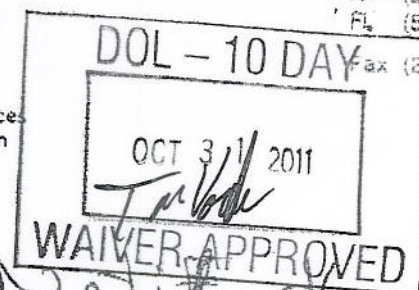


Fully Licensed
Fully Insured



REMEMBER - MAIL IN HARD COPY

Environmental Protection Service
Lead & Asbestos Remediation



* EMERGENCY

FAX TRANSMITTAL SHEET	
FAX NO. (201) 327-4461	
TO:	Tom Voorhees
FROM:	Frank
RE:	St Cecile Emergency Notif.
DATE:	10/31/11
NO OF PAGES INCLUDING THIS TRANSMITTAL	2 4
FAX NO.:	609-633-0664
ADDITIONAL COMMENTS:	<p>Please find Attached Emergency Notif. Start Date Request November 3, 2011 The School Had been closed for some time. They had a pipe break & Water damaged the floor. If you have any questions please give me a call. Thanks for your help!</p>

F.G.S. INC.

513 East 32nd Street • Paterson, NJ 07504-2118

Oct 27 11 02:09p

St Cecilia Parish

2019984437

p.2

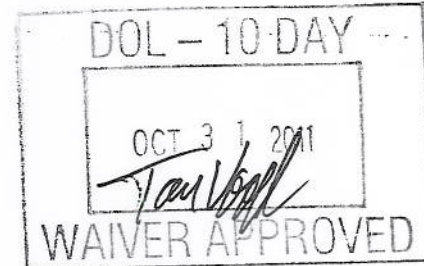
REMEMBER - MAIL IN HARD COPY



St. Cecilia Church

120 Kearny Avenue Kearny, New Jersey 07032

(201) 991-1116



October 27, 2011

To whom it may concern,

I respectfully request a waiver of the 10 day waiting period for the removal of Vinyl
Asbestos tile at St.Cecilia School Bldg.

The tile is damaged and must be removed on Emergency basis.

Sincerely,

Rev. Michael G. Ward
Pastor

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

CR# 2168

Date of Notification (1) 10/31/11		Name of Building Owner / Operator (2) Trenton Board of Education		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DOL - 10 DAY OCT 31 2011 <i>For Approval</i> WAIVER APPROVED </div>					
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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins							
		Telephone Number 609-660-1500							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maintenance Complex, Main Building			Type of Facility (4)						
Street Address 1490 Prospect Street			<input checked="" type="checkbox"/> School (K-12) NON SUB 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Trenton	County (6) Mercer	County Code (7)	Square Feet 3000	# of Floors 1	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren Street			Street Address 1123 Beaver Street						
City, State & Zip Code Trenton, NJ 08610			City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Jim Frisbee			Telephone Number 609-392-4200		License Number 00509				
Scheduled Start Date (10) 10/31/11		Scheduled Completion Date (11) 10/31/11		Name of OSHA Monitor Bristol Environmental Inc.					
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 4:00 PM - 11:59 PM <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Truancy/H&S Grant Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal System Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above the plaster ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 2 Cu yd	Name of Registered Landfill GROWS North Landfill				
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 10/28/11		

**ENVIRONMENTAL CONNECTION INC**

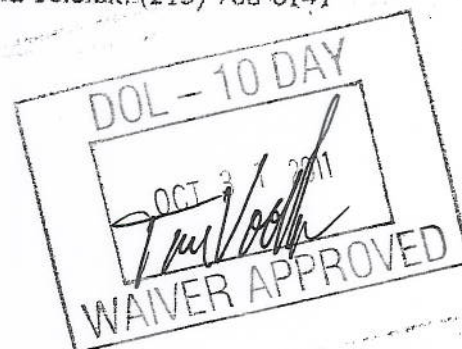
A Vertical Technologies Corporation

October 31, 2011

Mr. Gino Pizzigoni
Bristol Environmental, Inc.
1123 Beaver Street
Bristol, PA 19007

Via Telefax: (215) 788-6141

Re: Emergency Notification
Trenton Public Schools
Maintenance Complex, Main Building
Truancy/H&S Grant Area



Dear Mr. Pizzigoni:

A leak in the hot water system above the plaster ceiling requires the removal of up to nine (9) linear feet of ACM Thermal System Insulation above the Truancy/H&S Grant Area at the Maintenance Building located at 1490 Prospect Street, Trenton, New Jersey.

Due to the immediate need for heating at the site and required repair to the mechanical system, this project is being declared an emergency by the Owner. Please proceed with all required notifications so that this project can commence on October 31, 2011.

If you have any questions regarding this project, please contact the undersigned at your convenience.

Respectfully,

ENVIRONMENTAL CONNECTION, INC.

James Frisbee, CDE
Operations Manager

120 North Warren Street • Trenton, New Jersey 08608 • tel: 609-392-4200 • fax: 609-392-1216
11 Broadway, Suite 454 • New York, New York 10004 • tel: 212-952-7300 • fax: 609-392-1216

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 9:28-7 AND 12:120-7)
ANNUAL NOTIFICATION

DOL - 10 DAY 78126

OCT 31 2011

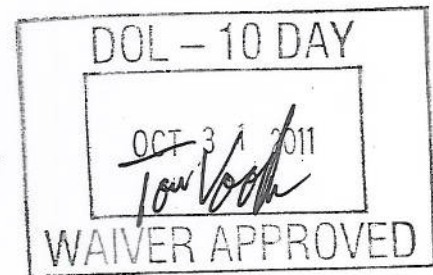
WAIVER APPROVED

Date of Notification (1) 10 / 28 / 11		Name of Building Owner / Operator (2) Verizon		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ Justification <input type="checkbox"/> Cancellation		
Street Address 18-26 Paterson Street		City, State, Zip Code New Brunswick, NJ 08901		
Name of Contact Alex Baylor		Telephone Number [REDACTED]		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Verizon		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 18-26 Paterson Street		Square Feet 100,000		
City (5) New Brunswick		# Of Floors 5		
County (6) Middlesex		Building Age 50+		
County Code (7)		Current Use (Prior to being demolished) Telecommunications		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Incorporated		ASCM NO. [REDACTED]		
Street Address 1253 North Church Street		Name of Abatement Contractor (9) Slavco Construction Inc.		
City, State, Zip Code Moorestown, NJ 08057		Street Address 184 Getty Avenue		
Project Mgr. For Monitoring Firm Harold Baldwin		City, State, Zip Code Clifton, NJ 07011		
Telephone Number 908-812-6742		Telephone Number 973-478-4848		
Sched. Start Date (10) 11 / 02 / 11		License Number 00724		
Sched. Completion Date (11) 11 / 03 / 11				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 8am to 4:30pm ROOM / AREA VACANT DURING REMOVAL		Name of OSHA Monitor Slavco Construction Inc. Street Address 184 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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) 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 N C L O S U R
Basement Power Room	<input checked="" type="checkbox"/>	VAT & Mastic	72 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"/>
Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste 18508	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill	
City, State Clifton, NJ	Disposal Date TBD	City, State Newburg, PA		
Completed by (Print or Type) Vivien Jurcovic	Title Administrative Assistant	Signature Vivien Jurcovic	Date 10/28/11	



A Service Disabled Veteran
Owned Small Business

TTI Environmental Incorporated
1253 N. Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815



10/27/11

SLAVCO CONSTRUCTION, INC
164 Getty Avenue
Clifton, NJ

Attention: Robert Maviglia

Reference: Emergency Asbestos Abatement

The replacement of a Air Handling Unit(AHU) at the Verizon New Brunswick CO. located at 18 Paterson Street Mew Brunswick, NJ, have been delayed due to the discovery of 9" X 9" Vinyl Asbestos Floor Tiles(VAT) located under the old AHU in the basement Power Room. Approximately 72 square feet of VAT/Mastic needs to be removed in order to facilitate placing a concrete for the new AHU to be mounted upon.

Accordingly, this condition requires the removal asbestos containing materials. These delays may in turn, cause an interruption in telecommunication service. Removal of the regulated materials is urgently required to provide a safe access for telecommunication equipment.

Sincerely Yours,

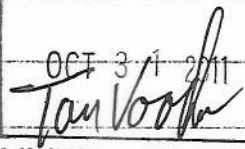
Harold E. Baldwin
TTI Environmental, Inc.

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

Page 1 of 1

DOL - 10 DAY

Check # 1427

Date of Notification (1) 10/30/2011		Name of Building Owner/Operator (2) Jeff Agderian		 WAIVER APPROVED					
Agencies Notified		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		360 East Madison Ave							
Type Notification		City, State, Zip Code							
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Dumont, NJ 07628		Name of Contact Jeff Agderian					
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address 360 East Madison Ave				<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.)					
City (5) Dumont				Square Feet 1800	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 50 +				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) GL Group, Inc					
Street Address		Street Address 140 Hamburg Tpke		City, State, Zip Code Bloomingdale, NJ 07403					
City, State, Zip Code		Telephone No. 201 710-9725		License No. 01084					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor GL Group, Inc					
Start Date (10) 11/01/2011		Scheduled Completion Date (11) 11/02/2011		Street Address 140 Hamburg Tpke					
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code Bloomingdale, NJ 07403					
<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 9800-1600 hrs.									
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	20 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No 0033034		Cubic Yards of Waste 180	Name of Registered Landfill Cumberland Landfill				
City, State Bloomingdale, NJ				Disposal Date 11/02/2011	City, State Newburg, Pa				
Completed by Michael B Solakov		Title P.M.		Signature		Date 10/30/2011			

10/28/11

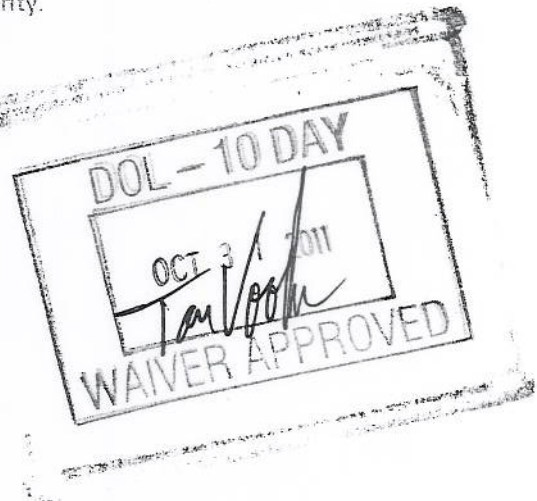
To whom it may concern,

Due to the anticipated cold weather, I respectfully request to have the 10 day waiting period to be waived for the permit so PSE&G can precede with the installation of my new furnace. As it stands now we do not have heat in the house and see this as a top priority.

Thank you.

Regards,


Jeffrey Appenau



Mr. Voorhees,

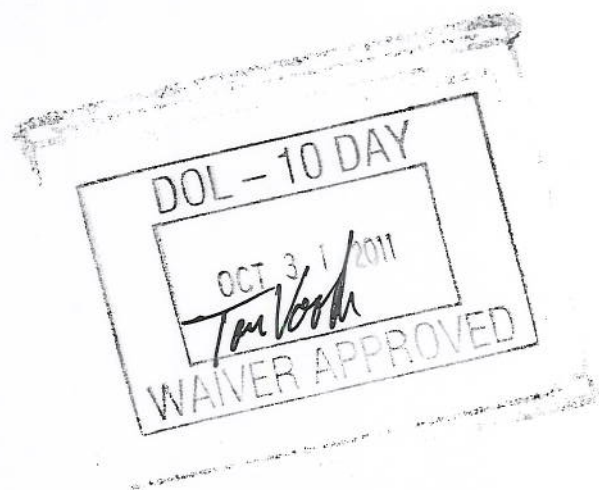
Attached Emergency notification with justification for a 10 day waiver from the owner of the property.

At this current time he has no heat and would like to perform abatement on 11-01-2011

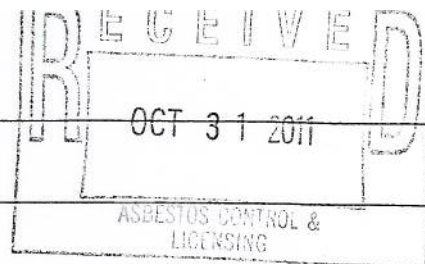
Thank you,

Michael B Solakov
140 Hamburg Tpke
Bloomingdale, N.J. 07403
Tel: (201) 710-9725
Fax: (201) 844-6084
www.glgrouppinc.com

X Description:
cid:image001.jpg@01CBD



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



Date of Notification (1) <u>10</u> / <u>24</u> / <u>11</u>		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 # <u>2</u> <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 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	License No. 00646						
Start Date (10) <u>10</u> / <u>25</u> / <u>11</u>	Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>11</u>	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ <u> </u> PM- <u> </u> 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 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			

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

Check # 8026

Date of Notification (1) 10-27-11		Name of Building Owner/Operator (2) Peter Kaselis						
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	148 W. Franklin St City, State, Zip Code Bound Brook, NJ 08805						
		Name of Contact Peter Kaselis	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4)						
Street Address 148 W Franklin Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Bound Brook, NJ 08805		Square Feet	# of Floors 2					
County (6) Somerset		Bldg. Age 80+-						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A						
Street Address P.O. BOX 337		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC						
City, State, Zip Code NEW EGYPT, NJ 08533		Street Address P.O. BOX 337						
Project Manager for Monitoring Firm STEVE SCHENKER		City, State, Zip Code NEW EGYPT, NJ 08533						
Telephone No. 609-758-3365		Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 11-9-11	Scheduled Completion Date (11) 11-9-11		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 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) In Facility (13) Basement Kitchen	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) 120 LF 250 SF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
	x		Pipe Insulation	x				
		x	Floor Tiles	x				
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT OF PA				
City, State NEW EGYPT, NJ 08533			Disposal Date 11-10-11	City, State MORRISVILLE, PA				
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker	Date 10-27-11				

Date of Notification (1) October 26, 2011		Name of Building Owner/Operator (2) William Heine	
Agencies Notified	Type of Notification	Street Address 1124 Woolley Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Union, New Jersey 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact William Heine	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	OCT 31 2011	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

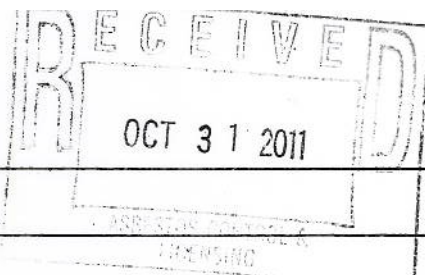
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 214 6 th Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf # of Floors 1 Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 11/09/11	Scheduled Completion Date (11) 11/11/11	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road	
<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 Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)		<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	
<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	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1280sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/14/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/26/2011

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

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



Date of Notification (1) 10/27/11		Name of Building Owner/Operator (2) MS. LOEWING							
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 73 - 7TH AVE City, State, Zip Code HAWTHORNE, NJ, 07506 Name of Contact MS LOEWING Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. LOEWING		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 73 - 7TH AVE		Square Feet 1800	# of Floors 2						
City (5) HAWTHORNE		Bldg. Age 1936							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCES							
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. 201-329-7444	License No. 00388						
Start Date (10) 11/10/11	Scheduled Completion Date (11) 11/11/11	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: 7PM TO 3PM		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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	THERMAL INSULATION	55LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 1/2 cu	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 10/27/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 10/27/11			

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

CK# 19727

Date of Notification (1) October 26, 2011		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 940 Park Avenue City, State, Zip Code Lakewood, New Jersey 08701	
		Name of Contact Irving Perlstein	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 612 Appolo Road			Square feet 1200 sf		
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/08/11		Scheduled Completion Date (11) 11/10/11	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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) 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	R	E			E			
Exterior		X		Asbestos siding	1000sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/11/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/26/11

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

CH 19729

Date of Notification (1) October 26, 2011		Name of Building Owner/Operator (2) Ron Doran	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 229 Hawthorne Avenue City, State, Zip Code Point Pleasant Beach, NJ 08742	
		Name of Contact Ron Doran	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 229 Hawthorne Avenue			Square feet 2000 sf		
City Point Pleasant Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/10/11		Scheduled Completion Date (11) 11/14/11		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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) 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			E N C L O S U R E			
Exterior		X		Asbestos siding	2400 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/15/11		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 10/26/2011		

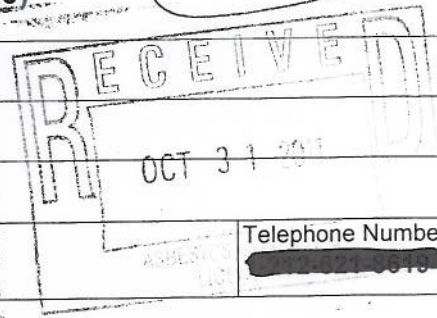
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) MR. T. COLETTA							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 248 NORTH 11TH ST							
		City, State, Zip Code PROSPECT PARK NJ. 07508							
		Name of Contact MR COLETTA	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. COLETTA		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 248 11TH ST		Square Feet 2000	# of Floors 2						
City (5) PROSPECT PARK		Bldg. Age 1980							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDEN CE							
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. 201-329-7444	License No. 00388						
Start Date (10) 11/3/11	Scheduled Completion Date (11) 11/4/11	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: FROM 7AM TO 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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 Asbestos-Containing Material Used Solely by Maintenance/Custodial Staff? (12)			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				THERMAL INSULATION	50 LF	X			
BASEMENT				THERMAL SURFACING	50 SF	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 11/4/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 10/25/11			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Check #3442



Date of Notification (1) 9/21/11		Name of Building Owner / Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 100 Greenwood Ave.		City, State & Zip Code Jenkintown, PA 19046	
Name of Contact Alex Baylor		Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon		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 144 Route 10 & Hunter Street		Square Feet	# of Floors
City (5) Succasunna	County (6) Morris	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	
Street Address 1253 North Church Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Moorestown, NJ 08057		Street Address PO Box 25	
Project Manager for Monitoring Firm Harold Baldwin		Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 11/9/11	Scheduled Completion Date (11) 11/15/11		
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor EMSL Analytical	
Street Address 108 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 checked="" 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 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 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 total	<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 AbateTech, Inc		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/15/11		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>[Signature]</i>		Date 10/26/11

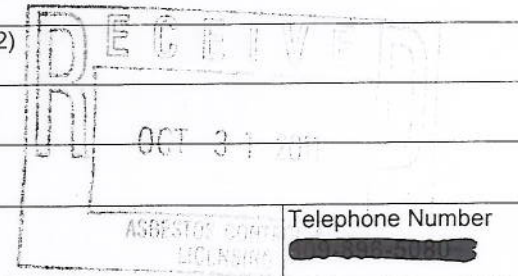
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/26/11		Name of Building Owner/Operator (2) Victaulic REH, LLC							
Agencies Notified	Type Notification	Street Address 4901 Kesslersville Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Easton, PA 18044-0031							
		Name of Contact Kraig Hume	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 119 Edison Road		Square Feet 25,000	# of Floors 1						
City (5) Stewartsville, NJ		Bldg. Age 100							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Research & Development							
Name of Monitoring Firm Hired by Building Owner (8) PSC Industrial Outsourcing, LP		ASCM No. N/A	Name of Abatement Contractor (9) PSC Industrial Outsourcing, LP						
Street Address 2337 North Penn Road		Street Address 2337 North Penn Road							
City, State, Zip Code Hatfield, PA 19440		City, State, Zip Code Hatfield, PA 19440							
Project Manager for Monitoring Firm Karl Heebner		Telephone No. 215-997-7550	License No. 01149						
Start Date (10) 9/12/11	Scheduled Completion Date (11) 12/31/11	Name of OSHA Monitor PSC Industrial Outsourcing, LP							
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>Monday-Friday, 7 am to 3 pm</u>		Street Address 2337 North Penn Road							
		City, State, Zip Code Hatfield, PA 19440							
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
Building No. 2, basement		x		TSI & misc. mixed with soil	350 CY	x			
Name of Registered Waste Hauler Republic Environmental Sys (Trans Group)		NJDEP Waste Hauler ID No. 50223	Cubic Yards of Waste 350	Name of Registered Landfill GROWS Landfill					
City, State 21 Church Road, Hatfield, PA 19440			Disposal Date	City, State Morrisville, Pa 19067					
Completed by Gene Rane		Title Environmental Specialist	Signature <i>[Signature]</i>			Date 8/26/11			

NOTIFICATION OF ASBESTOS ABATEMENT

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

Check #3441



Date of Notification (1) 10/27/11		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 checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <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

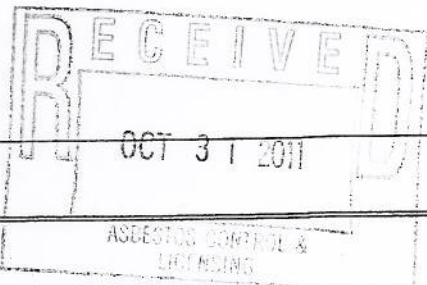
Name of Facility Where Abatement is Taking Place (3) Rider University - Conover Dorm			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet # of Floors Bldg. Age		
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Dormitory		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 515 Grove Street Suite 1B			Street Address 30 Maple Ave		
City, State & Zip Code Haddon Heights, NJ 08035			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 11/23/11	Scheduled Completion Date (11) 11/26/11		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: Wed 11/23 2nd shift, Fri 11/25 double shift, Sat 11/26 B/D <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 checked="" 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 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 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
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	200 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/26/11		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Off. Coord.	Signature 		Date 10/27/11



Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) JOE D'URSO	
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 100 PASCACK ROAD		City, State, Zip Code PARK RIDGE, NJ	
Name of Contact JOE D'URSO		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOE D'URSO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 100 PASCACK ROAD			Square Feet		
City (5) PARK RIDGE			County (6) BERGEN		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No.		
Street Address [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code [REDACTED]			Street Address 20 California Ave.		
Project Manager for Monitoring Firm [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Phone Number [REDACTED]			Telephone Number 973-345-8020		
Start Date (10) 10/27/11			License Number 00159		
Sched. Completion Date (11) 11/11/11			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)	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	130 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/28/11		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]	
				Date 10/26/11	

003925

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) TADHG KELLY	
Agencies Notified	Type Notification	Street Address 217 PARKER AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code CLIFTON, NJ 07012	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JIM DALLAS	
<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) TADHG KELL			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 217 PARKER AVENUE			Square Feet		
City (5) CLIFTON			# of Floors		
County (6) PASSAIC			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 11/07/11			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 11/18/11			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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)	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	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<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"/>

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 11/08/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/26/11

B & G proj. #: 2011-215

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

Sub Chapter 8

Check # 4837

Date of Notification (1) <u>10/12/11</u>		Name of Building Owner/Operator (2) Perth Amboy Board of Education	
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 178 Barracks Street		City, State, Zip Code Perth Amboy, NJ 08861	
Name of Contact Derek Jess		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maintenance Shop			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 178 Barracks Street			Square Feet		
City (5) Perth Amboy, NJ 08861			# of Floors		
County (6) Middlesex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) Board of Education		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Eric Clarkson			Telephone Number 973-696-6869		
Phone Number 609-652-1833			License Number 0378		
Scheduled Start Date (10) 11/7/11			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 11/11/2011			Street Address 105 Ryerson Road		
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: Unoccupied			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(hallway, shop area)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room & back room)						<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 3 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/7/2011 - 11/11/11	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 10/28/2011

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

B & G proj. #: 2011-214

Check # 4835

Date of Notification (1) <u>11/01/12</u> / <u>18</u> / <u>11</u>		Name of Building Owner/Operator (2) <u>Carmen Giordano</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>9 Parkway East</u>		City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
Name of Contact <u>Carmen Giordano</u>		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Carmen Giordano</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>9 Parkway East</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Bloomfield, NJ 07003</u>	County (6) <u>Essex</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 <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>11/8/11</u>		Sched. Completion Date (11) <u>11/8/2011</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:					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		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 type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" 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
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	102 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 <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>11/9/2011</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>10/28/2011</u>

Date of Notification (1) <u>11/01/2011</u>		Name of Building Owner/Operator (2) <u>Mary & Ronald Reilly</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>236 Vail Road</u>		City, State, Zip Code <u>Parsippany, NJ 07054</u>	
Name of Contact <u>Mary & Ronald Reilly</u>		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Mary & Ronald Reilly</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>236 Vail Road</u>			Square Feet <u> </u>		
City (5) <u>Parsippany, NJ 07054</u>			# of Floors <u> </u>		
County (6) <u>Morris</u>			Bldg. Age <u> </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>			Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u> </u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u> </u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u> </u>			Telephone Number <u>973-696-6869</u>		
Phone Number <u> </u>			License Number <u>0378</u>		
Scheduled Start Date (10) <u>11/9/11</u>			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Sched. Completion Date (11) <u>11/9/2011</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: <u> </u> <input type="checkbox"/> Other-Describe: <u> </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 type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" 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
	Yes	No	N/A						
boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	66 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	27 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	9 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"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/2 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>11/10/2011</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>10/28/2011</u>

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

B & G proj. #: 2011-211

Check # 4832

Date of Notification (1) <u>11/01/12</u> / <u>18</u> / <u>11</u>		Name of Building Owner/Operator (2) <u>Enid Joseph</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>17 North Murray Avenue</u>	
		City, State, Zip Code <u>Ridgewood, NJ 07450</u>	
		Name of Contact <u>Enid Joseph</u>	
		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Enid Joseph</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>17 North Murray Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Ridgewood, NJ 07450</u>	County (6) <u>Bergen</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 <u>[REDACTED]</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>[REDACTED]</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>[REDACTED]</u>		Phone Number <u>[REDACTED]</u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>11/7/11</u>		Sched. Completion Date (11) <u>11/7/2011</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"/> ≥160 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
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	duct insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement finished area			<input checked="" type="checkbox"/>	duct insulation	30 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"/>

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>11/8/11</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>10/28/2011</u>

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

B & G proj. #: 2011-210

Check # 4833

Date of Notification (1) <u>10/12/11</u>		Name of Building Owner/Operator (2) <u>Marion Cowan</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>122 Highland Avenue</u>		City, State, Zip Code <u>Jersey City, NJ 07306</u>	
Name of Contact <u>Marion Cowan</u>		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Marion Cowan</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>122 Highland Avenue</u>			Square Feet <u> </u>		
City (5) <u>Jersey City, NJ 07306</u>			# of Floors <u> </u>		
County (6) <u>Hudson</u>			Bldg. Age <u> </u>		
County Code (7) (State use only) <u> </u>			Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>			Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u> </u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u> </u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u> </u>			Telephone Number <u>973-696-6869</u>		
Phone Number <u> </u>			License Number <u>0378</u>		
Scheduled Start Date (10) <u>11/7/11</u>			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Sched. Completion Date (11) <u>11/7/2011</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: <u> </u> <input type="checkbox"/> Other-Describe: <u> </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 type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" 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
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>11/8/11</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>10/28/2011</u>

B & G proj. #: 2011-209

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

Check # 4834

Date of Notification (1) 11/10/12 18/11/11		Name of Building Owner/Operator (2) Kathy Cahayla & Karen Semko	
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 28 Barrington Avenue		City, State, Zip Code Clifton, NJ 07011	
Name of Contact Kathy Cahayla & Karen Semko		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kathy Cahayla & Karen Semko			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 28 Barrington Avenue			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07011	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) 11/8/11		Sched. Completion Date (11) 11/8/2011	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"/>	pipe/elbow insulation	27 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

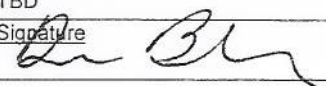
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/9/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 10/28/2011

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

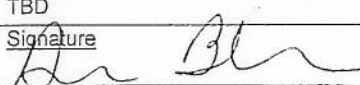
3684

<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	OCT 31 2011				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 2 <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) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
<u>Street Address</u> 450 KING GEORGES RD		<u>Square Feet</u> 20,000	<u># of Floors</u> 1				
<u>City (5)</u> Woodbridge	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (STATE USE ONLY)</u>	<u>Bldg. Age</u> 30+				
<u>Name of Monitoring Firm Hired by Building Owner (8)</u> AET, INC.		<u>ASCM No.</u> 0021	<u>Current Use (Prior if being demolished)</u> VACANT				
<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> 6108910114	<u>Telephone No.</u> 610-701-9000	<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					
<u>Scope of Work (Check all that apply)</u>							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</u>	<u>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				<u>Removal</u>	<u>Repair</u>	<u>Encapsulate</u>	<u>Enclosure</u>
OFFICES AND WAREHOUSE, REPAIR SHOP, USED CAR	Yes No N/A X	VAT& MASTIC ROOFING	6420 SF 15900SF	X			
WAREHOUSE USED CAR		VIBRATION CLOTH MASTIC ON FOUNDATION	4LF 125 SF	X			
WAREHOUSE REPAIR SHOP		TRANSITE EXHAUST PANEL GLUE	32 LF 50 SF	X			
ROOF AND USED CAR		TRANSITE	1420SF	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>City, State</u> Imperial, PA				
<u>Completed by</u> Devin Blom	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 10/26/2011				

(Pursuant to NJAC 8:60 and 12:120 Jersey
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> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Type Notification</u> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>Street Address</u> 1548 S 13 TH STREET <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> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> X Other (i.e. private & commercial buildings, homes, etc.)						
<u>Street Address</u> 450 KING GEORGES RD								
<u>City (5)</u> woodbridge		<u>Square Feet</u> 20,000	<u># of Floors</u> 1					
		<u>Bldg. Age</u> 30+						
<u>County (6)</u> MIDDLESEX	<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> 6108910114	<u>Telephone No.</u> 610-701-9000	<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						
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> X Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> X Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>								
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</u> Yes No N/A		<u>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</u>	<u>Amount (Specify SF or LF)</u>	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>City, State</u> Imperial, PA				
<u>Completed by</u> Devin Blom	<u>Title</u> Project Manager		<u>Signature</u> 		<u>Date</u> 10/19/2011			

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

<u>Date of Notification (1)</u> 10/3/2011		<u>Name of Building Owner/Operator (2)</u> WOODBRIIDGE PROPERTY LLC					
<u>Agency Notified</u>	<u>Type Notification</u>	<u>Street Address</u> 1548 S 13 TH STREET	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OCT 31 2011 </div>				
<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"/> 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) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
<u>Street Address</u> 450 KING GEORGES RD		<u>Square Feet</u> 20,000	<u># of Floors</u> 1				
<u>City (5)</u> WILLINGBORO		<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> 6108910114	<u>Telephone No.</u> 610-701-9000	<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					
<u>Scope of Work (Check all that apply)</u>							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</u> Yes No N/A	<u>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				<u>Removal</u>	<u>Repair</u>	<u>Encapsulate</u>	<u>Enclosure</u>
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>City, State</u> Imperial, PA				
<u>Completed by</u> Devin Blom	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 10/3/2011				

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) FRANK BARTLETT	
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 7-23 CAMPBELL ROAD		City, State, Zip Code FAIR LAWN, NJ 07410	
Name of Contact FRANK BARTLETT		Telephone Number 201-214-1382	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANK BARTLETT			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 34-01 SOUTHERN DRIVE			Square Feet		
City (5) FAIR LAWN			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 00159	
Start Date (10) 11/04/11		Sched. Completion Date (11) 11/11/11		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	

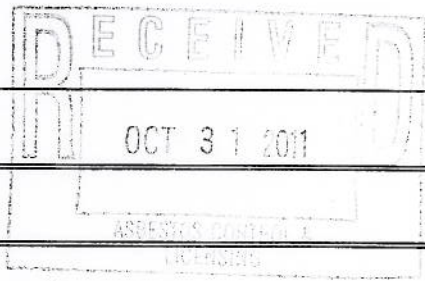
Scope of Work (check all that apply)

- ☒ >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)	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 ABOVE DROP CEILING		<input checked="" type="checkbox"/>		PIPE INSULATION	30 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 11/07/11		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/25/11	



Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) JOSEPH & ROSE BROCIOS	
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 241 LINDEN AVENUE		City, State, Zip Code BELLEVILLE, NJ 07109	
Name of Contact JOSEPH & ROSE BROIOUS		Telephone Number [REDACTED]	

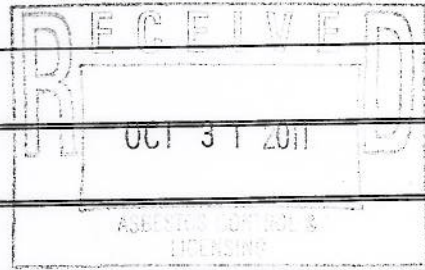
FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPH & ROSE BROCIOS			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 241 LINDEN AVENUE			Square Feet		
City (5) BELLEVILLE			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 11/07/11			Sched. Completion Date (11) 11/18/11		
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			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input 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-friable procedure	
---	--	---	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	28 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	45 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/08/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/25/11



Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) JOHN LEAHY	
Agencies Notified	Type Notification	Street Address 168 MAIN STREET	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code WOODBIDGE, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JOHN LEAHY	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number [REDACTED]	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN LEAHY			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 168 MAIN STREET			Square Feet		
City (5) WOODBIDGE			# of Floors		
County (6) MIDDLESEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 10/26/11			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 11/07/11			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

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	35 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/27/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/25/11

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

Date: 6 / 10 / 2014

D & S Restoration, Inc.
20 California Avenue
Paterson, NJ 07503

Worksite

Address: 168 Main St Ward Bridge

To Whom It May Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

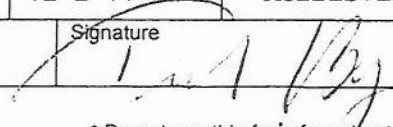
If you have any questions or comments, please do not hesitate to contact me at the following telephone number: _____

Very truly yours,

Dr. San Leahy
Printed Name of owner
[Signature]
Signature of owner

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

Check # 7690

Date of Notification (1) 10-24-11		Name of Building Owner/Operator (2) Rutgers-The State University of New Jersey							
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		Street Address						
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		27 Road 1, Building 4086						
			City, State, Zip Code Piscataway, NJ 08854						
			Name of Contact Mike Smith		Telephone Number [REDACTED]				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Blake Hall				Type of Facility (4)					
Street Address 93 Lipman Drive				<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) New Brunswick				Square Feet 120,000	# of Floors 2				
County (6) Middlesex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 45yrs				
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.			ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address Three Terri Lane			Street Address 923 Haws Avenue						
City, State, Zip Code Burlington, NJ 08106			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Brian Kearney			Telephone No. 609-386-8800	Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 11-2-11		Scheduled Completion Date (11) 12-2-11		Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 923 Haws Avenue					
<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 Norristown, PA 19401					
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 windows			x	window caulking	200 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.				
City, State Newark, NJ				Disposal Date 12-2-11	City, State Morrisville, PA				
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 10-24-11			

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

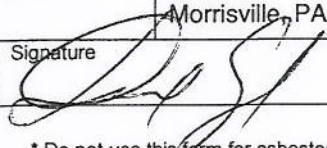
2100
RECEIVED

Date of Notification (1) <u>11/20/11</u>		Name of Building Owner/Operator (2) <u>JOHN KELLER, INC.</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>30 BLUE HERON DRIVE</u>	
		City, State, Zip Code <u>CAPE MAY COURT HOUSE, NJ, 08210</u>	
		Name of Contact <u>SOME</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>1500 CENTRAL AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>SEA ISLE CITY</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, NJ, 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>11/11/11</u>	Scheduled Completion Date (11) <u>11/18/11</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J., 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> ≥ 160 sf or ≥ 260 ll		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J., 08052</u>		Disposal Date	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
			City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>10/26/11</u>

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

CL# 1643

DEC 31 2011

Date of Notification (1) 10/25/2011		Name of Building Owner/Operator (2) Peter and Eileen Fierro							
Agencies Notified	Type Notification	Street Address 385 Hazel Street							
<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	City, State, Zip Code Clifton, NJ 07011							
		Name of Contact Eileen Fierro	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address 385 Hazel Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton		Square Feet 2500	# of Floors 2						
		Bldg. Age 70							
County (6) Passaic County	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)							
Street Address		Pyramid Contracting Corp.							
City, State, Zip Code		Street Address 78 Fenner Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07013							
Telephone No.		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 11/07/2011	Scheduled Completion Date (11) 11/08/2011	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 checked="" type="checkbox"/> Other - Describe: 8:00am - 4:00pm		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	145 LF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 2	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 10/25/2011					

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

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) MR CHARLES BEAM							
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 133 SUSSEX ST							
		City, State, Zip Code HACKENSACK NJ. 07601							
		Name of Contact MRS. MALEY	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) M.R. BEAM		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 133 SUSSEX ST		Square Feet 2200	# of Floors 2						
City (5) HACKENSACK		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)		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. 201-329-7444	License No. 00388						
Start Date (10) 11/4/11	Scheduled Completion Date (11) 11/5/11	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: 7 AM TO 5 PM		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 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
1 FLOOR REAR ASB ROOM				VAT	140 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 11/5/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 10/25/11			

EMERGENCY NO HEAT
REQUEST FOR WAIVER

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

APPROVED
NJ Dept of Health & Senior Services
Paul C. Hower
(Signature)
Date: 10/25/11 Time: 2:04A

Date of Notification (1) 10-25-2011		Name of Building Owner/Operator (2) AS. SCOLANO	
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 <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	145 ST JOSEPH BLVD. City, State, Zip Code Lodi, NJ 07644	
		Name of Contact MS. SCOLANO	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) MS. SCOLANO		Type of Facility (4)	
Street Address 145 ST. JOSEPH BLVD.		<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.)	
City (5) Lodi	Square Feet 2100	# of Floors 2	Bldg. Age 86 YRS
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)		Name of Abatement Contractor (9)	
ASCM No.		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.	License No.
		201-329-7444	00388
Start Date (10) 10-27-2011	Scheduled Completion Date (11) 10-28-2011	Name of OSHA Monitor Omega Environmental Services	
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: 8AM 5PM		280 Huyler St	
		City, State, Zip Code	
		South Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2180 sf or 2280 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
BASMENT			X	THERMAL INSULATION	55 SF	X			

Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1.00 YD	Name of Registered Landfill Cumberland County Landfill	
City, State South Kearny N.J. 07032		Disposal Date 10-28-2011	City, State Newburgh PA, 17242		
Controlled by R. VELDRAN	Title Estimator	Signature R. Veldran	Date 10-25-2011		

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

3155
RECEIVED
OCT 31 2011

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) MS CAROL NORMIS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 307 ELIZABETH AVE	
		City, State, Zip Code SOMERSET . NJ 08873	
		Name of Contact MS. NORMIS	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. NORMIS		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 307 ELIZABETH AVE		Square Feet 2300	# of Floors 2
City (5) SOMERSET		Bldg. Age 1935	
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		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. 201-329-7444	License No. 00388
Start Date (10) 11/11/11	Scheduled Completion Date (11) 11/12/11	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: 7 AM TO 5 PM		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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				THERMAL INSULATION	90LF	X			

Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Cumberland County Landfill	
City, State South Kearny N.J. 07032		Disposal Date 11/12/11	City, State Newburgh PA, 17242		
Completed by J. MAIORANO	Title Estimator	Signature <i>[Signature]</i>	Date 10/25/11		

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

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) MR. JOHN JAKIMOWICZ		OCT 31 2011				
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 323 UNION ST					
			City, State, Zip Code JERSEY CITY .NJ 07303					
			Name of Contact MR. JAKIMOWICZ		Telephone Number [REDACTED]			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. JAKIMOWICZ				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 323 UNION ST				Square Feet 10,000	# of Floors 4			
City (5) JERSEY CITY				Bldg. Age 1940				
County (6) HUDSON		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. 201-329-7444	License No. 00388			
Start Date (10) 11/8/11		Scheduled Completion Date (11) 11/9/11		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: 7 AM TO 5 PM				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) 195LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASMENT			THERMAL INSULATION		X			
Name of Registered Waste Hauler DJM Transport ,Inc		NJDEP Waste Hauler ID No. 22393		Cubic Yards of Waste 2429	Name of Registered Landfill Cumberland County Landfill			
City, State South Kearny N.J. 07032				Disposal Date 11/9/11	City, State Newburgh PA, 17242			
Completed by J. MAIORANO		Title Estimator		Signature <i>[Signature]</i>		Date 10/25/11		

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

DECE

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) MS. PATRICIA VALENCIA							
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 262 LOUIS ST						
			City, State, Zip Code HACKENSACK NJ. 07601						
			Name of Contact MS. VALENCIA						
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. VALENCIA		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 262 LOUIS ST		Square Feet 1800	# of Floors 2						
City (5) HACKENSACK		Bldg. Age 1945							
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. 201-329-7444	License No. 00388						
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/8/11	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: 7 AM TO 5 PM		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 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) THERMAL INSULATION	Amount (Specify SF or LF) 110 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 1/2 y	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 11/8/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator		Signature <i>[Signature]</i>		Date 10/25/11			

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Attachment to NJAC 8:26-7 and 12:120-7)

Check # 9820

DOL - 10 DAY

Date of Notification (2)
10/25/11

Agencies Notified Type Notification
☐ EPA ☒ Initial Notification
☐ DEP ☐ Amended Notification
☒ DCU ☒ EMERGENCY
☒ DCN ☐ Cancellation
☐ DCA

Name of Building Owner/Operator (2)
Mr. and Miss Reed
Street Address
8 Pearl Street
City, State, Zip Code
Summit, NJ 07901
Name of Contact
Mr. Reed
Telephone Number

OCT 26 2011
OCT 3 2011
WAIVER APPROVED

Name of Facility Where Abatement is Taking Place (3)
Private

Street Address
8 Pearl Street

City (5)
Summit

County (6)
Union

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 Foot 1800 # of Floors 2 Bldg. Age 65
Current Use (Prior to being demolished)
Residence

Name of Monitoring Firm hired by Building Owner (8)
N/A
Street Address
City, State, Zip Code

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.
Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number (973) 744-8800 License Number 00371

Name of OSHA Monitor
N/A

Street Address
City, State, Zip Code

Project Manager for Monitoring Firm Telephone Number
N/A
Scheduled Start Date (10) 10/26/11 Sched. Completion Date (11) 10/27/11
Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated during Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Off-Hours Descript
☐ Other - Describe Other Occupancy Descript

Scope of Work (Check all that apply)

☒ 25 sf or less
☐ 100 sf or less

☒ 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, VAX, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	ENCLOSURE	ENCLOSURE	ENCLOSURE
Basement			X	Boiler Insulation	18 sf	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
City, State
Montclair, NJ 07042

NJDEP Waste Hauler ID No
17040

Cubic Yards of Waste 1.5
Disposal Date
10/28/11

Name of Registered Landfill
G.R.O.W.S.
City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian
Title
President

Signature
Date
10/25/11

October 25, 2011

Re: EMERGENCY REQUEST LETTER
8 Pearl Street
Summit, NJ 07901

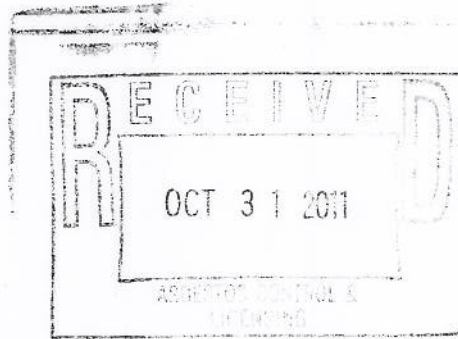
To whom it may concern:

Our boiler needs to be replaced and we were informed by Air Group (the company doing the replacement) that we must have the asbestos insulation on the boiler removed before the boiler can be removed. Please consider this an emergency and waive the 10 day waiting period as we are without heat and freezing in the evening.

Thank you for your assistance with this matter.

Sincerely,

Mr. and Miss Reed



1046

60392

CR # 1046430022

Part Form 2

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Hower
(signature)
Date: 10/25/11 Time: 9:27 AM

Date of Notification (1) 10/24/11		Name of Building Owner/Operator (2) Sal Criscuolo / 350 Hurst St LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 350 Hurst St City, State, Zip Code Linden, NJ 07036 Name of Contact Richard Marchisio Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private commercial property				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 350 Hurst St				Square Feet					
City (5) Linden				# of Floors 1					
County (6) Union				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Offices					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Genesis-Citrine Contracting Corp					
Street Address N/A				Street Address 106 Gold St					
City, State, Zip Code N/A				City, State, Zip Code Green Brook, NJ 08812					
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 908-809-0315					
Start Date (10) 10/25/11		Scheduled Completion Date (11) 10/31/11		License No. 01090					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor Genesis-Citrine Contracting Corp					
				Street Address 106 Gold St					
				City, State, Zip Code Green Brook, NJ 08812					
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"/> Glovabag 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
1st Fl entrance, office & electrical rm			X	9 x9 VCT	1055 SF	X			
1st Fl; kitchen area & bathrooms			X	9 x9 VCT	360 SF	X			
Name of Registered Waste Hauler Genesis-Citrine Contracting Corp		NJDEP Waste Hauler ID No. 32980		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S Landfill			
City, State Green Brook, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Victoria Burga		Title President		Signature <i>[Signature]</i>		Date 10/24/11			

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

Date of Notification (1) 10/26/11		Name of Building Owner/Operator (2) Estate of Joseph B. Pecararo		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 10/26/11 Time: 2:15
Agencies Notified	Type Notification	Street Address 509 N. 9th Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07107		
		Name of Contact Anita Iacullo	Telephone Number [REDACTED]	

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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 509 North 9th Street			Square Feet 1300	# of Floors 2	Bldg. Age 72
City (5) Newark	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) N/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 (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10/28/11 Month Day Year		Sched. Completion Date (11) 10/29/11 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>Offhours Describe</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Describe</u>			Street Address		
			City, State, Zip Code		

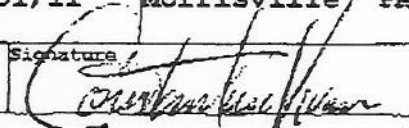
Scope of Work (Check all that apply)

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

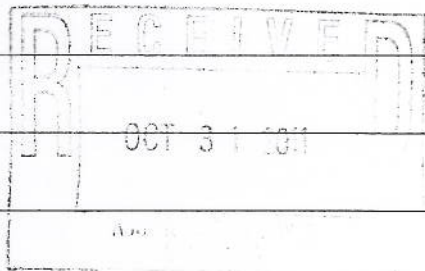
☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.50	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) Constantine Vivian	Title President	Signature 	Date 10/26/11

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



Date of Notification (1) 10/26/11		Name of Building Owner/Operator (2) Giuseppe Gencarelli	
Agencies Notified	Type Notification	Street Address 933 Preakness Avenue	
[] EPA	[X] Initial Notification	City, State, Zip Code Wayne, NJ 07470	
[] DEP	[] Amended Notification	Name of Contact Giuseppe Gencarelli	
[X] DOL	[] EMERGENCY	Telephone Number [REDACTED]	
[X] DOH	[] Cancellation		
[] DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 933 Preakness Ave			Square Feet 1300		
City (5) Wayne			County (6) Passaic	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 60		
			Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/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 (973) 744-8800	License Number 00371
Scheduled Start Date (10) 11/7/11	Sched. Completion Date (11) 11/8/11		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»			Street Address	
			City, State, Zip Code	

Scope of Work (Check all that apply)

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

[X] Renovation
[] Demolition

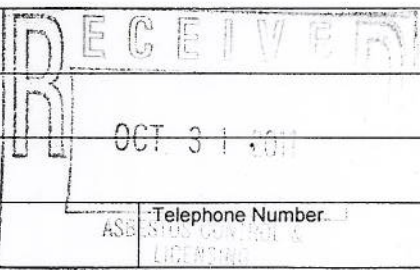
[] Full Containment with Negative Pressure
[] Mini-Enclosure
[X] Glovebag Procedure
[] Non-Friable Procedure

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.75	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11/9/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/26/11		

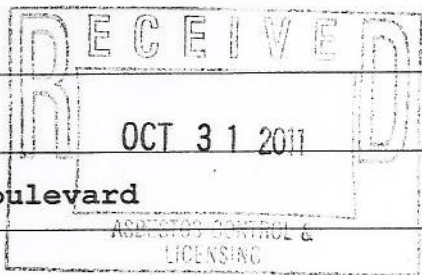
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

ch# 2010



Date of Notification (1) 10/21/2011		Name of Building Owner/Operator (2) E-Zone Management							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 602 North 10th Street							
		City, State, Zip Code Camden, NJ 08102							
		Name of Contact Mr. Shyand J. Lin	Telephone Number ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse File		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 1950-1999 South Broadway		Square Feet 100,000	# of Floors 3						
City (5) Camden		Bldg. Age +80							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 318 12th Street		Street Address 426-69th Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	Telephone No. 201-295-1700						
Start Date (10) 11/4/2011		Scheduled Completion Date (11) 11/2/2011	License No. 01074						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EMSL Analytical							
		Street Address 307 West 28th Street							
		City, State, Zip Code New York, NY 10018							
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 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
Building		x		Pipe Insulation	40 LF	x			
Building		x		Boiler Door	1	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland					
City, State Newark, NJ			Disposal Date TBD	City, State Newburgh, PA					
Completed by Luz Guzman		Title Off. Manager	Signature 			Date 10/21/2011			

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



Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) St. James AME Church	
Agencies Notified	Type Notification	Street Address 588 Martin Luther King Boulevard	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Newark, NJ 07102	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Calvin Jackson	
<input checked="" type="checkbox"/> DOL	<input checked="" 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 3 Merrywood Drive			Square Feet 2400	# of Floors 2	Bldg. Age 65
City (5) W. Orange	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) N/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 (973) 744-8800	License Number 00371
Scheduled Start Date (10) 10/28/29 Month Day Year	Sched. Completion Date (11) 11/1/11 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

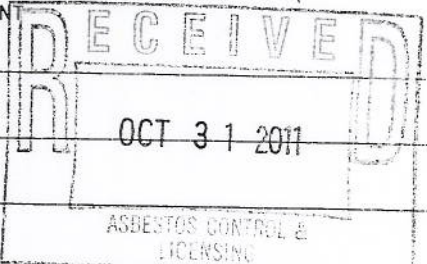
Scope of Work (Check all that apply)

<input 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-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	VAT	1000 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 4.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11/2/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/25/11		

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



Date of Notification (1) 10/25/11 Chk:1594 \$200		Name of Building Owner/Operator (2) Kazumasa Ochaia	
Agencies Notified	Type Notification	Street Address 50 North Lyle Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tenafly, New Jersey 07670	
		Name of Contact Kazumasa Ochaia	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 50 North Lyle 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) Tenafly, New Jersey 07670		Square Feet 10,000	# of Floors 2
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 55+
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation
Street Address 300 Grandview Avenue		Street Address 606 McBride Avenue	
City, State, Zip Code Englewood, New Jersey 08631		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-225-8400
License No. 01104			
Start Date (10) 11/05/11	Scheduled Completion Date (11) 11/07/11	Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<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: 8AM Start		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"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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		TSI	150 LF	X			
Detached Garage		X		TSI	30 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 11/08/11	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 10/25/11

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

1595

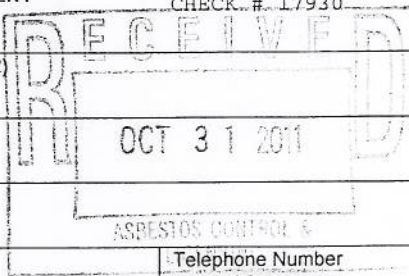
APPROVED

NY Dept. of Health & Senior Services
Paul C. Power
(Signature)
Date: 10/25/11 Time: 4:15 PM

Date of Notification (1) 10/25/11 Ck: 1595		Name of Building Owner/Operator (2) Fairleigh Dickinson University		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 (3) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 1000 River Road		City, State, Zip Code Teaneck, New Jersey 07666	
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Madison Campus, Orangerie Library		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 20,000		# of Floors 2		Bldg. Age 55+	
Street Address 285 Madison Avenue		City (5) Madison, New Jersey 07940		County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library		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 08109		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462		Telephone No. 973-225-8400		License No. 01104		Name of OSHA Monitor J&S Environmental Labs		Street Address 2333 Route 22 West	
Start Date (10) 10/26/11		Scheduled Completion Date (11) 10/27/11		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 <input checked="" type="checkbox"/> Other - Describe: 8AM Start		City, State, Zip Code Union, New Jersey 07083		Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Abatement Type Removal Repair Encapsulate Enclosure	
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, VAF, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		Removal Repair Encapsulate Enclosure	
Outdoors		X		TSI Wet wrap & Cut		250 LF		X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S Landfill		City, State Woodland Park, New Jersey 07424		Disposal Date 10/27/11	
City, State Woodland Park, New Jersey 07424		Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 10/25/11			

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

CHECK # 17930



Date of Notification (1) 10-25-11		Name of Building Owner/Operator (2) First Energy Corp.							
Agencies Notified	Type Notification	Street Address 265 Main Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Akron, OH 44308							
		Name of Contact Mr. John Greco	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address Hibernia/Green Pond Road, Morris Avenue & Ford Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Rockaway Township		Square Feet N/A	# of Floors N/A						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manhole						
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 140 South Village Avenue, Suite 130		Street Address 200 Broad Street							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Brian Hoverdon		Telephone No. 908-309-1021	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 10-27-11	Scheduled Completion Date (11) 11-04-11	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Underground Conduit: Elect. Cable			x	Cable Wrap	1,500LF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Joe Patrick		Title Project Manager	Signature 	Date 10-25-11					

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

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) Eugene Ing	
Agencies Notified	Type Notification	Street Address 210 N. Chestnut Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Westfield, NJ 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact Eugene Ing	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number [REDACTED]	

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 210 N. Chestnut Street			Square Feet 1900	# of Floors 2	Bldg. Age 50
City (5) Westfield	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address		City, State, Zip Code	
				Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number		License Number	
		N/A		(973) 744-8800 00371	
Scheduled Start Date (10) 11/3/11		Sched. Completion Date (11) 11/4/11		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year		Street Address	
Occupancy Status During Abatement (Check only one)				City, State, Zip Code	
<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»					

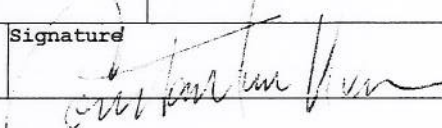
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	30 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.0		Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11/7/11		City, State Morrisville, PA 19067			
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 10/25/11	

2094

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

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) TOM GLEESON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8305 LAWRENCE AVE. OCT '31 1911	
		City, State, Zip Code SEA ISLE CITY, N.J.	
		Name of Contact SAME	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 620 SIMPSON AVE.		Square Feet 1000	# of Floors 2
City (5) OCEON CITY		Bldg Age 40+	
County (6) CANE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		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. 856-779-0422	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"/> < 23 sf or < 3 ft	<input type="checkbox"/> > 23 sf or > 3 ft	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> < 160 sf or < 260 ft	<input checked="" 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) IN Facility (13) TO BE ABATED	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) 1800 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
SIDING				TRANSITE		X			

Name of Registered Waste Hauler KLEMMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 10/25/11

DOL - 10/25/11

REMEMBER - MAIL IN HARD COPY
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1)
 10/25/11

Name of Building Owner/Operator (2)
 Borough of Mount Ephraim

Agency Noted
PERMIT APPROVED

Street Address
 121 S. Blackhorse Pike

City, State, Zip Code
 Mt. Ephraim, NJ 08059

Name of Contact
 Terry Shannon

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Mt. Ephraim Police Station

Street Address
 121 S. Blackhorse Pike

City (5)
 Mt. Ephraim

County (8)
 Camden

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)
 Police Station

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

ASCM No.

Name of Abatement Contractor (9)

Stevens Environmental Services, Inc.

Street Address
 PO Box 341

Street Address
 PO Box 322

City, State, Zip Code
 Crosswicks, NJ 08515

City, State, Zip Code
 Allentown, NJ 08501

Project Manager for Monitoring Firm
 William Weisgarber Jr.

Telephone No.
 (609) 298-4070

Telephone No.
 (609) 259-9688

License No.
 00493

Start Date (10)
 10/28/11

Scheduled Completion Date (11)
 10/28/11

Name of OSHA Monitor
 MECS

- Occupancy Status During Abatement (Check only one)
- ☐ Facility Closed/Vacated During Entire Period of Abatement
 - ☐ Abatement Performed Outside of Normal Facility Hours
 - ☒ Other - Describe: 8AM - 4:30PM

Street Address
 PO Box 341

City, State, Zip Code
 Crosswicks, NJ 08515

Scope of Work (Check all that apply)

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

- ☒ Renovation
- ☐ Demolition

- ☐ Full Containment with Negative Pressure
- ☐ Mini Enclosure
- ☐ Glovebag Procedure
- ☒ 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	Encapsulation	Enclosure
basement mechanical room			X	transite flue pipe	6 LF	X			

Name of Registered Waste Hauler
 Stevens Environmental Services Inc.

NJDEP Waste Hauler ID No.
 18292

Cubic Yards of Waste
 1 CU

Name of Registered Landfill
 I.R.R.F., Inc.

City, State
 Allentown, NJ

Disposal Date
 10/28/11

City, State
 Allentown, PA

Completed By
 Mahlon F. Stevens

Title
 Project Manager

Date
 10/25/11

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

NJ Dept. of Health & Senior Services
W. C. Biner
(signature)
Date: 10/25/11 Time: 10:46 AM

Date of Notification (1) <u>10/25/11</u>		Name of Building Owner/Operator (2) <u>Borough of Mount Ephraim</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>121 S. Blackhorse Pike</u> City, State, Zip Code <u>Mt. Ephraim, NJ 08059</u>							
		Name of Contact <u>Terry Shannon</u>	Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Mt. Ephraim Police Station</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>121 S. Blackhorse Pike</u>		Square Feet	# of Floors						
City (5) <u>Mt. Ephraim</u>		Bldg. Age							
County (8) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Police Station</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>10/28/11</u>	Scheduled Completion Date (11) <u>10/28/11</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 - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 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
<u>basement mechanical room</u>			<input checked="" type="checkbox"/>	<u>transite flue pipe</u>	<u>6 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/31/11</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <i>[Signature]</i>	Date <u>10/25/11</u>					

ASB-11
MAR 00

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

STEVENS

environmental services inc.

P. O. BOX 322 ALLENTOWN, NJ 08501

(609) 259-9688
fax (609) 259-1176

State of New Jersey
Dept. of Labor
Asbestos Control and Licensing
1 John Fitch Plaza 3rd Floor
Trenton, NJ 08625-0949

October 25, 2011

Attn: Mr. Tom Voorhees

**RE: Mt. Ephraim Police Station
121 S. Blackhorse Pike
Mt. Ephraim, NJ**

Dear Mr. Tom Voorhees:

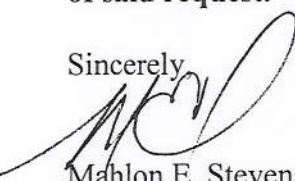
Borough of Mount Ephraim is requesting a waiver of the required 10 Day Notice to perform an asbestos abatement project at the Mt Ephraim Police Station 121 S. Blackhorse Pike Mt. Ephraim, NJ.

Attached is the 10 Day Notification showing the work to be starting and completing on Friday 10/28/2011.

If you have any questions you may contact Terry Shannon (856) 931-1546 or myself at any time.

Pending approval of wavier request the \$200.00 fee will be forwarded with original copies of said request.

Sincerely,



Mahlon E. Stevens

**STEVENS ENVIRONMENTAL
SERVICES INC.**

[] 10 Day Waiver Granted _____

Approved By

_____ Date

cc: NJDEPE
NJDOL
NJDOH

'OUR REPUTATION IS BUILT ON QUALITY AND SERVICE'

ck 19714

Date of Notification (1) October 24, 2011		Name of Building Owner/Operator (2) Mark Krieger	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	19 North 6 th Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Highland Park, NJ 08904	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Mark Krieger	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
19 North 6 th Avenue			<input type="checkbox"/> Subchapter 8 (other than k12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Highland Park	Middlesex		2000 sf	2	80
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9)		
1889 Rte. 9, Unit 61			Guardian Contracting, Inc.		
City, State, Zip Code			Street Address		
Toms River, NJ 08755			1889 Route 9, Unit 61		
Project Manager for Monitoring Firm		Telephone Number	City, State, Zip Code		
Nicholas Fernicola		732-349-9932	Toms River, New Jersey 08755-1271		
Scheduled Start Date (10)		Scheduled Completion Date (11)	Telephone Number	License Number	
11/14/11		11/16/11	732-349-9932	00624	
Occupancy Status During Abatement (Check only <u>me</u>)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> Full Containment with Negative Pressure			Piscataway, New Jersey 08854		
<input type="checkbox"/> Mini-Enclosure					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf					
<input type="checkbox"/> Renovation					
<input type="checkbox"/> ≥160 sf or ≥260 lf					
<input type="checkbox"/> Demolition					
<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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	50 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/17/11		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 10/24/2011		

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

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

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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 23 RIDGELAND ROAD			Square Feet		
City (5) PARAMUS	County (6) BERGEN	County Code (7) (State use only)	# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 10/26/11	Sched. Completion Date (11) 11/07/11		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<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)		Full Containment w/negative pressure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini-enclosure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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	E n c l
	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"/>

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 10/27/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/25/11

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

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OCT 31 2011

Date of Notification (1) <u>10/26/2011</u>		Name of Building Owner/Operator (2) <u>KSM Livingston (NJ) QRS 16-76, Inc.</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>50 Rockefeller Plaza, 2nd Floor</u>	
		City, State, Zip Code <u>New York, NY 10020</u>	
		Name of Contact <u>Allen Merken</u>	Telephone Number <u>[REDACTED]</u>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Vacant Commercial Space</u>		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 <u>255 S. Livingston Ave.</u>		Square Feet <u>4,500</u>	# of Floors <u>1</u>
City (5) <u>Livingston</u>		Bldg. Age <u>45+</u>	
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Vacant Commercial Space</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>Valiant Associates, LLC</u>	
Street Address		Street Address <u>145 Mill Street</u>	
City, State, Zip Code		City, State, Zip Code <u>Paterson, NJ 07501</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>973-553-5374</u>	License No. <u>01108</u>
Start Date (10) <u>11/05/2011</u>	Scheduled Completion Date (11) <u>11/07/2011</u>	Name of OSHA Monitor <u>Valiant Associates, LLC</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>145 Mill Street</u>	
		City, State, Zip Code <u>Paterson, NJ 07501</u>	

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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Govebag 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
Main Area			X	12" x 12" over 9" x 9" Floor Tiles/Mastic	1,025 SF	X			

Name of Registered Waste Hauler <u>Service Transport Group</u>	NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>New Castle, DE</u>		Disposal Date <u>11/07/2011</u>	City, State <u>Waynesburgh, OH</u>
Completed By <u>Miodrag Stamenovic</u>	Title <u>President</u>	Signature <u>Miodrag Stamenovic</u>	Date <u>10/26/2011</u>

ASB41

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

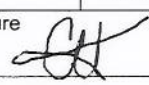
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/24/11		Name of Building Owner/Operator (2) GBR MIDDLESEX LLC	
Agencies Notified	Type Notification	Street Address 150 WHITE PLAINS RD.	
<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 TARRYTOWN, NY 10591	
		Name of Contact MARCUS E. O'ROURKE	Telephone Number [REDACTED]

16223
RECEIVED
OCT 31 2011

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OFFICE BUILDING		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 6801 HADLEY RD.		Square Feet	# of Floors
City (5) SOUTH PLAINFIELD		Bldg. Age	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING
Street Address 20-21 WAGARAW RD.		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-636-9145	Telephone No. 973-956-8700
		License No. 00494	
Start Date (10) 11/2/11	Scheduled Completion Date (11) 12/2/11	Name of OSHA Monitor SAME AS (9) ABOVE	
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: UNOCCUPIED		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</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
OPEN STORE AREA		X		VAT & MASTIC	89,252 SF	X			
W/SOME OFFICES									

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 12/2/11		City, State MORRISVILLE, PA	
Completed by NENA ROSIC		Title SECRETARY	Signature 		Date 10/24/11

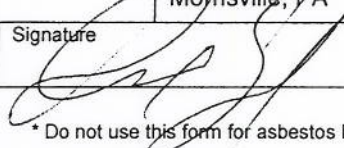
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

VIA
U.S. MAIL

Date of Notification (1) 11/26/11		Name of Building Owner/Operator (2) PREMIER COMMUNITIES LLC						
Agency Notified <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 225 Woodbridge Ave						
		City, State, Zip Code HIGHLAND PARK NJ 08904						
		Name of Contact R. TIGER						
		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 1424 EAST BROAD ST		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								
City (5) WESTFIELD NJ		Square Feet 2,500	# of Floors 2					
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RESIDENT CLOSED						
ASCM No.		Name of Abatement Contractor (9) NOVATECH INC						
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code OLD BRIDGE NJ 08857						
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. CO806					
Start Date (10) 11/5/11	Scheduled Completion Date (11) 11/16/11	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814						
		City, State, Zip Code OLD BRIDGE NJ 08857						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			X	PIPE INSULATION	< 90 LF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State OLD BRIDGE NJ 08857		Disposal Date 11/17/11	City, State Pennsylv P.A.					
Completed by CARLOS AMEIDA		Title PRESIDENT	Signature <i>[Signature]</i>	Date 11/26/11				

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

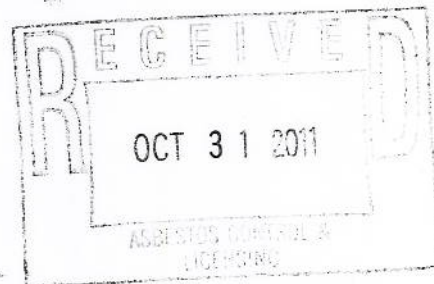
CHK#1642

Date of Notification (1) 10/26/2011		Name of Building Owner/Operator (2) Kim Vanarthos							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 344 Orchard Terrace							
		City, State, Zip Code Bogota, NJ 07603							
		Name of Contact Kim Vanarthos	Telephone Number [REDACTED]						
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 344 Orchard Terrace		Square Feet 2500	# of Floors 2						
City (5) Bogota		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.	Telephone No. 973-689-6281						
			License No. 01099						
Start Date (10) 11/03/2011	Scheduled Completion Date (11) 11/04/2011	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: 8:00am - 4:00pm		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) <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 and Fittings	85 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 10/26/2011			

To Whom It May Concern:

Please consider our request for the 10 day notice waiver, as our furnace is broken and we are without heat for couple days now. PSE&G came to change the furnace, but they said they won't be able to do anything until we take care of the Asbestos around the pipes. We have hire Pyramid Contracting to do the removal. Thanks for your consideration.

Kim Vanarthos



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

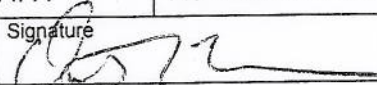
Date of Notification (1) 10/26/11		Name of Building Owner/Operator (2) J.F. CONSTRUCTION LLC						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> SOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 HIDDEN HOLLOW WAY City, State, Zip Code WARREN N.J. 07059						
		Name of Contact FERNANDO RODRIGUES	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 2-4 KINGSLAND AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address		Square Feet 5,000	# of Floors 2					
City (5) HARRISON N.J.		Bldg. Age 80						
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CLOSED						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC						
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (732) 238-7500	License No. CO206					
Start Date (10) 11/05/11	Scheduled Completion Date (11) 11/12/11	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814						
		City, State, Zip Code OLD BRIDGE N.J. 08857						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
TOP ROOF			X	ROOF MATERIAL	< 500 SF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 20	Name of Registered Landfill G.B.O.W.S.				
City, State OLD BRIDGE N.J. 08857		Disposal Date		City, State HARRISVILLE P.A.				
Completed by CARLOS AMEIDA		Title PRESIDENT		Signature [Signature]			Date 10/26/11	

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

U.S. MAIL
2388

Date of Notification (1) 10/26/11		Name of Building Owner/Operator (2) Ms JOAN JOUL - NIELSEN					
Agency Notified <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 124 HERNING AVE					
		City, State, Zip Code CRANFORD N.J.					
		Name of Contact Ms NIELSEN	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 124 HERNING AVE		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							
City (5) CRANFORD N.J. 07016	Square Feet 2,200	# of Floors 2	Bldg. Age 26yr				
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 11/4/11		Scheduled Completion Date (11) 11/7/11					
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC					
		Street Address P.O. Box 814					
		City, State, Zip Code OLD BRIDGE N.J. 08857					
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) 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
BASEMENT	X		DOCT WRAP INSULATION	10 SF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE N.J. 08857		Disposal Date 11/8/11	City, State HANDSOME P.A.				
Completed by CARLOS ALFONSO	Title PRESIDENT	Signature [Signature]	Date 10/26/11				

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

Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) Conway/ Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 North 16St							
		City, State, Zip Code Surf City NJ 08008							
		Name of Contact TJ							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Conway/ 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 44 North 16St		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/11/11	Name of OSHA Monitor Pernaco 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 PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3200 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/11/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 10/25/11	

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

ch#2012

Date of Notification (1) 10/24/2011		Name of Building Owner/Operator (2) Mark Laski							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 97 Addison Drive City, State, Zip Code Short Hills, NJ 07078 Name of Contact Mark Laski						
			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 97 Addison Drive		Square Feet 4,000	# of Floors 2						
City (5) Short Hills, NJ 07078		Bldg. Age 60+							
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a		Name of Abatement Contractor (9) EA Services Corporation							
Street Address [REDACTED]		Street Address 426-69th Street							
City, State, Zip Code [REDACTED]		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 11/5/2011	Scheduled Completion Date (11) 11/06/11	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 Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307 West 28th Street City, State, Zip Code New York, NY 10018							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage Area			x	Duct Insulation	60 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland				
City, State Newark, NJ				Disposal Date tbd	City, State Newburgh, NJ				
Completed by Luz Guzman		Title Office Manager		Signature <i>Luz Guzman</i>			Date 10/24/2011		