

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

RECEIVED

2012 SEP 10 AM 4:41

ASBESTOS CONTROL & LICENSING

Date of Notification (1) September 5th, 2012		Name of Building Owner/Operator (2) JERSEY CITY REDEVELOPMENT AGENCY							
Agencies Notified	Type Notification	Street Address 30 Montgomery Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, New Jersey 07302							
		Name of Contact Mr. Ben Delisle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Berry Land Park- Property #5		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 942 Garfield Ave. & Woodward		Square Feet 5300	# of Floors 1						
City (5) Jersey City		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) EAI ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 50 Prescott Strett		Street Address 164 GETTY AVE.							
City, State, Zip Code Jersey City, New Jersey 07304		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm		Telephone No. 201-395-0010	License No. 00724						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stucco Building			x	Roof Material	2350SF	x			
Spray Booth Building			x	Roof Material	850SF	x			
Main Garage			x	Roof Material	2100SF	x			
Main Garage(South Side)			x	Roof Tar on Chimney	40SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title	Signature <i>Vivian D. Jurcevic</i>	Date Sept. 5th, 2012					

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

RECEIVED

Date of Notification (1) August 21, 2012		Name of Building Owner/Operator (2) Jersey City Redevelopment Agency							
Agencies Notified		Street Address 30 Montgomery Street							
<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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Jersey City, New Jersey 07302							
		Name of Contact Mr. Ben Delisle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Berry Land Park- Property #5		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 Garfield Ave. & Woodward		Square Feet 5300	# of Floors 1						
City (5) Jersey City,		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) EAI ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.						
Street Address 50 Prescott St.		Street Address 164 GETTY AVE.							
City, State, Zip Code Jersey City, New Jersey 07304		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm		Telephone No. 201-395-0010	License No. 00724						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
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
			X						
			X						
			X						
			X						
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title	Signature <i>Vivian D. Jurcevic</i>	Date August 21, 2012					

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

RECEIVED
2012 SEP 10 AM 4:42
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) July 18, 2012		Name of Building Owner/Operator (2) Jersey City Redevelopment Agency							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 Montgomery Street						
			City, State, Zip Code Jersey City, New Jersey 07302						
		Name of Contact Mr. Ben Delisle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Berry Land Park- Property #5		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 Garfield Ave. & Woodward		Square Feet 5300	# of Floors 1						
City (5) Jersey City		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) Dresdnei Robin		ASCN No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 371 Warren Street		Street Address 164 GETTY AVE.							
City, State, Zip Code Jersey City, New Jersey 07303		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Richard Mailhot		Telephone No. 201-217-9200	License No. 00724						
Start Date (10) August 6th, 2012	Scheduled Completion Date (11) November 2, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
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 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
Stucco Building			X	Roof material	2,350SF	X			
Spray Booth Building			X	Roof material	850SF	X			
Main Garage			X	Roof material	2,100SF	X			
Main Garage(South Side)			X	Roof tar on Chimney	40SF	X			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>			Date July 18, 2012			




Emergency Notification

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

RECEIVED
2012 SEP 10 AM 4:40
NJ DEPT OF ENVIRONMENTAL CONTROL
& LICENSING

Date of Notification (1) 9/4/12		Name of Building Owner/Operator (2) Anchorage of Newark					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 171 Clifton Ave City, State, Zip Code Newark, NJ Name of Contact Tom McCue	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) St Mary High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 209 3rd St		Square Feet	# of Floors				
City (5) Jersey City		Bag Age					
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School				
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Environ-		ASCM No. 7626	Name of Abatement Contractor (9) F. Griscia Son				
Street Address 280 Huyler St		Street Address 513 E 32nd St					
City, State, Zip Code Hartensack NJ		City, State, Zip Code Peter Son NJ 07504					
Project Manager for Monitoring Firm GEISER		Telephone No. 201-489774	License No. 0100021				
Start Date (10) 9/10/12		ed Completion Date (11) 9/20/12					
Occupancy status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe Occupied		Name of OSHA Monitor Same					
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 160 sf or 280 ft		Street Address City, State, Zip Code					
<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-Enforce 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
Ground floor		X	Pipe insulation	518 LF	X		
Hallways							
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No. NG02	Cubic Yards of Waste 1	Name of Registered Landfill BFI Imperial Ind.			
City, State Free Hold NJ		Disposal Date	City, State Imperial PA	Signature [Signature]			
Completed by Frank Griscia		Title Inspector	Date 9/4/12				

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

Date of Notification (1) 9/5/12		Name of Building Owner/Operator (2) Woods End Condominium Association							
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 PO Box 3128		City, State, Zip Code Long Branch, NJ 07740							
Name of Contact Joe Farrigino		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) condo - Unit C-1		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 1705 Wood Avenue		Square Feet 1300	# of Floors 1						
City (5) Roselle		Bldg. Age 50							
County (6) Union	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 East Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 9/17/12	Scheduled Completion Date (11) 9/27/12		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: <u>normal hours</u>		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 70 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space			x	pipe insulation			x		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date TBD	City, State Morrisville PA						
Completed by Andrew Scott Higgins		Title President	Signature 				Date 9/5/12		

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

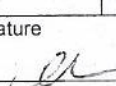
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
CHECK 1155
2012 SEP 10 AM 4:38

Date of Notification (1) 9/5/12		Name of Building Owner/Operator (2) Estate of Gail S MacMillian	
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 13 Sussex Avenue	
		City, State, Zip Code Chatham, NJ 07928	
		Name of Contact John Tunny/Mary Weichert (realtors)	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 13 Sussex Avenue		Square Feet 2000	# of Floors 2
City (5) Chatham		Bldg. Age 50	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address 4 East Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703
Start Date (10) 9/20/12	Scheduled Completion Date (11) 9/30/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) duct insulation
			Amount (Specify SF or LF) 120 SF
			Abatement Type Removal Repair Encapsulate Enclosure x
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10
City, State Freehold, NJ		Disposal Date TBD	Name of Registered Landfill GROWS N Landfill
Completed by Andrew Scott Higgins		Title President	Signature Date 9/5/12

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

CHECK RECEIVED
2012 SEP 10 AM 4:35
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/5/12		Name of Building Owner/Operator (2) Lydia Hill							
Agencies Notified	Type Notification	Street Address 9 Whitman 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 <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Ben Viscomi	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 9 Whitman 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) West Orange		Square Feet 2000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 East Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood NJ 07418							
Telephone No.		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 9/24/12	Scheduled Completion Date (11) 10/1/12	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: normal hours		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	floor tile	130 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 9/5/12			

121518

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

RECEIVED

Date of Notification (1) 09/05/2012		Name of Building Owner/Operator (2) Dress Barn		2012 SEP 10 AM 4:24			
Agencies Notified		Type Notification		ASBESTOS CONTROL & LICENSING			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 933 McArthur Blvd. City, State, Zip Code Mahwah, NJ 07430 Name of Contact Jeff Ross Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 933 McArthur Blvd.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Mahwah, NJ 07430			Square Feet 160,000	# of Floors 3	Est. Age 27 yrs.		
County (6) Bergen County		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Commercial				
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services				
Street Address 907 Doolittle Drive		Street Address 11-02 Queens Plaza South					
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Long Island City, NY 11101					
Project Manager for Monitoring Firm Joseph Celentano		Telephone No. 908-218-1108	Telephone No. 718-349-0900	License No. 00853			
Start Date (10) 09/05/2012	Scheduled Completion Date (11) 09/21/2012		Name of OSHA Monitor Roland Barnhart				
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 21 Perrine Avenue City, State, Zip Code South Amboy, NJ 08879				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2100 sf or 2200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempt (?) and Non-Fibrous Procedures							
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			NA	Removal	Repair
Retail Space		X	VAT & Mastic	200 SF	X		
BASEMENT		X	FLOOR TILE	8,000 SF	X		
Name of Registered Waste Hauler ATC			NJDEP Waste Hauler ID No. 44544PA	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises		
City, State Shirley, NY			Disposal Date 08/09/12	City, State Waynesburg, OH			
Completed by Aric Domazick		Title VP Business Operations	Signature 	Date 09/05/2012			

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

121518

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2012 SEP 10 AM 4:24

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 08/28/2012		Name of Building Owner/Operator (2) Dress Barn						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 933 McArthur Blvd. City, State, Zip Code Mahwah, NJ 07430 Name of Contact Jeff Ross Telephone Number					
	FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 933 McArthur Blvd.		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.)						
City (5) Mahwah, NJ 07430		Square Feet 160,000	# of Floors 3					
County (6) Bergen County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Assessment, Resources & Technology		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services					
Street Address 111 John Street		Street Address 11-02 Queens Plaza South						
City, State, Zip Code New York, NY 10038		City, State, Zip Code Long Island City, NY 11101						
Project Manager for Monitoring Firm Paul Ottens		Telephone No. 212-785-0266	Telephone No. 718-349-0900					
License No. 00853								
Start Date (10) 09/05/2012	Scheduled Completion Date (11) 09/21/2012		Name of OSHA Monitor Roland Barnhart					
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 21 Penine Avenue City, State, Zip Code South Amboy, NJ 08879						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> <3 sf or <3 ft <input checked="" type="checkbox"/> ≥100 sf or ≥250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Safely 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
Retail Space		X	VAT & Mastic	200 SF	X			
BASEMENT		X	FLOOR TILE	8,000SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 44644PA	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY		Disposal Date 08/09/12		City, State Waynesburg, OH				
Completed by Aric Domazick		Title VP Business Operations	Signature 	Date 08/28/2012				

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

121518

REC-1 Print Form

2012 SEP 10 AM 4:26

ASBESTOS CONTROL & LICENSING

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SEP - 4

Date of Notification (1)		Name of Building Owner/Operator (2) Dress Barn	
Agencies Notified	Type Notification	Street Address 933 McArthur Blvd.	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Mahwah, NJ 07430	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jeff Ross	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 933 McArthur Blvd.		<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) Mahwah, NJ 07430		Square Feet 160,000	# of Floors 3
County (6) Bergen County		Bldg. Age 27 yrs.	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial	

Name of Monitoring Firm Hired by Building Owner (8) Assessment, Resources & Technology		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services	
Street Address 111 John Street		Street Address 11-02 Queens Plaza South		
City, State, Zip Code New York, NY 10038		City, State, Zip Code Long Island City, NY 11101		
Project Manager for Monitoring Firm Paul Ottens		Telephone No. 212-785-0266	Telephone No. 718-349-0900	License No. 00853
Start Date (10) 09/05/2012	Scheduled Completion Date (11) 09/21/2012		Name of OSHA Monitor Roland Barnhart	

Occupancy Status During Abatement (Check Only One)		Street Address 21 Perrine Avenue	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code South Amboy, NJ 08879	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Retail Space		x		VAT & Mastic	200 SF	x			

Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 44644PA	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY		Disposal Date 08/09/12		City, State Waynesburg, OH	
Completed by Aric Domozick		Title VP Business Operations	Signature 	Date 08/28/2012	

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

Date of Notification (1) 9/5/12		Name of Building Owner/Operator (2) Louis Marzabal	
Agenies Notified	Type Notification	Street Address 85 Katherine Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Clifton, NJ 07012	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Louis Marzabal	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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ASBESTOS CONTROL & LICENSING

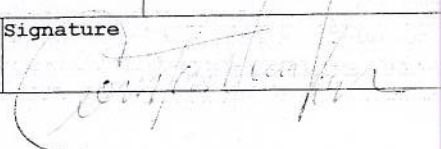
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
			1500	2	75
City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number
	N/A	(973) 744-8800		00371
Scheduled Start Date (10) 9/14/12	Sched. Completion Date (11) 9/15/12	Name of OSHA Monitor N/A		
Month Day Year Month Day Year				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9/17/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 9/5/12		

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

check #22222

Date of Notification (1) 9/5/2012		Name of Building Owner/Operator (2) Private Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 246 RUTLAND AVENUE
			City, State, Zip Code MOUNT HOLLY, NJ 08060
			Name of Contact David D'Andrea
			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)	
Street Address 246 RUTLAND AVENUE		Square Feet	# of Floors Bldg. Age
City (5) MOUNT HOLLY, NJ 08060			
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Ameritech		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address 78 E. Atlantic Way		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code Lavallette, NJ		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm Rod Morris	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 9/6/2012	Scheduled Completion Date (11) 9/6/2012	Name of OSHA Monitor AMERITECH	
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		Street Address 78 E. ATLANTIC WAY	
		City, State, Zip Code LAVALLETTE, NJ 08735	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)
	Yes	No	
Basement/Crawl Space		<input checked="" type="checkbox"/>	pipe insulation
Name of Registered Waste Hauler LUCAS DISPOSAL		NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 1 yds
City, State HIGHTSTOWN, NJ		Disposal Date 9/7/2012	Name of Registered Landfill GROWS
City, State MORRISVILLE, PA			
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-M6 <i>David D'Andrea</i>	Date 9/5/2012

ASB-41

* Do not use this form for asbestos licensure exempted activities

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 9/6/12		Name of Building Owner/Operator (2) BASF Corporation					
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 100 Campus Drive					
		City, State, Zip Code Florham Park, NJ 07932					
		Name of Contact Frank Piechoeta					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BASF - Pump House and Garage Bldg - 1B		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 1 James Street		Sq. Feet 3450 # of Floors 1					
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 50 +/- Current Use (prior if being demolished) vacant manufacturing				
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP				
Street Address 655 West Shore Trail		Street Address 404 N. Berry Street					
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Brea, CA 92821					
Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066				
Scheduled Start Date (10) 6/25/2012	Scheduled Completion Date (11) 10/05/2012	Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 10 59 Jackson Ave.					
Describe Vacant Bldg. To Be Demolished 3,450 sf building to be demolished in its entirety		City, State, Zip Code L.I.C. New York, 11101					
Other -- Describe Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work							
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap.	Enclose
Pump House Walls	X	Wall Plaster	3,000 SF	X			
Pump House & Garage	X	Thermal Pipe Insulation	600 LF	X			
Pump House Windows	X	Window Caulk	250 LF	X			
Pump House	X	Transite Switches	150 LF	X			
Name of Reg. Waste Hauler Service Transport Group		NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 20	Name of Reg. Landfill Minerva Enterprises			
City, State 58 Pyles Lane - New Castle, DE		Disp. Date 10/05/12		City, State Waynesburg, OH			
Completed by (Print or Type) Joseph K. White		Title Project Coordinator	Signature <i>Joseph K White</i>	Date 9/06/12			

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ASBESTOS CONTROL
& LICENSING**Notification of Demolition or Renovation.....(continued)****X. Description of Planned Demolition or Renovation Work and Methods to be Used:****Building will be demolished using wet dust suppression methods with Mechanical means & methods.****XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:****Wet materials during operations. Use glovebagging for pipe & fitting insulations. Full negative air containments for plaster walls. Non-friable removals using wet methods, intact removals and drop poly for caulking.****XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubineti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomer

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) 5-16-12

(HH:MM) 9:00 am

Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.****XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).**

Joseph K White (F)

(Signature of Owner/Operator)

(Date) 9/06/12

XVIII. I Certify that the Above Information is Correct

Joseph K White (F)

(Signature of Owner/Operator)

(Date) 9/06/12

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 9/06/12		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (x) Amended Certification () Cancelled	Street Address 100 Campus Drive	
		City, State, Zip Code Florham Park, NJ 07932	
		Name of Contact Frank Piechoeta	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BASF - Underground Entire Site		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 James Street		Sq. Feet 0 # of Floors 0	
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 0 +/- Current Use (prior if being demolished) vacant manufacturing
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 655 West Shore Trail		Street Address 404 N. Berry Street	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 8/23/2012	Scheduled Completion Date (11) 9/14/2012	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 10 59 Jackson Ave.	
Describe Vacant Bldg. To Be Demolished Other - Describe		City, State, Zip Code L.I.C. New York, 11101	
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) (X) Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) Non-Friable Outdoor Work			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Abatement Type			
			Rem. Rep. Encap. Enclose
Slab Outside of Bldg. #7	X	Tar Wrapped Pipe	75 LF
Underground outside of Bldg 7	X	Tar Wrapped Pipe	300 LF
Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 1	Name of Reg. Landfill Minerva Enterprises
City, State 58 Pyles Lane - New Castle, DE	Disp. Date 9/14/12	City, State Waynesburg, OH	
Completed by (Print or Type) Joseph K. White	Title Project Coordinator	Signature <i>Joseph K. White</i>	Date 9/06/12

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ASBESTOS CONTROL
DIVISION

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Notification of Demolition or Renovation.....(continued)		2012 SEP 10 AM 2:04	
X. Description of Planned Demolition or Renovation Work and Methods to be Used: Building will be demolished using wet dust suppression methods with Mechanical means & methods.			
XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum.			
XII. Waste Transporter#1 Waste Management			
Address: 100 Ave. A			
City: Newark	County: Essex	State: NJ	Zip: 07114
Contact: Susan Rubinetti (Layton)	Telephone: 201-206-2258		
Waste Transporter#2 Service Transport Group, Inc.			
Address 58 Pyles Lane			
City New Castle	County New Castle	State DE	Zip 19720
Contact Tom Gaudet	Telephone 302-778-5930		
XIII. Waste Disposal Site Minerva Enterprises		EPA Certification Number: PO104984	
Address: 9000 Minerva Rd			
City: Waynesburg	County: Stark,	State: OH	Zip: 44688
Contact: Sara Pomera	Telephone: 330-866-3435		
XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:			
Name	Title		
Authority			
Date of Order (MM/DD/YY)	Date Ordered to Begin (MM/DD/YY)		
XV. For Emergency Renovations:			
DATE and HOUR of Emergency: (MM/DD/YY)		(HH:MM)	
Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.			
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations			
XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.			
XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).			
Joseph K. White		(Date) 9/06/12	
(Signature of Owner/Operator)			
XVIII. I Certify that the Above Information is Correct			
Joseph K. White		(Date) 9/06/12	
(Signature of Owner/Operator)			

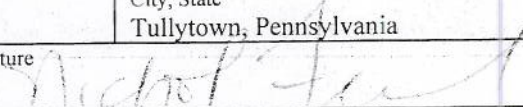
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 5, 2012		Name of Building Owner/Operator (2) Schweitzer-Mauduit	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 Main Street	
		City, State, Zip Code Spotswood, New Jersey 08884-0401	
		Name of Contact Hal Bernstein	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Schweitzer-Mauduit			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 85 Main Street			Square feet 20,000 sf		
City Spotswood	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 80	
			Current Use (Prior if being demolished) Warehouse		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 9/19/12		Scheduled Completion Date (11) 9/21/12			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe area we are working in is closed			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
RTL Building		X		Asbestos pipe insulation	20 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/24/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/5/2012

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