Address 15 Burnett Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Nutley, NJ 07110	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Lisa Gonzalez	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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 Burnett Place			Square Feet 1400	# of Floors 2	Bldg. Age 85
City (5) Nutley	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) /A		ASCM No. 67	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 [REDACTED]		License Number 00371
Scheduled Start Date (10) 10/29/11		Sched. Completion Date (11) 10/30/11		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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			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) 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 N C L O S U R E
Basement			X	Pipe Insulation	170 lf	X			
Basement			X	Boiler Insulation	15 sf	X			

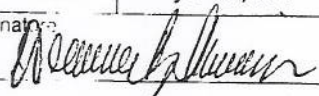
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 10/31/11	City, State Morrisville, PA 19067	
Completed By (Print or Type)	Title	Signature	Date

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

Date of Notification (1) 9/30/2011		Name of Building Owner/Operator (2) Salem/HopeCreek Nuclear Power Plant						
Agencies Notified	Type Notification	Street Address End of Alloway Creek Neck Rd						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hancocks Bridge NJ 08038						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mark A. Farmer	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Salem/Hope Creek Nuclear Power Plant		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 End of Alloway Creek Neck Rd		Square Feet	# of Floors					
City (5) Hancocks Bridge NJ		Bldg. Age						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) OZNPS, INC						
Street Address		Street Address 1827 Freedom Rd, Suite 101						
City, State, Zip Code		City, State, Zip Code Lancaster PA 17601						
Project Manager for Monitoring Firm		Telephone No.	License No. 01131					
Start Date (10) 10-12-2011	Scheduled Completion Date (11) 10-13-2011	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: case basis, unknown at this time		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Salem U11			<input checked="" type="checkbox"/>	clothing cable tray				
Name of Registered Waste Hauler Public Service Company		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
City, State End of Alloway Creek Neck Rd		Disposal Date		City, State Hancocks Bridge Rd NJ 08038				
Completed by Mark A. Farmer	Title INS. SPV	Signature [Signature]			Date 9-30-2011			

MO
0984099401

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

Date of Notification (1) October 10, 2011			Name of Building Owner/Operator (2) A. Molly Company		
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		31 Vose Ave, #234	
				City, State, Zip Code South Orange, NJ 07079	
				Name of Contact Gary Toriello	
				Telephone No. XXXXXXXXXX	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)	
Street Address 21 Mountain 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) Verona				Square Feet N/A	# of Floors N/A
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A
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. XXXXXXXXXX	License # #00677
Start Date (10) 10/24/11		Scheduled Completion Date (11) 10/25/11		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue	
<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>				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 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-Fri	
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, VAC, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
basement		X		pipe insulation	200 LF
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 Tullytown, PA
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA
Completed by Deanna Brkusanin		Title Project Manager		Signature 	

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

Date of Notification (1) 10/17/11		Name of Building Owner/Operator (2) MR. LEVY							
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 395 RUTLAND AVE City, State, Zip Code TEANECK, NJ, 07666							
		Name of Contact MR. LEVY	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. LEVY		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 395 RUTLAND AVE		Square Feet 2000	# of Floors 2						
City (5) TEANECK		Bldg. Age 1940							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. [REDACTED] License No. 00388						
Start Date (10) 11/2/11	Scheduled Completion Date (11) 11/3/11	Name of OSHA Monitor Omega Environmental Services							
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: PM 40 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 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 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
BASMENT			Y	THERMAL INSULATION	100 LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 207	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 11/3/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 10/17/11			

CHECK #
2087

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

Date of Notification (1) 10/20/11		Name of Building Owner/Operator (2) GARTINTECH CONTRACTING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" 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 155 RT. 50					
		City, State, Zip Code GREENFIELD, N.J.					
		Name of Contact BRUCE BREUNIG	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 910 2ND ST.							
City (5) OCEAN CITY		Square Feet	# of Floors				
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.				
Street Address		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm		Telephone No.	License No. 00444				
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/14/11	Name of OSHA Monitor JOSEPH KLEMM					
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 369 S. SPRUCE AVE.					
		City, State, Zip Code MAPLE SHADE, N.J. 08052					
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			
				Removal	Repair	Encapsulate	Enclosure
SIDING	Yes No N/A	TRANSITE	2500 SF	X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.U.S.			
City, State MAPLE SHADE, N.J.		Disposal Date	City, State WOODBINE, N.J.				
Completed By JOSEPH KLEMM	Title V/P	Signature Joseph Klemm	Date 10/20/11				

ASB-41

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

Date of Notification (1) October 4, 2011		Name of Building Owner/Operator (2) Fred Tomea							
Agencies Notified	Type Notification	Street Address 3 Birch Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code North Caldwell, NJ 07006							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Fred Tomea	Telephone Number [REDACTED]						
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 31 Hope Street		Square Feet N/A	# of Floors N/A						
City (5) Nutley		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. _____	License No. #00675						
Start Date (10) 10/18/11	Scheduled Completion Date (11) 10/19/11	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: Occupied		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 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	20 LF	X			
Name of Registered Waste Hauler Deanna Brkusanin		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 10/04/11		

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

Check # 8020

Date of Notification (1) 10-20-11		Name of Building Owner/Operator (2) Robert DeAngelo Heating and A/C							
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 601 Canterbury Ave							
		City, State, Zip Code Pitman NJ 08071							
		Name of Contact Robert DeAngelo	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 194 Roosevelt Court		Square Feet 2	Bldg. Age 70+ -						
City (5) Thornhurst NJ 08086		Current Use (Prior if being demolished)							
County (6) Camden Gloucester	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		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. [REDACTED]	License No. 00394						
Start Date (10) 11-1-11	Scheduled Completion Date (11) 11-1-11	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 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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Cardboard on Boiler	50 SF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ 08533			Disposal Date 11-2-11	City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker	Date 10/20/11					

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

Check # 8021

Date of Notification (1) 10-20-11		Name of Building Owner/Operator (2) Adam Reitman							
Agencies Notified <input 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 14 Rockhill Drive						
			City, State, Zip Code Livingston NJ 07039						
			Name of Contact Adam Reitman						
Telephone Number 908-222-1234									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 14 Rockhill Drive		Square Feet 2	# of Floors 40						
City (5) Livingston NJ 07039		Bldg. Age 40							
County (6) ESSEX		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		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. 908-222-1234							
Start Date (10) 11-2-11		License No. 00394							
Scheduled Completion Date (11) 11-2-11		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 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 type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
extension walls			x	Siding Shingles	2000 SF	x			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ 08533			Disposal Date 11-3-11	City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT		Signature Steve Schenker			Date 10/20/11		

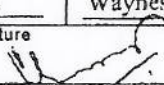
Print Form

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

Check # 1206

Date of Notification (1) 10/11/2011		Name of Building Owner/Operator (2) City Contractor LLC 642 pal LLC							
Agencies Notified	Type Notification	Street Address 642 palisade Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>	City, State, Zip Code Jersey City NJ							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Andre Rocha	Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) private property		Type of Facility (4)							
Street Address 642 Palisade 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) Jersey City NJ		Square Feet 2500	# of Floors 3						
County (6) Hudson		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address N/A		Street Address 567 52nd Street Suite# 16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 001144						
Start Date (10) 10/24/2011	Scheduled Completion Date (11) 10/24/2011	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Union NJ 07083							
<input checked="" type="checkbox"/> Other - Describe: 8 hours									
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			x	asbestos siding	700SF	x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Cumberland P.A					
City, State 109-113 Jacobus Ave		Disposal Date		City, State South Kearny NJ					
Completed by Edwin Precilla		Title project Manager	Signature <u>[Signature]</u>	Date 10/11/2011					

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

Date of Notification (1) 09/15/2011		Name of Building Owner/Operator (2) YMCA of Easter Union County					
Agencies Notified	Type Notification	Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	135 Madison Ave.,					
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07201					
		Name of Contact Ruben Coellar	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) YMCA Building		Type of Facility (4)					
Street Address 135 Madison Ave.,		<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.)					
City (5) Elizabeth, NJ 07201		Square Feet 20,000 SF	# of Floors 4				
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc		ASCM No. 00100	Name of Abatement Contractor (9) DIA General Construction, Inc.				
Street Address 1913 Atlantic Ave., Suite R5		Street Address 1360 Clifton Avenue, PMB Suite 218					
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Clifton, NJ 07012					
Project Manager for Monitoring Firm Jason Hooper	Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00693				
Start Date (10) 09/29/11	Scheduled Completion Date (11) 10/28/11	Name of OSHA Monitor DIA General Construction, 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: Occupied		Street Address 1360 Clifton Avenue, PMB Suite 218					
		City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >280 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"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable 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			
				Removal	Repair	Encapsulate	Enclosure
See Attached	Yes No N/A						
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No 20970	Cubic Yards of Waste 80 CY	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 10/28/11	City, State Waynesburg, OH 44688				
Completed By Krutarth Jagad	Title President	Signature 	Date 10/21/2011				

ASB41

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Date of Notification (1) 11/10/12 11/11/11		Name of Building Owner/Operator (2) Karen Muccillo	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 55 Elm Road		City, State, Zip Code Caldwell, NJ 07666	
Name of Contact Karen Muccillo		Telephone Number XXXXXXXXXX	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Karen Muccillo			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 55 Elm Road			Square Feet		
City (5) Caldwell, NJ 07666			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number XXXXXXXXXX		
Phone Number			License Number 0378		
Scheduled Start Date (10) 11/2/2011			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 11/2/2011			Street Address 105 Ryerson Road		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	93 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/3/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 10/21/2011

Date of Notification (1) <u>10/1/11</u>		Name of Building Owner/Operator (2) <u>Astrit Vatoci</u>	
Agencies Notified	Type Notification	Street Address <u>25 Fairview Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Summit, NJ 07901</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Astrit Vatoci</u>	Telephone Number <u>[REDACTED]</u>
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Astrit Vatoci</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>25 Fairview Avenue</u>			Square Feet <u>[REDACTED]</u>		
City (5) <u>Summit, NJ 07901</u>			# of Floors <u>[REDACTED]</u>		
County (6) <u>Union</u>			Bldg. Age <u>[REDACTED]</u>		
County Code (7) (State use only)			Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No. <u>[REDACTED]</u>		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address <u>[REDACTED]</u>		Street Address <u>105 Ryerson Road</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
City, State, Zip Code <u>[REDACTED]</u>		Telephone Number <u>[REDACTED]</u>		License Number <u>0378</u>	
Project Manager for Monitoring Firm <u>[REDACTED]</u>		Phone Number <u>[REDACTED]</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Scheduled Start Date (10) <u>10/31/11</u>		Sched. Completion Date (11) <u>11/1/11</u>		Street Address <u>105 Ryerson Road</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	thin duct insulation	120 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>11/1/11</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>10/21/2011</u>

Date of Notification (1) 11/01/2011		Name of Building Owner/Operator (2) Frank Kelleher	
Agencies Notified	Type Notification	Street Address 171 Boulevard	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Mountain Lakes, NJ 07046	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Frank Kelleher	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number XXXXXXXX	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Frank Kelleher			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 171 Boulevard			Square Feet		
City (5) Mountain Lakes, NJ 07046			# of Floors		
County (6) Morris			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number XXXXXXXX	
Scheduled Start Date (10) 11/1/11		Sched. Completion Date (11) 11/1/2011		License Number 0378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe	205 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/2/11	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 10/21/2011

Date of Notification (1) 10/19/11		Name of Building Owner/Operator (2) KIM ROBINSON	
Agencies Notified	Type Notification	Street Address 40 FRANKLIN PLACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact KIM ROBINSON	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KIM ROBINSON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 40 FRANKLIN PLACE			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX		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		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 10/31/11		Sched. Completion Date (11) 11/04/11	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	84 L FT	<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# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/01/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/19/11

Date of Notification (1) 11/01/2011		Name of Building Owner/Operator (2) Clarence Ragland	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 213 Wilkinson Avenue		City, State, Zip Code Jersey City, NJ 07305	
Name of Contact Clarence Ragland		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Clarence Ragland			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 213 Wilkinson Avenue			Square Feet		
City (5) Jersey City, NJ 07305			County (6) Hudson		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number [REDACTED]		License Number 0378
Sched. Start Date (10) 11/2/2011			Sched. Completion Date (11) 11/2/2011		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

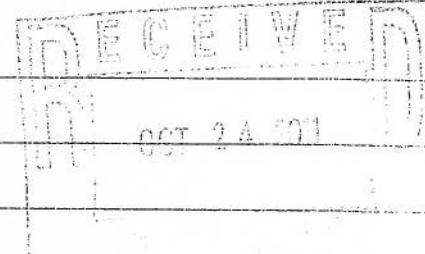
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	115 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	boiler insulation	35 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/3/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 10/21/2011

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



Date of Notification (1) 10/20/11 Ck:1590 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 River Road	
		City, State, Zip Code Teaneck, New Jersey 07666	
		Name of Contact Tom Pruno	Telephone Number [REDACTED]


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, The Science Building		Type of Facility (4)	
Street Address 285 Madison Avenue		<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) Madison, New Jersey 07940	Square Feet 20,000	# of Floors 2	Bldg. Age 55+
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Science Building	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 5434 Kings Avenue, Suite 101		Street Address 606 McBride Avenue	
City, State, Zip Code Pennsauken, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07525	
Project Manager for Monitoring Firm Tom Pruno		Telephone No. [REDACTED]	License No. 01104
Start Date (10) 11/01/11	Scheduled Completion Date (11) 11/02/11	Name of OSHA Monitor J&S Environmental Labs LLC	
Occupancy Status During Abatement (Check Only One)		Street Address	
<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: _____		2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Chemical Storage Room		X		TSI Wet wrap & Cut	17 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 11/02/11	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 10/20/11

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OCT 24 2011

Date of Notification (1) September 26, 2011		Name of Building Owner/Operator (2) Atlantic City Medical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> 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 1925 Pacific Avenue City, State, Zip Code Atlantic City, New Jersey 08401 Name of Contact Mr. Phil Boyden Telephone Number [REDACTED]						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Atlantic City Medical Center Street Address 1925 Pacific Avenue City (5) Atlantic City County (6) Atlantic		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.) Square Feet 85000 # of Floors eight Bldg. Age 38 years County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts Street Address 1053 North Tuckahoe Road City, State, Zip Code Williamstown, New Jersey 08094 Project Manager for Monitoring Firm Edward Knorr Start Date (10) October 06, 2011		ASCM No. NA Street Address 1053 North Tuckahoe Road City, State, Zip Code Williamstown, New Jersey 08094 Telephone No. [REDACTED]	Name of Abatement Contractor (9) Quality Environmental Concepts Street Address 1053 North Tuckahoe Road City, State, Zip Code Williamstown, New Jersey 08094 Telephone No. [REDACTED] License No. 001086						
Scheduled Completion Date (11) October 31, 2011 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 Other - Describe: <u>In the basement mechanical room - limited access</u>		Name of OSHA Monitor Quality Environmental Concepts Street Address 1053 North Tuckahoe Road City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Basement South Mechanical Room	x		x	Pipe Insulation on condensate lines - Project 1 shut down	70 linear feet	x			
				Pipe Insulation on steam lines abandon - Project 2	90 linear feet	x			
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 1	Name of Registered Landfill Atlantic County Landfill					
City, State Williamstown, New Jersey 08094			Disposal Date o/a 10-31-11	City, State Egg Harbor Township, New Jersey					
Completed by Ed Knorr		Title Vice President	Signature 			Date 09-26-2011			

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

OCT 24 2011

Date of Notification (1) 10-21-11		Name of Building Owner/Operator (2) REGA 152 PARK AVE LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOI <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 77 MAIN STREET	
		City, State, Zip Code EAST RUTHERFORD NJ	
		Name of Contact JARON	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) REGA 152 PARK AVE LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 77 PARK AVE.		Square Feet 6000	# of Floors 3
City (5) EAST RUTHERFORD		Bldg. Age 80	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APT BLDG	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address			Street Address 95 MONTROSE RD	
City, State, Zip Code			City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. [REDACTED]	License No. 00029
Start Date (10) 10-31-11	Scheduled Completion Date (11) 11-5-11		Name of OSHA Monitor ACE INSULATION CO 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: 7AM-7PM			Street Address 95 MONTROSE RD	
			City, State, Zip Code COLTS NECK NJ 07722	

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"/> Mix Enclosure		
		<input checked="" type="checkbox"/> Glovebag Procedure		
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				PIPE	130 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill IESE	
City, State COLTS NECK NJ			Disposal Date 11-7-11	City, State BETHLEHEM PA	
Completed By Jack GALL	Title OPS mgr	Signature Jack GALL	Date 10-21-11		

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State of New Jersey
 Department of Environmental Protection
 (Pursuant to N.J.A.C. 26:27 and 26:28)

DOL - 10 DAY

Date of Notification (1) 10-20-11		Name of Building Owner/Owner's Agent City of Atlantic		Date OCT 20 2011	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including modification) <input type="checkbox"/> Correct Action	Street Address 1301 BACHARACH		City, State, Zip Code Atlantic City NJ 08401	
		Name of Certified Anthony Cox		Telephone Number 609-426-1111	

306

NOT APPROVED

Name of Facility Where Abatement is Taking Place (2) VAC - Apartment Bldg			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Pre-school (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1706 Arctic Ave			Squares Feet 30000		
City (3) Atlantic City			# of Floors 5		
County (5) Atlantic			State Age 90YK		
Country Code (7) (STATE USE ONLY)			Current Use (When being demolished)		

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

Start Date (10) 10-21-11	Scheduled Completion Date (11) 10-30-11	Name of OSHA Monitor	
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: VAC		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply) <input type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 100 sq ft or more	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Circulating Procedure <input checked="" type="checkbox"/> Non-Encapsulated (C) and Non-Private Procedure
--	--	---

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Daily by Maintenance/Construction Crew? (13)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, siding, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
ROOF Flashing				FLASHING	350 SF			
ROOF				Parapet Cement	200 SF			
ROOF				Coating on Roof Slabs	400 SF			

Name of Registered Waste Master Jack Robinson Waste		WJEC Waste Number ID No. 15254	Number Vials of Waste 2	Name of Registered Landfill WM of PA	
City, State Bellmawr NJ		Disposal Date	City, State Philadelphia PA		
Completed by JRH	Title VP	Signature JRH	Date 10-20-11		

RECEIVED

Date of Notification (1)

10-20-11

Name of Building Owner/Owner (2)

American Dend

OCT 24 2011

Agency Notified

☐ EPA
☐ DEF
☐ DOL

☐ DOH
☐ DCA

Type Notification

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

Street Address

2 Young Rd

City, State, Zip Code

Egg Harbor NJ

Name of Contact

DANIEL S

Telephone Number

[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Resident

Street Address

4806 Centinal Ave

City (5)

Ocean City

County (6)

Atlantic

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

6000

of Floors

4

Bldg. Age

70

Current Use (Prior to being demolished)

Residential

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ARI-JOE LLC

Street Address

1212 Burlington Ave

City, State, Zip Code

DELANCO NJ 08075

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

01070

Start Date (10)

10-30-11

Scheduled Completion Date (11)

11-7-11

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☐ > 3 sf or > 3 lf
☐ > 160 sf or > 250 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (7) and Non-Friable Procedure

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

OUTSIDE

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

Yes No N/A

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

(ACM) Siding

Amount (Specify SF or LF)

3500 SF

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler

JACK ROBINSON Waste

Waste Hauler ID No.

18387

Cubic Yards of Waste

Name of Registered Landfill

WM of PA

City, State

Bellmawr NJ

Disposal Date

City, State

Tullytown PA

Completed by

JUE Hill

Title

VP

Signature

[Signature]

Date

10-21-11

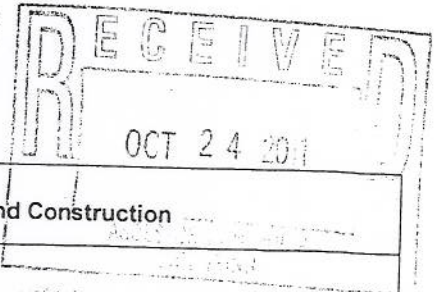
No
Check Sent

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

RECEIVED
OCT 24 2011

Date of Notification (1) 9 / 30 / 11		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-10/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number XXXXXXXXXX						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors Bldg. Age						
City (5) Princeton									
County (6) MERCER	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. XXXXXXXXXX	License No. 00509						
Start Date (10) 10 / 10 / 11	Scheduled Completion Date (11) 11 / 25 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM REV#2-10/21/11 ONLY 5AM-1:30PM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
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
3 rd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEW CASTLE DE 19720			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro/il		Date 10/21/11				

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



Date of Notification (1) 9 / 30 / 11			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-10/14/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr					
				City, State, Zip Code Princeton, NJ 08544					
			Name of Contact Robert Ortega		Telephone Number [REDACTED]				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Washington Rd									
City (5) Princeton				Square Feet	# of Floors				
				Bldg. Age					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. [REDACTED]		Telephone No. [REDACTED]	License No. 00509				
Start Date (10) 10 / 10 / 11		Scheduled Completion Date (11) 11 / 25 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / 10/14 ONLY - 5 AM - 1:30 PM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
3 rd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE DE 19720				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type)		Title		Signature					

REV. #1

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

CL # 2158

Date of Notification (1) <div style="text-align: center;">9 / 30 / 11</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 0790 <input checked="" type="checkbox"/> DHSS 0810 <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 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number <div style="background-color: black; color: black;">XXXXXXXXXX</div>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. <div style="background-color: black; color: black;">XXXXXXXXXX</div>	License No. 00509						
Start Date (10) 10 / 10 / 11	Scheduled Completion Date (11) 11 / 25 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
3 rd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type)		Title		Signature		Date			

**** Emergency ****

Check # 4822

Date of Notification (1) <u>10/1/11</u>		Name of Building Owner/Operator (2) <u>Kathy LePore</u>		<div align="center">APPROVED NJ Dept. of Health & Senior Services (Signature) <u>[Signature]</u> Date: <u>10/21/11</u> Time: <u>9:44</u></div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address <u>271 Burlington Avenue</u>		City, State, Zip Code <u>Paterson, NJ 07502</u>		
Name of Contact <u>Kathy LePore</u>		Telephone Number <u>[Redacted]</u>		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Kathy LePore</u>				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)											
Street Address <u>271 Burlington Avenue</u>				Square Feet		# of Floors		Bldg. Age							
City (5) <u>Paterson, NJ 07502</u>		County (6) <u>Passaic</u>		County Code (7) (State use only)		Current Use (Prior if being demolished) residential									
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>				ASCM No.		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>									
Street Address						Street Address <u>105 Ryerson Road</u>									
City, State, Zip Code						City, State, Zip Code <u>Lincoln Park, NJ 07035</u>									
Project Manager for Monitoring Firm				Phone Number		Telephone Number <u>[Redacted]</u>		License Number <u>0378</u>							
Scheduled Start Date (10) <u>10/25/11</u>		Sched. Completion Date (11) <u>10/25/2011</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		Street Address <u>105 Ryerson Road</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. Describe: <input type="checkbox"/> Other-Describe:				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>											
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥150 sf or ≥260 lf <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure															
Location of asbestos-containing material to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)		R e m o v e		R e p a i r		E n c a p		E n c l	
basement		<input checked="" type="checkbox"/>		boiler insulation		20 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"/>		<input type="checkbox"/>	
		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>1</u> yard		Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>									
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>10/26/11</u>		City, State <u>Tullytown, PA</u>											
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>		Signature <u>[Signature]</u>		Date <u>10/21/2011</u>									

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) Kathy LePore	
Agencies Notified	Type Notification	Street Address 271 Burlington Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Paterson, NJ 07502	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kathy LePore	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kathy LePore			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 271 Burlington Avenue			Square Feet # of Floors Bldg. Age		
City (5) Paterson, NJ 07502	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 10/25/11		Sched. Completion Date (11) 10/25/2011	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	boiler insulation	20 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/26/11	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 10/21/2011

REMEMBER - MAIL IN HARD COPY

Notification of Asbestos Abatement
(Pursuant to NJAC 8.60-7 and 12-120-7)

B & G Proj. # 1011-201

**** Emergency ****

Check # 4822

Date of Notification (1) <u>11/10/2011</u>		Name of Building Owner/Operator (2) <u>Kathy LePore</u>		DOL - 10 DAY OCT 21 2011 <i>[Signature]</i> WALKER APPROVED
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	<u>271 Burlington Avenue</u> City, State Zip Code <u>Paterson, NJ 07502</u>		
		Name of Contact <u>Kathy LePore</u>		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Kathy LePore</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>271 Burlington Avenue</u>			Square Feet # of Floors Bldg. Age		
City (6) <u>Paterson, NJ 07502</u>	County (6) <u>Passaic</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number		License Number <u>0378</u>
Scheduled Start Date (10) <u>10/25/11</u>		Sched. Completion Date (11) <u>10/25/2011</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe _____ <input type="checkbox"/> Other-Describe _____				Street Address <u>105 Ryerson Road</u>	
				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

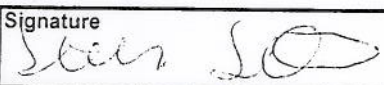
Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥180 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-triable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o s e	F i n i s h
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	boiler insulation	20 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"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>10/26/11</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>	Date <u>10/21/2011</u>

Date of Notification (1) Oct. 20, 2011		Name of Building Owner/Operator (2) Integrated Construction Ent., Inc.							
Agencies Notified	Type Notification	Street Address 259 Stephens Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Mr. Sid Raman, P.E.	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Integrated Construction Ent., Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 259 Stephens Street		Square Feet 8,000	# of Floors 1						
City (5) Belleville, NJ 07109		Bldg. Age 45							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) none		ASCM No.	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address		Street Address 205 Route 46 West, Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm none		Telephone No. 	License No.						
Start Date (10) Nov. 5, 2011	Scheduled Completion Date (11) Nov. 19, 2011	Name of OSHA Monitor none							
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: office occupied		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
small boiler room	x			boiler insulation	145 sf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland Landfill					
City, State Newark, New Jersey			Disposal Date Nov. 19, 2011	City, State Newburge, PA					
Completed by Frank Marino		Title Project Manager	Signature 	Date 10/20/2011					

Date of Notification (1) 10 / 21 / 11			Name of Building Owner / Operator (2) Kraft Foods			
Agencies Notified			Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA			2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410			
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			Name of Contact TOM FARMER		Telephone Number [REDACTED]	
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Kraft Foods				Type of Facility (4)		
Street Address 2211 Route 208				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +	
				Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. \			
Street Address 907 Doolittle Drive			LVI Environmental Services Inc.			
City, State, Zip Code Bridgewater, NJ 08807			Street Address 462 Getty Avenue			
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code Clifton, NJ 07011			
Scheduled Start Date (10) 11 / 07 / 11		Sched. Completion Date (11) 11 / 10 / 11		Telephone Number [REDACTED]		License Number 00117
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Environmental Services Inc.			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Street Address 462 Getty Avenue			
			City, State, Zip Code Clifton, NJ 07011			
Scope of Work (Check All That Apply)						
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos Containing <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		
				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
BAKERY STORAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.		
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 10/21/11	

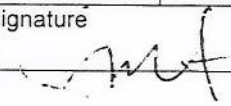
Date of Notification (1) 10/20/11		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Fred Porter Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University - GSB Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road		Square Feet	# of Floors
City (5) Lawrenceville	County (6) Mercer	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	
Street Address 515 Grove Street Suite 1B		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Haddon Heights, NJ 08035		Street Address 30 Maple Ave	
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number [REDACTED]	License Number 00529
Scheduled Start Date (10) 10/7/11	Scheduled Completion Date (11) 10/24/11	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: M-Th 7AM-3:30PM, Fri 4:30-1AM Sat 2x Shifts Sun 7AM -3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	714 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan caulk	28 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
removed Scope						<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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 10/24/11	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Off. Coord.	Signature 	Date 10/20/11

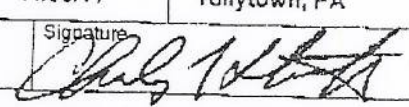
<u>Date of Notification (1)</u> 10/21/2011		<u>Name of Building Owner/Operator (2)</u> Rite Aid Corporation							
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Type Notification</u> () Initial (X) Amended Amendment # <u>1</u> () Emergency (including justification) () Cancellation	<u>Street Address</u> 30 Hunter Lane							
		<u>City, State, Zip Code</u> Camp Hill, PA 17001							
		<u>Name of Contact</u> Karen Shriner	<u>Tel. Number</u> [REDACTED]						
		FACILITY INFORMATION							
<u>Name of Facility Where Abatement is Taking Place (3)</u> Rite Aid Surplus #34914 & #34915		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)							
<u>Street Address</u> 90-98 Broad Street		<u>Sq. Feet</u> 10000	<u># of Floors</u> 2						
<u>City (5)</u> Elizabeth, NJ 07201		<u>Bldg. Age</u> 25+/-							
<u>County (6)</u> Union	<u>County Code (7) (STATE USE ONLY)</u>	<u>Current Use (Prior if being demolished)</u> Commercial Building							
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Watterson Environmental Group	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Prism Response, Inc.							
<u>Street Address</u> 169 Main Street, Suite 103		<u>Street Address</u> 102 Technology Lane							
<u>City, State, Zip Code</u> Matawan, NJ 07747		<u>City, State, Zip Code</u> Export, PA 15632							
<u>Project Manager for Monitoring Firm</u> Peter Thompson	<u>Telephone No.</u> [REDACTED]	<u>Telephone No.</u> [REDACTED]	<u>License No.</u> 01121						
<u>Start Date (10)</u> 10/31/2011	<u>Scheduled Completion Date (11)</u> 11/17/2011	<u>Name of OSHA Monitor</u> Watterson Environmental Group							
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours Describe: () Other Describe: _____		<u>Street Address</u> 169 Main Street, Suite 103 <u>City, State, Zip Code</u> Matawan, NJ 07747							
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf </div> <div> (X) Renovation () Demolition </div> <div> (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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 & First Floor		X		Plaster Base Coat	1500 SF	X			
Sub Floor Drain under 1 st Flr. Joists		X		Plaster Fitting	6 LF	X			
Basement, 1 st Flr, 2 nd Flr Sales Area		X		Floor Tile & Mastic	4150 SF	X			
<u>Name of Reg. Waste Hauler</u> Circle Rubbish	<u>NJDEP Waste Hauler ID #</u> 18816		<u>Cubic Yards of Waste</u> 3	<u>Name of Reg. Landfill</u> Tullytown Landfill					
<u>City, State</u> Linden, New Jersey			<u>Disp. Date</u> 11/17/2011	<u>City, State</u> Tullytown, PA					
<u>Completed by (Print or Type)</u> Jessica Busch		<u>Title</u> Administrative Support	<u>Signature</u> <i>Jessica Busch</i>	<u>Date</u> 10/21/11					

PAGE 02/05

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 10 / 24 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> CHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street City, State, Zip Code Woodbridge, NJ 08863 Name of Contact Lea Voltura Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 200 Bordentown Crosswicks Road		Square Feet 2000							
City (5) Chesterfield		# of Floors 2							
County (6) Burlington		Bldg. Age 40+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Roadway							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 03681							
Street Address 20-21 Wagaraw Road, Bldg. 34A		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
City, State, Zip Code Fairlawn, NJ 07410		Street Address 500 East Luzerne Street							
Project Manager for Monitoring Firm Guillermo M. Morales		City, State, Zip Code Philadelphia, PA 19124							
Telephone No. [REDACTED]		Telephone No. [REDACTED]							
License No. 00646									
Start Date (10) 10 / 25 / 11		Scheduled Completion Date (11) 11 / 30 / 11							
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		Name of OSHA Monitor SAME AS ABOVE							
Street Address									
City, State, Zip Code									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fileable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct insulation seam tape	8LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	exterior window glazing	105SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	black tar flashing around chimney	10LF	<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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5 c.y.		Name of Registered Landfill GROWS North Landfill			
City, State Freehold, NJ 07728		Disposal Date 11/30/11		City, State Tullytown, PA					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature [Signature]		Date 10/24/11			

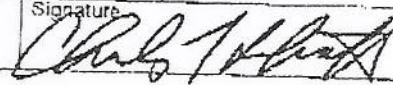
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) 10 / 24 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Lea Voltura	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 225 Bordentown Crosswicks Road		Square Feet 2000	# of Floors 2						
City (5) Chesterfield		Bldg. Age 40+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Roadway							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. [REDACTED]	License No. 00646						
Start Date (10) 10 / 25 / 11	Scheduled Completion Date (11) 11 / 30 / 11	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 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
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ceramic tile glue	50SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glazing exterior windows	34SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	caulking exterior windows	61LF	<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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10 c.y.	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728		Disposal Date 11/30/11		City, State Tullytown, PA					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature 		Date 10/24/11			

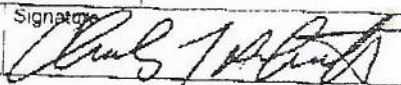
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) 10 / 24 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Lea Voltura	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 227 Bordentown Crosswicks Road									
City (5) Chesterfield		Square Feet 2000	# of Floors 2						
		Bldg. Age 40+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Roadway							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc	ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Guillermo M. Morales	Telephone No. [REDACTED]	Telephone No. [REDACTED]	License No. 00646						
Start Date (10) 10 / 25 / 11	Scheduled Completion Date (11) 11 / 30 / 11	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	built up floor tile under ceramic tile	239SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cove base mastic	30LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	flue packing	1SF	<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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3 c.y.	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728		Disposal Date 11/30/11		City, State Tullytown, PA					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature <i>Charles Imbimbo</i>		Date 10/24/11			

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

Date of Notification (1) 10 / 24 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Lea Voltura	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 229 Bordentown Crosswicks Road		Square Feet 2000	# of Floors 2						
City (5) Chesterfield		Bldg. Age 40+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Roadway							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. [REDACTED]	License No. 00646						
Start Date (10) 10 / 25 / 11	Scheduled Completion Date (11) 11 / 30 / 11	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"/> ≥ 150 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
Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	black tar paper	550SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3 c.y.	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728		Disposal Date 11/30/11		City, State Tullytown, PA					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature 		Date 10/24/11			

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

Date of Notification (1) <div style="text-align: center;">10 / 24 / 11</div>		Name of Building Owner/Operator (2) NJ Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Lea Voltura	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 231 Bordentown Crosswicks Road		Square Feet 2000	# of Floors 2						
City (5) Chesterfield		Bldg. Age 40+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Roadway							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9144	Telephone No. 215-739-8166						
License No. 00646		Name of OSHA Monitor SAME AS ABOVE							
Start Date (10) 10 / 25 / 11	Scheduled Completion Date (11) 11 / 30 / 11								
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound, walls and ceilings	5290SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	exterior transite siding	1970SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	exterior window caulking	158SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40 c.y.	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728		Disposal Date 11/30/11	City, State Tullytown, PA						
Completed By (Print or Type) Charles Imbimbo		Title Project Manager	Signature 		Date 10/24/11				

REMEMBER MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

STEVENS ENVIRONMENTAL
SERVICES, INC.
CHECK # 24520

DOL - 10 DAY

Date of Notification (1) <u>10/20/11</u>		Name of Building Owner/Operator (2) <u>Stacey Umland</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>124 Mountwell Avenue</u>					
		City, State, Zip Code <u>Haddonfield, NJ 08033</u>					
		Name of Contact <u>Stacey Umland</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 U (Other than R-T2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)					
Street Address <u>124 Mountwell Avenue</u>		Square Feet <u>24</u>					
City (5) <u>Haddonfield</u>		# of Floors <u>2</u>					
County (6) <u>Camden</u>		Bldg. Age <u>2011</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residence</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>William Weisenber Jr.</u>		Telephone No. <u>00493</u>					
Start Date (10) <u>10/21/11</u>		Scheduled Completion Date (11) <u>10/21/11</u>					
Name of OSHA Monitor <u>MECS</u>		License No. <u>00493</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>P.O. Box 341</u>					
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
1st floor		duct insulation (wrap and cut)	16 LF	<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>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/24/11</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon P. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>		Date <u>10/20/11</u>		

ASB-41
MAR 00

* Do not use this form for asbestos licensure exempted activities

Fax:

Oct 20 2011 01:56pm_P001/001...

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

APPROVED
NJ Dept of Health & Senior Services
Paul C. Hines
(signature)
Date: 10/20/11 Time: 1:53AM

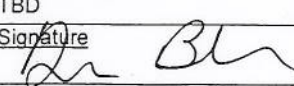
Date of Notification (1) <u>10/20/11</u>		Name of Building Owner/Operator (2) <u>Stacey Umland</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>124 Mountwell Avenue</u> City, State, Zip Code <u>Haddonfield, NJ 08033</u>							
		Name of Contact <u>Stacey Umland</u>	Telephone Number <u>[REDACTED]</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>124 Mountwell Avenue</u>		Square Feet	# of Floors						
City (5) <u>Haddonfield</u>		Bldg. Age							
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>[REDACTED]</u>	Telephone No. <u>[REDACTED]</u>	License No. <u>00493</u>						
Start Date (10) <u>10/21/11</u>	Scheduled Completion Date (11) <u>10/21/11</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>P.O. Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 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
<u>1st floor</u>			<u>X</u>	<u>duct insulation</u>	<u>16 LF</u>	<u>X</u>			
				<u>(wrap and cut)</u>					
Name of Registered Waste Hauler <u>Stevens Environmental Services inc..</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. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/24/11</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>10/20/11</u>			

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK #24320

RECEIVED

Date of Notification (1) <u>10/20/11</u>		Name of Building Owner/Operator (2) <u>Stacey Umland</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>124 Mountwell Avenue</u> City, State, Zip Code <u>Haddonfield, NJ 08033</u> Name of Contact <u>Stacey Umland</u> Telephone Number <u>[REDACTED]</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>124 Mountwell Avenue</u>		Square Feet # of Floors Bldg. Age							
City (5) <u>Haddonfield</u>		County (6) <u>Camden</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.							
Street Address <u>P.O. 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>[REDACTED]</u>		Telephone No. <u>[REDACTED]</u>							
Start Date (10) <u>10/21/11</u>		License No. <u>00493</u>							
Scheduled Completion Date (11) <u>10/21/11</u>		Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>P.O. Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>1st floor</u>			<u>X</u>	<u>duct insulation</u>	<u>16 LF</u>	<u>X</u>			
				<u>(wrap and cut)</u>					
Name of Registered Waste Hauler <u>Stevens Environmental Services inc..</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. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/24/11</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>				Date <u>10/20/11</u>	

Date of Notification (1) 10/3/2011		Name of Building Owner/Operator (2) WOODBIDGE PROPERTY LLC	
Agency 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 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1548 S 13 TH STREET City, State, Zip Code PHILADELPHIA, PA 19147 Name of Contact WILLIAM JULIANO Telephone Number XXXXXXXX	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER ADAMS DODGE		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 450 KING GEORGES RD			
City (5) woodbridge	Square Feet 20,000	# of Floors 1	Bldg. Age 30+
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) AET, INC.		ASCM No. 0021	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.
Street Address 28 PENNELL RD		Street Address 550 East Union Street	
City, State, Zip Code 28 PENNELL RD, MEDIA, PA 19063		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm ERIC HOUSEKNECHT	Telephone No. XXXXXXXX	Telephone No. XXXXXXXX	License No. 00508
Start Date (10) 10/17/2011	Scheduled Completion Date (11) 11/11/2011	Name of OSHA Monitor AET, 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 28 PENNELL RD City, State, Zip Code MEDIA, PA 19026	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf X 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) 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)
OFFICES AND WAREHOUSE		VAT& MASTIC ROOFING	6180 SF 11720SF
WAREHOUSE		VIBRATION CLOTH	4LF
WAREHOUSE		TRANSITE EXHAUST	32 LF
ROOF		TRANSITE	580 SF
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 07011/06489	Cubic Yards of Waste 300	Name of Registered Landfill BFI Imperial
City, State Hazelton, PA	Disposal Date TBD	City, State Imperial, PA	
Completed by Devin Blom	Title Project Manager	Signature 	Date 10/19/2011

NOTIFICATION OF ASBESTOS ABATEMENT

<u>Date of Notification (1)</u> 10/3/2011		<u>Name of Building Owner/Operator (2)</u> WOODBIDGE PROPERTY LLC	
<u>Agency Notified</u>	<u>Type Notification</u>	<u>Street Address</u> 1548 S 13 TH STREET	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>City, State, Zip Code</u> PHILADELPHIA, PA 19147	
		<u>Name of Contact</u> WILLIAM JULIANO	<u>Telephone Number</u> [REDACTED]

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> FORMER ADAMS DODGE		<u>Type of Facility (4)</u> School (K-12) Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> 450 KING GEORGES RD			
<u>City (5)</u> WILLINGBORO		<u>Square Feet</u> 20,000	<u># of Floors</u> 1
		<u>Bldg. Age</u> 30+	
<u>County (6)</u> BURLINGTON	<u>County Code (7) (STATE USE ONLY)</u>	<u>Current Use (Prior if being demolished)</u> VACANT	
<u>Name of Monitoring Firm Hired by Building Owner (8)</u> AET, INC.		<u>ASCM No.</u> 0021	<u>Name of Abatement Contractor (9)</u> Alliance Environmental Systems, Inc.
<u>Street Address</u> 28 PENNELL RD		<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> 28 PENNELL RD, MEDIA, PA 19063		<u>City, State, Zip Code</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> ERIC HOUSEKNECHT		<u>Telephone No.</u> [REDACTED]	<u>License No.</u> 00508
<u>Start Date (10)</u> 10/17/2011	<u>Scheduled Completion Date (11)</u> 11/11/2011	<u>Name of OSHA Monitor</u> AET, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		<u>Street Address</u> 28 PENNELL RD	
		<u>City, State, Zip Code</u> MEDIA, PA 19026	

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
OFFICES AND WAREHOUSE			X	VAT & MASTIC ROOFING	6180 SF 11720SF	X			
WAREHOUSE				VIBRATION CLOTH	4LF	X			
WAREHOUSE				TRANSITE EXHAUST	32 LF	X			
ROOF				TRANSITE	580 SF	X			

<u>Name of Registered Waste Hauler</u> Freehold Cartage	<u>NJDEP Waste Hauler ID No.</u> 07011/06489	<u>Cubic Yards of Waste</u> 300	<u>Name of Registered Landfill</u> BFI Imperial
<u>City, State</u> Hazelton, PA		<u>Disposal Date</u> TBD	
<u>Completed by</u> Devin Blom	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 10/3/2011

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

Date: 10/24/11 Time: 7:50

Check # 7736

Date of Notification (1) <u>10/24/11</u>		Name of Building Owner/Operator (2) <u>MR FRIE</u>							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation							
Street Address <u>131 WEST QUACKENBUSH AVE.</u>		City, State, Zip Code <u>BUMONT NJ 07024</u>							
Name of Contact <u>PETER</u>		Telephone Number <u>[REDACTED]</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>MR FRIE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>131 W. QUACKENBUSH AVE</u>		Square Feet <u>1450</u>							
City (5) <u>BUMONT</u>		# of Floors <u>2</u>							
County (6) <u>Berks</u>		Bldg. Age <u>56</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.							
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
City, State, Zip Code		Street Address <u>105 Lowell Road</u>							
Project Manager for Monitoring Firm		City, State, Zip Code <u>Glen Rock, NJ 07452</u>							
Telephone No.		Telephone No. <u>[REDACTED]</u>							
Start Date (10) <u>10/24/11</u>		License No. <u>00156 A</u>							
Scheduled Completion Date (11) <u>10/24/11</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyler Street</u>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
<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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				<u>PIPE</u>	<u>90 LF</u>	<input checked="" type="checkbox"/>			
				<u>BULB</u>	<u>25 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>DJM Transport Inc.</u>		NJDEP Waste Hauler ID No. <u>29681</u>		Cubic Yards of Waste <u>1</u>		Name of Registered Landfill <u>Cumberland County Landfill</u>			
City, State <u>Kearny, New Jersey</u>		Disposal Date <u>10/24/11</u>		City, State <u>Nowburg, PA 17242</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>10/24/11</u>			

State of New Jersey
NOTICE OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

OCT 24 2011

Date of Notification (1) 10-13-11		Name of Building Owner/Operator (2) American Demo Corp					
Agency 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 English LA City, State, Zip Code Egg Harbor Twp NJ					
		Normal Contact Bernard S	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 101 S. Angyle Ave		Square Feet 2000	# of Floors 3				
City (5) Margate NJ		Bldg. Age 70					
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ARI JOE LLC					
Street Address		Street Address 1212 Burlington Ave					
City, State, Zip Code		City, State, Zip Code DELANCO NJ 08075					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. [REDACTED]	License No. 01070				
Start Date (10) 10-17-11	Scheduled Completion Date (11) 10-30-11	Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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 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"/> Mho-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Frangible 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
OUTSIDE ON PORCH			Siding (ACM)	3000 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler J Robinson W	NJDEP Waste Hauler ID No. 18396	Cubic Yards of Waste 5	Name of Registered Landfill WM OF PA				
City, State Bellmawr NJ	Disposal Date TBD	City, State Tullytown PA					
Completed by JOE HILL	Title VP	Signature [Signature]			Date 10-13-11		

ASB-41

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

Date of Notification (1) 10/1/21/11		Name of Building Owner/Operator (2) County of Morris	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address P.O. Box 900		City, State, Zip Code Morristown, NJ 07960	
Name of Contact David Endly		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sheriffs Explorer Post			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 620 W Hanover Avenue			Square Feet # of Floors Bldg. Age		
City (5) Parsippany-Troy Hills	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number [REDACTED]		
Scheduled Start Date (10) 10/31/2011		Sched. Completion Date (11) 11/1/2011	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	duct (wrap & cut)	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor			<input checked="" type="checkbox"/>	VAT	20 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/1/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 10/21/2011