

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

RECEIVED

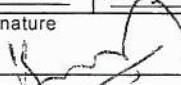
2012 SEP 18 AM 2:56

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) September 11, 2012		Name of Building Owner/Operator (2) Sylvia Cole		Check # 4961	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		312 North 36th Street	
				City, State, Zip Code Pennsauken, NJ 08110	
				Name of Contact Sylvia Cole	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 3012 North 36th 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) Pennsauken				Square Feet 2400	# of Floors 3
County (6) Camden				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341				Street Address 47 S. Lippincott Ave	
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) September 22, 2012		Scheduled Completion Date (11) September 24, 2012		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave	
<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 Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			xxx	Pipe Insulation	180 LF
Basement			xxx	Boiler Insulation	45 SF
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Disposal Date 9-24-12		City, State Tullytown, PA.	
Completed by William Lynch		Title Owner		Signature <i>William Lynch</i>	Date Sept. 11, 2012

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

**RECEIVED**

Date of Notification (1) <u>09/11/2012</u>		Name of Building Owner/Operator (2) <u>Glenwood Apartment &amp; Country Club</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>1655 US HWY 9</u> City, State, Zip Code <u>Old Bridge, NJ 08857</u> Name of Contact <u>Bernadette Poppel</u> Telephone Number _____					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>Apartments Bldg.</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>39 A-D Peach Lane</u>		Square Feet <u>2000 SF</u>					
City (5) <u>Old Bridge,</u>		# of Floors <u>2</u>					
County (6) <u>Middlesex</u>		Bldg. Age <u>60+</u>					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>Apartments Bldg.</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u>					
City, State, Zip Code _____		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>					
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>Clifton, NJ 07012</u>					
Telephone No. _____		Telephone No. <u>973-389-0089</u>					
Start Date (10) <u>09/21/2012</u>		License No. <u>00693</u>					
Scheduled Completion Date (11) <u>09/22/2012</u>		Name of OSHA Monitor <u>DIA General Construction, Inc.</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>Clifton, NJ 07012</u>					
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) <u>200 LF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Crawl Space	X	Pipe/Elbow Insulation	200 LF	X			
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20970</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>09/22/2012</u>		City, State <u>Waynesburg, OH 44688</u>			
Completed By <u>Krutarth Jagad</u>	Title <u>President</u>	Signature 		Date <u>09/11/2012</u>			

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



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

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Date of Notification (1) September 11, 2012		Name of Building Owner/Operator (2) Merck Sharp & Dhome Corp							
Agencies Notified	Type Notification	Street Address 50 Lawrence Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield NJ 07081							
		Name of Contact Edward Rauch Assoc. Director FM/IFM	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Merck Sharp & Dhome		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 50 Lawrence Rd		Square Feet 77,000 Sq. Ft.	# of Floors 1						
City (5) Springfield, NJ		Bldg. Age 42 Yrs							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office space							
Name of Monitoring Firm Hired by Building Owner (8) E.H.I. Inc.		ASCM No. 00140	Name of Abatement Contractor (9) New States Contracting, LLC						
Street Address 655 West Shore Trail		Street Address 2400 Main Street Extension, Suite 10							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm JP VonDoehren		Telephone No. 973-729-564	Telephone No. 732-525-0100						
Start Date (10) 9/22/12		Scheduled Completion Date (11) 9/24/12	License No. 00749						
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 EHI Inc. Show Desktop.scf Street Address 655 West Shore Trail City, State, Zip Code Sparta, NJ 07871							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Loading dock storage area	X			Floor Tile	130 SF	X			
Storage Area-Electrical room	X			Floor Tile	70 SF		X		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newton, PA			Disposal Date 9/24/12	City, State Pen Argyl, PA					
Completed by Michael Migliore		Title Account Manager	Signature <i>Michael Migliore</i>			Date 9/11/12			

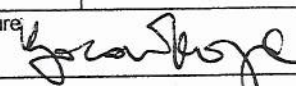


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 SEP 18 PM 11:27

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 09/12/12		Name of Building Owner/Operator (2) Deltech Properties							
Agencies Notified	Type Notification	Street Address 49 Rutherford 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Asit Dutta	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Deltech Resin Co.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 49 Rutherford Street		Square Feet 13400	# of Floors 3						
City (5) Newark		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Factory							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCN No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973 636 9145	Telephone No. 973 256 7010						
		License No. 00666							
Start Date (10) 09/29/12	Scheduled Completion Date (11) 09/30/12	Name of OSHA Monitor Bako Construction & 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 <input type="checkbox"/> Other - Describe: _____		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
1st Floor Hallway		x		TSI	10LF	x			
1st Floor Tank Room		x		Asbestos Debris	12SF	x			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Inc.					
City, State Totowa NJ			Disposal Date 10/01/12	City, State Morrisville PA					
Completed by Goran Kojic		Title V.P.	Signature 			Date 09/12/12			



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

**RECEIVED** # 2343

Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Faculty Rd		Square Feet 11,000	# of Floors 1						
City (5) Princeton		Bldg. Age 60+							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) MRI Suite and storage							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 9 / 27 / 12	Scheduled Completion Date (11) 10 / 8 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<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 <sup>st</sup> Floor -Workarea #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	355 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor- Workarea #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite panels	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor- Workarea #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe and fitting 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / jk				Date 9/13/12			



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

**RECEIVED** 342

Date of Notification (1) <b>9 / 13 / 12</b>		Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>E.A. MacMillian Building</b>		City, State, Zip Code <b>Princeton, NJ 08544</b>							
Name of Contact <b>Robert Ortega</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Elementary Particle Lab-Building 25</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Faculty Rd</b>		City (5) <b>Princeton</b>							
City (5) <b>Princeton</b>		Square Feet <b>11,000</b>	# of Floors <b>1</b>						
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>60+</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael R Keehn</b>		Telephone No. <b>609-386-8800</b>	License No. <b>00509</b>						
Start Date (10) <b>9 / 24 / 12</b>	Scheduled Completion Date (11) <b>10 / 5 / 12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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
<b>1<sup>st</sup> Floor -Workarea NF #1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile</b>	<b>1400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor- Workarea NF #1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>20 LF</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor- Workarea NF #2</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile</b>	<b>25 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor- Workarea NF #1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window glazing</b>	<b>25 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro / jk</i>		Date <b>9/13/12</b>			

ASB-41

MAY 11 **B572093 - A**

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



Fax:

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

D&S Proj. #: MS 12 224

RECEIVED APPROVED  
2012 SEP 18 AM 12:34  
Date: 9/18/12 Time: 11:49 AM

Date of Notification (1) 09/11/12		Name of Building Owner/Operator (2) JOCELYN SOKOL	
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 138 MELROSE PLACE		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact JOCELYN SOKOL		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOCELYN SOKOL			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 138 MELROSE PLACE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD, NJ 07450	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 00159	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 09/13/12		Sched. Completion Date (11) 09/20/12		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 ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☒ 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		X		PIPE INSULATION	65 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/14/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/12/12



RECEIVED

Date of Notification (1) 09/11/12		Name of Building Owner/Operator (2) JOCELYN SOKOL		2012 SEP 18 AM 2:47	
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 138 MELROSE PLACE City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact JOCELYN SOKOL				Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOCELYN SOKOL			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 138 MELROSE PLACE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD, NJ 07450	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 09/13/12	Sched. Completion Date (11) 09/20/12		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) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	65 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 09/14/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/12/12



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

**RECEIVED**  
2012 SEP 18 AM 2:45  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/14/2012		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	940 Park Avenue	Lakewood, New Jersey 08701
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Irving Perlstein	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 351 Hope Chapel Road			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Lakewood			County (6) Ocean		
			County Code (7) (STATE USE ONLY)		
Square feet 1500 sf			# of Floors 1		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
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) 9/28/12		Scheduled Completion Date (11) 10/01/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <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	1300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/02/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/14/2012

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

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

**RECEIVED**

Date of Notification (1) <b>September 14, 2012</b>		Name of Building Owner/Operator (2) <b>Aggressive Contracting</b>	
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 <b>763 South Drive</b>		City, State, Zip Code <b>Brick, New Jersey 08723</b>	
Name of Contact <b>Jim</b>		Telephone Number <b>732-349-9932</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1500 Baywood Avenue</b>			Square feet <b>1000 sf</b>		
City <b>Point Pleasant</b>			# of Floors <b>1</b>		
County (6) <b>Ocean</b>			Bldg. Age <b>60</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>9/27/12</b>		Scheduled Completion Date (11) <b>9/28/12</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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			
				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
exterior	x	Asbestos siding	900 sf	x			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>10/01/12</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>9/14/2012</b>

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



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

B & G proj. #: 2012-139 Amended 3

Check # 5482

RECEIVED

Date of Notification (1)

10/9/10 16/12

Name of Building Owner/Operator (2)

UMDNJ

Street Address

30 Bergen Street, ADMC 301, Facilities Planning, Management and Construction

City, State, Zip Code

Newark, NJ 07101

Name of Contact

Matthew Peterson

2012 SEP 18 AM 2:35

Agencies Notified

- ☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☐ Initial  
☒ Amendment  
☐ Cancellation

ASBESTOS CONTROL  
& LICENSING

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Stanley S Bergen Jr. Building, GA Level & 6th Floor \*\*\*\*\* (Non Sub 8) \*\*\*\*\*

Street Address

65 Bergen Street

City (5)

Newark, NJ 07101

County (6)

Essex

County Code (7)  
(State use only)

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

Whitman Company

Street Address

7 Pleasant Hill Road

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm

Kevin Lovely

Scheduled Start Date (10)

09/17/12\*\*\*

Sched. Completion Date (11)

12/31/2012 \*\*\*

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☒ Other-Describe: occupied shift: 4:00 pm - 12:30 am

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure

- ☒ wrap & cut  
☒ Glovebag procedure  
☒ Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	L

SEE ATTACHED LIST OF LOCATIONS & FOOTAGE

SEE ATTACHED LIST

LOCATIONS & FOOTAGE

O & M

O & M

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
100

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ 07035

Disposal Date  
09/17/12 - 12/31/12\*\*\*

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Treasurer

Signature

Gordana Luna

Date  
9/6/2012



**B&G RESTORATION INC**

ASBESTOS REMOVAL AND GENERAL CONSTRUCTION  
LICENSED IN NJ & NY

105 Ryerson Road, Lincoln Park, NJ 07035

**RECEIVED**

2012 SEP 18 AM 2:35

ASBESTOS CONTROL  
& LICENSING

Tel: (973) 696-6869  
Fax: (973) 696-5929  
Toll Free: (800) 941-0414  
bgresto@optonline.net  
www.bgrestoration.com

September 6, 2012

Re: One page attachment to 10-day notification for asbestos removal / asbestos repair  
at University of Medicine and Dentistry, 65 Bergen St., Newark, NJ

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
GA Level - Corridors	NO	Linoleum and mastic	3,000 SF	X	
GA Level - Corridors	NO	Pipe joint insulation	90 LF		X
GA Level - Corridors	NO	Fire doors	28 doors	X	
6 <sup>th</sup> floor - throughout	NO	Floor tile and mastic	15,840 SF	X	
6 <sup>th</sup> floor - hallway near room #617	NO	Linoleum and mastic	200 SF	X	
6 <sup>th</sup> floor - throughout	NO	Wall mastic	20,000 SF	X	
6 <sup>th</sup> floor - throughout	NO	Fire doors	50 doors	X	
6 <sup>th</sup> floor - throughout	NO	Pipe Insulation	4,400 LF		X



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

B & G proj. #: 2012-139 Amended 2

**PROJECT ON HOLD**

Amended Check # N/A

Date of Notification (1) <u>10/18/12</u>		Name of Building Owner/Operator (2) <u>UMDNJ</u>		US Environmental Protection Agency - Region 2 Division of Enforcement and Compliance Assistance Compliance Branch (DECA-ACS) 211 West Street, 21st Floor New York, NY 10067-1056 <b>2012 SEP 18 AM 2:35</b>
Agencies Notified	Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	<u>30 Bergen Street, ADMC 301, Facilities Planning, Management and Construction</u> City, State, Zip Code <u>Newark, NJ 07101</u>		
		Name of Contact <u>Matthew Peterson</u>		
Telephone Number				

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <u>Stanley S Bergen Jr. Building, GA Level &amp; 6th Floor (Sub 8)</u>			Type of Facility (4)		
Street Address <u>65 Bergen Street</u>			<input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
City (5) <u>Newark, NJ 07101</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Whitman Company</u>			Current Use (Prior if being demolished) <u>Training Facility</u>		
Street Address <u>116 Tices Lane, Unit B-1</u>			Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
City, State, Zip Code <u>East Brunswick, NJ 08816</u>			Street Address <u>105 Ryerson Road</u>		
Project Manager for Monitoring Firm <u>Kevin Lovely</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Scheduled Start Date (10) <u>ON HOLD ***</u>			Telephone Number <u>973-696-6869</u>		
Sched. Completion Date (11) <u>12/31/2012 ***</u>			License Number <u>0378</u>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>		
<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: <u>occupied shift: 4:00 pm - 12:30 am</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 type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                       | <input checked="" 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
SEE ATTACHED LIST OF LOCATIONS & FOOTAGE				SEE ATTACHED LIST LOCATIONS & FOOTAGE					
O & M				O & M					

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>100</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>***</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>8/24/2012</u>



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

B & G Proj. #: 2012-139 Amended 3

Non Sub 8

REC-5482

Date of Notification (1) 10/9/10 16/11/12		Name of Building Owner/Operator (2) UMDNJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 30 Bergen Street, ADMC 301, Facilities Planning, Management and Construction		City, State, Zip Code Newark, NJ 07101	
Name of Contact Matthew Peterson		Telephone Number	


2012 SEP 18 AM 10:35  
ASBESTOS CONTROL  
LICENSING  
NJ Dept. of Health & Senior Services  
Date: 9/14/12 Time: 10:35 AM

Name of facility where abatement is taking place (3) Stanley S Bergen Jr. Building, GA Level & 6th Floor ***** (Non Sub 8) *****				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)			
Street Address 65 Bergen Street				Square Feet		# of Floors	
City (5) Newark, NJ 07101		County (6) Essex		County Code (7) (State use only)		Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Company				ASCM No. 00110		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 7 Pleasant Hill Road				Street Address 105 Ryerson Road			
City, State, Zip Code Cranbury, NJ 08512				City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely				Phone Number 732-390-5858		Telephone Number 973-696-6869	
Scheduled Start Date (10) 09/17/12 ***				Sched. Completion Date (11) 12/31/2012 ***			
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: occupied shift: 4:00 pm - 12:30 am							
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"/> wrap & cut <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-frisbie 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)	
		Yes No N/A					
SEE ATTACHED LIST OF LOCATIONS & FOOTAGE				SEE ATTACHED LIST LOCATIONS & FOOTAGE			
O & M				O & M			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 100		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 09/17/12 - 12/31/12 ***		City, State Tullytown, PA		Date 9/6/2012	
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna			



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

**RECEIVED**

Date of Notification (1) 09/14/12		Name of Building Owner/Operator (2) Port Authority of NY & NJ		2012 SEP 18 AM 2:27	
Agencies Notified	Type Notification	Street Address One PATH Plaza - 2nd Floor		ASBESTOS CONTROL & LICENSING	
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306		Telephone Number	
		Name of Contact Turan Ayaz			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Journal Square Transportation Center			Type of Facility (4)		
Street Address One PATH Plaza			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Jersey City			Square Feet 500,000	# of Floors 10	Bldg. Age 39
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Tower/Transportation Facility		
Name of Monitoring Firm Hired by Building Owner (8) Port Authority Environmental Unit		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services		
Street Address One PATH Plaza		Street Address 11-02 Queens Plaza South			
City, State, Zip Code Jersey City, NJ 07306		City, State, Zip Code Long Island City			
Project Manager for Monitoring Firm Rick Lighthiser		Telephone No.	Telephone No. 718 349 0900	License No. 00853	
Start Date (10) Postponed	Scheduled Completion Date (11)		Name of OSHA Monitor Martin Mcree		
Occupancy Status During Abatement (Check Only One)			Street Address 100 W 17th Street		
<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>Access to work areas will be restricted during abatement.</u>			City, State, Zip Code Bayonne, NJ 07002		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Police Command Facility		x		Caulking	50LF
Name of Registered Waste Hauler Asbestos Transportation Co. (ATC)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 10 cu. yd.	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY 11967			Disposal Date	City, State Waynesburg, OH 44688	
Completed by Aric Domozick		Title VP Business Operations	Signature 	Date 09/14/12	

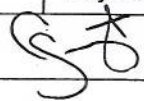


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

2012 SEP 18 AM 2:34

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 09/06/12		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address One PATH Plaza - 2nd Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City, NJ 07306							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Turan Ayaz							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Journal Square Transportation Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address One PATH Plaza		Square Feet 500,000	# of Floors 10						
City (5) Jersey City		Bldg. Age 39							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office Tower/Transportation Facility							
Name of Monitoring Firm Hired by Building Owner (8) Port Authority Environmental Unit		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address One PATH Plaza		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Jersey City, NJ 07306		City, State, Zip Code Long Island City							
Project Manager for Monitoring Firm Rick Lighthiser		Telephone No. 718 349 0900	License No. 00853						
Start Date (10) 9/17/12	Scheduled Completion Date (11) 9/19/12	Name of OSHA Monitor Martin Mcrea							
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: Access to work areas will be restricted during abatement.		Street Address 100 W 17th Street							
		City, State, Zip Code Bayonne, NJ 07002							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Police Command Facility		x		Caulking	50LF	x			
Name of Registered Waste Hauler Asbestos Transportation Co. (ATC)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 10 cu. yd.	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 09/19/12	City, State Waynesburg, OH 44688					
Completed by Aric Domozyck		Title VP Business Operations	Signature 	Date 09/06/12					



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:26-7 AND 12:120-7  
ANNUAL NOTIFICATION

RECEIVED

ch#6254

Date of Notification (1) 09 / 13 / 12		Name of Building Owner / Operator Hampshire Real Estate Companies		APPROVED SEP 18 AM 2:20 J. C. [Signature] ASBESTOS CONTROL & LICENSE Date: 9/13/12 Time: 2:08 PM	
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 808 Mount Kimble Avenue City, State, Zip Code Morristown, NJ 07960 Name of Contact Moshe Stern	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Space			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 602 Route 48 West			Squares Feet 8,500		
City (6) Teterboro			\$ Of Floors 1		
County (8) Bergen			Building Age 50+		
County Code (7)			Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Bldg. Owner (8) Consulting Services of America (CSA)			Name of Abatement Contractor (9) Slavco Construction Inc.		
Street Address 26 Lorenzo Court City, State, Zip Code Metuchen, NJ 07747			Street Address 184 Getty Avenue		
Project Mgr. For Monitoring Firm Michael Chain			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 732-821-8223			Telephone Number 973-478-4848		
Scheduled Start Date (10) 09 / 17 / 12			License Number 00724		
Sched. Completion Date (11) 09 / 30 / 12			Name of OSHA Monitor Slavco Construction Inc.		
Occupancy Status During Abatement (Check Only 1) <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: 7:00 am to 3:30pm			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"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                   |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <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			
				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
First Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT	2500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Mastic	8500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste 818508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) V. Man Jurcovic	Title Administrative Assistant	Signature [Signature]	Date September 13, 2012



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7  
ANNUAL NOTIFICATION

**RECEIVED** *ch#6254*  
**2012 SEP 18 AM 2:27**  
**ASBESTOS CONTROL**  
**& PAPERWORK**

Date of Notification (1) 09 / 13 / 12		Name of Building Owner / Operator (2) Hampshire Real Estate Companies	
Agencies Notified		Street Address 906 Mount Kimble Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morristown, NJ 07960	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Moshe Stern	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Space		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 502 Route 46 West		Square Feet 6,500	# Of Floors 1
City (5) Teterboro	County (6) Bergen	County Code (7)	Building Age 50+
Name of Monitoring Firm Hired by Bldg. Owner (8) Consulting Services of America (CSA)		ASCM NO	Name of Abatement Contractor (9) Slavco Construction Inc.
Street Address 26 Lorenzo Court		Street Address 164 Getty Avenue	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm Michael Chain		Telephone Number 732-921-9223	Telephone Number 973-478-4848
Sheduled Start Date (10) 09 / 17 / 12		Sched. Completion Date (11) 09 / 30 / 12	License Number 00724
Occupancy Status During Abatement (Check Only 1) <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: 7:00 am to 3:30pm		Name of OSHA Monitor Slavco Construction Inc. Street Address 164 Getty Avenue City, State, Zip Code Clifton, NJ 07011	

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				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
	YES NO N/A						
First Floor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT	2500 SF	<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"/>	Mastic	6500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste S18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by (Print or Type) Vivian Jurcevic	Title Administrative Assistant	Signature <i>Vivian S. Jurcevic</i>	Date September 13, 2012



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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1)  
09 / 10 / 12

Agencies Notified Type of Notification  
☒ EPA  
☐ DEP ☒ Initial  
☒ DOL ☐ Amended  
Amendment #  
☒ DOH ☐ Emergency (including  
Justification)  
☐ DCA ☐ Cancellation

Name of Building Owner/Operator (2)  
Ed Clark  
Street Address  
191 Sherman Avenue  
City, State, Zip Code  
Teaneck, NJ 07666  
Name of Contact  
Ed Clark  
Telephone Number

2012 SEP 18 AM 2:26

ASBESTOS CONTROL  
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence  
Street Address

191 Sherman Avenue

City (5)

County (6)

County Code (7)  
(STATE USE ONLY)

Teaneck

Bergen

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

Fairlawn NJ 07410

Project Manager for Monitoring Firm

Telephone Number

Willie Morales

973-636-9145

Scheduled State Date (10)

10 / 01 / 12  
Month / Day / Year

Scheduled Completion Date (11)

10 / 04 / 12  
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  
☐ Other - Describe:

Scope of Work (Check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

- ☒ Renovation  
☐ Demolition

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			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	E R E P A I R	N C A S E L	E N C L O S U R E
Basement			X	Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler

NJDEP Waste  
Hauler ID No.  
17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

9/10/2012



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

check #9837

GAC Project # 060-12

Client Project #

RECEIVED

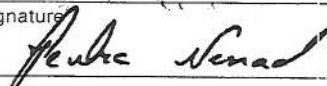
Date of Notification (1) <b>September 14, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>15 WASHINGTON STREET, BLDG# 7498</b>		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.) Sq. Feet: <b>N/A</b> # of Floors: <b>18</b> Bldg. Age: <b>90+ years</b>	
Street Address <b>NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>09/24/12</b>		Scheduled Completion Date (11) <b>09/27/12</b>	
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: <b>5PM TO 5 AM</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>2 EXTERIOR WINDOWS</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES   NO   NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>WINDOW CAULKING</b>	Amount (Specify SF or LF) <b>60 LF</b>
Abatement Type Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>09/27/2012</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>September 14, 2012</b>



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

Mo#20142487765

**RECEIVED**

Date of Notification (1) 09 / 14 / 12		Name of Building Owner/Operator (2) Mark Ricklis		2012 SEP 18 AM 1:38					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 741 Cleveland Avenue City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Mark Ricklis					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 741 Cleveland Avenue City (5) Elizabeth, NJ 07208 County (6) Union				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 and commercial buildings, homes, etc.) Square Feet    # of Floors    Bldg. Age _____					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____ Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Telephone No. 973-638-1777 License No. 01127					
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 09 / 24 / 12		Scheduled Completion Date (11) 09 / 25 / 12		Name of OSHA Monitor Envirovision Consultants, 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 Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 S F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 09/14/2012			

ASB-41

MAY 11

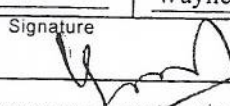
\* Do not use this form for asbestos licensure exempted activities.



OK  
2593

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

RECEIVED

Date of Notification (1) <u>09/14/2012</u>		Name of Building Owner/Operator (2) <u>Glenwood Apartment &amp; Country Club</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>1655 US HWY 9</u>		City, State, Zip Code <u>Old Bridge, NJ 08857</u>	
Name of Contact <u>Bernadette Poppel</u>		Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Apartments Bldg.</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>2 A-D Buttermut Mall</u>		Square Feet <u>2000 SF</u>	# of Floors <u>2</u>
City (5) <u>Old Bridge,</u>		Bldg. Age <u>60+</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Apartments Bldg.</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u>	
City, State, Zip Code _____		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>Clifton, NJ 07012</u>	
Telephone No. _____		Telephone No. <u>973-389-0089</u>	License No. <u>00693</u>
Start Date (10) <u>09/24/2012</u>	Scheduled Completion Date (11) <u>09/25/2012</u>	Name of OSHA Monitor <u>DIA General Construction, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <u>Clifton, NJ 07012</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A		Amount (Specify SF or LF)	
Crawl Space		Pipe/Elbow Insulation	200 LF
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20970</u>	Cubic Yards of Waste <u>10</u>
City, State <u>New Castle, DE</u>		Disposal Date <u>09/25/2012</u>	Name of Registered Landfill <u>Minerva Landfill</u>
Completed By <u>Krutarth Jagad</u>		Title <u>President</u>	Signature 
			Date <u>09/14/2012</u>

ASB41

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



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

CK  
8864

Date of Notification (1) [ 09 ] [ 13 ] / [ 12 ]		Name of Building Owner/Operator (2) <b>Hoffmann-LaRoche</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>340 Kingsland Street</b>	
		City, State, Zip Code <b>Nutley, NJ 07110</b>	
		Name of Contact <b>Behram Irani</b>	Telephone Number

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2012 SEP 18 AM 1:32

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is taking Place (3) <b>Building 85</b>	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 "same as above"	

City (5)	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors <b>9</b>	Bldg. Age
			Current use (Prior if being demolished) offices		

Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>POW/R/SAVE Inc.</b>
Street Address <b>280 Huyler Street</b>		Street Address <b>27 West Street</b>
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>
Project Manager for Monitoring Firm <b>973-235-3286 (973-729-5649)</b>	Telephone Number	License Number <b>357</b>
Scheduled Start Date (10) [ 07 ] / [ 16 ] / [ 12 ]	Sched. Completion Date (11) [ 01 ] / [ 31 ] / [ 13 ] **	Telephone Number <b>(973) 680-0088</b>
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: <b>7 am - 230 pm</b>		Name of OSHA Monitor
		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply) [ x ] Full Containment with Negative Pressure w/ remote shower

☒ Demolition      [ ] Renovation      [ x ] Mini-Enclosure  
☐ ≥ 3 sf or ≥ 3 lf      [ x ] Glovebag Procedure  
☒ ≥ 160 sf or ≥ 260 lf      [ x ] Non-Friable Procedure

	Is Location Used Solely By Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
Throughout building		Piping & fittings	566 lf & 1829@	x			
8 <sup>th</sup> floor		Wall mastic	1650 sf	x			
Roof & basement & 6 <sup>th</sup> fl		Flashing, transite & caulking	1000 lf/50sf/10lf	x			
basement		VAT & mastic	5200 sf	x			

Name of Registered Waste Hauler <b>Waste Management</b>	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill <b>Tullytown Resource Recovery &amp; Grand Central</b>
City, State <b>Morrisville PA</b>	Disposal Date	City, State <b>Tullytown, PA, Pen Argyl PA</b>	
Completed By (Print or Type) <b>Sharon Hendee</b>	Title <i>Sec 714</i>	Signature <i>9/18/12</i>	Date 09/13/12

\*\* Actual work days are dependent on weather and other trades



B &amp; G proj. #: 2012-150

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

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**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 09/11/14		Name of Building Owner/Operator (2) Sherry Tsie	
Agencies Notified	Type Notification	Street Address 139 Tuscan Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Sherry Tsie	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sherry Tsie			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 139 Tuscan Road			Square Feet		
City (5) Maplewood, NJ 07040			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		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	
Scheduled Start Date (10) 9/26/2012		Sched. Completion Date (11) 9/26/2012		License Number 0378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1/2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 9/27/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 9/14/2012



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

B & G proj. #: 2012-171

Check # 5479

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2012 SEP 18 AM 1:27

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/14/12		Name of Building Owner/Operator (2) Sebastian Inturrisi	
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 Willow Street	
		City, State, Zip Code Elmwood Park, NJ 07407	
		Name of Contact Sebastian Inturrisi	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sebastian Inturrisi			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 Willow Street			Square Feet		
City (5) Elmwood Park, NJ 07407			County (6) Bergen	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number 973-696-6869		
Scheduled Start Date (10) 9/25/2012			License Number 0378		
Sched. Completion Date (11) 9/25/2012			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		
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure			City, State, Zip Code Lincoln Park, NJ 07035		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			X	pipe insulation	60 lf	X			

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 9/26/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 9/14/2012



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

B & G proj. #: 2012-168

Check # 5478  
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Date of Notification (1) <u>09/14/12</u>		Name of Building Owner/Operator (2) <u>Barry Antoine</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>13 Osborne Terrace</u>	
		City, State, Zip Code <u>Wayne, NJ 07407</u>	
		Name of Contact <u>Barry Antoine</u>	Telephone Number

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <u>Barry Antoine</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>13 Osborne Terrace</u>			Square Feet    # of Floors    Bldg. Age		
City (5) <u>Wayne, NJ 07407</u>	County (6) <u>Passaic</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; 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>9/24/2012</u>		Sched. Completion Date (11) <u>9/24/2012</u>		Name of OSHA Monitor <u>B &amp; 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"/>	boiler metal jacket	10 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

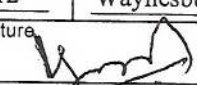
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>9/25/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>	Date <u>9/14/2012</u>



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

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Date of Notification (1) <b>09/13/2012</b>		Name of Building Owner/Operator (2) <b>Nutley Parks &amp; Recreation Dept</b>		<b>2012 SEP 18 AM 1:26</b> <b>ASBESTOS CONTROL &amp; LICENSING</b>					
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 <b>49-66 Park ave</b>  City, State, Zip Code <b>Nutley, NJ</b>  Name of Contact <b>Lou Malfitano</b>  Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nutley Parks &amp; Recreation Garage</b>				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 <b>1 Tremont Avenue</b>				Square Feet <b>30,000</b>					
City (5) <b>Nutley</b>				# of Floors <b>1</b>					
County (6) <b>Essex</b>				Bldg. Age <b>60+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Garage and Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AHERA Consultants</b>		ASCM No. <b>N/A</b>		Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>					
Street Address <b>P.O. Box 385</b>		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>							
City, State, Zip Code <b>Oceanville, NJ 08231-0835</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>							
Project Manager for Monitoring Firm <b>John Smoyer</b>		Telephone No. <b>609-652-1833</b>		Telephone No. <b>973-389-0089</b>					
Start Date (10) <b>09/28/2012</b>		Scheduled Completion Date (11) <b>09/29/2012</b>		License No. <b>00693</b>					
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 <b>DIA General Construction, Inc.</b>  Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>  City, State, Zip Code <b>Clifton, NJ 07012</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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
Hallway next to stock room			X	Pipe/Elbow Insulation	4LF	X			
Stock room			X	Pipe/Elbow Insulation	4 LF	X			
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>1 Y</b>		Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle DE</b>		Disposal Date <b>9/29/2012</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By <b>Krutarth Jagad</b>		Title <b>Project Manager</b>		Signature 		Date <b>09/13/2012</b>			

ASB41

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



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

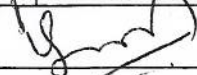
RECEIVED

Date of Notification (1) <u>09/13/2012</u>		Name of Building Owner/Operator (2) County of Essex	
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 900 Bloomfield Ave		City, State, Zip Code Verona, NJ	
Name of Contact Sanjeev Vargheese		Telephone Number _____	

2012 SEP 18 AM 1:25  
**ASBESTOS CONTROL & LICENSING**

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1 Cherry Lane (Block 162, Lot 2)		Square Feet 1,500 SF	# of Floors 2
City (5) Newark		Bldg. Age 80+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Residence.	
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.
Street Address 2333 Rt 22 West		Street Address 1360 Clifton, Avenue, PMB Suite 218	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Sherry Gelsomino		Telephone No. 908-206-0073	License No. 00693
Start Date (10) 09/26/2012	Scheduled Completion Date (11) 10/10/2012	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >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"/> Govebag 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/Elbow Insulation	50 LF	X			
Throughout the Building			X	Grey (rough coat) plaster	2,600 SF	X			
Roof			X	Black Roofing Material on roof ledge	60 SF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 60 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle DE		Disposal Date 10/10/2012	City, State Waynesburgh OH		
Completed By Krutarth Jagad	Title President	Signature 		Date 09/13/2012	



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

D&S Proj. #: MS 12- 326

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/19/11 14/11/12		Name of Building Owner/Operator (2) Sonia Troshe	
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 327 Rosewood Terrace		City, State, Zip Code Linden, NJ 07036	
Name of Contact Sonia Troshe		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence Street Address 327 Rosewood Terrace City (5) Linden County (6) Union County Code (7) (State use only)			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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Street Address City, State, Zip Code		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number		Start Date (10) 09/24/12		Sched. Completion Date (11) 09/25/12	
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		Boiler	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	89 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 9/27/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 9/14/12



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D&S Proj. #: MS 12- 325

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

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/19/11 14/11/12		Name of Building Owner/Operator (2) Kevin and Melissa Crouse	
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 32 Blackwell Avenue		City, State, Zip Code Harding Township, NJ 07960	
Name of Contact Kevin and Melissa Crouse		Telephone Number	

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 9 Lenape Trail			Square Feet # of Floors Bldg. Age		
City (5) Chatham	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		


Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 00159	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 09/24/12		Sched. Completion Date (11) 09/25/12		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 type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 3 CY		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/27/12		City, State TULLYTOWN, PA		Date 9/14/12	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date	

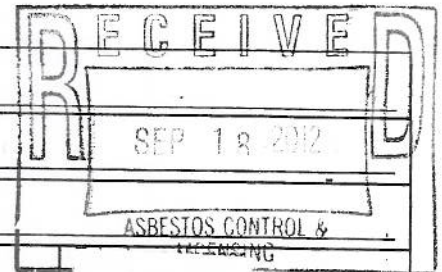


## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 09/14/2012		Name of Building Owner/Operator (2) Rahway Housing Authority	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL ( ) DOH ( ) DCA		Notification Type (X) Initial Notification ( ) Amended Certification ( ) Emergency Notification (including justification) ( ) Cancelled	
Street Address 160 East Grand Ave.		City, State, Zip Code Rahway	
Name of Contact Ken Pushko		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) ( ) School (K-12) (X) Subchapter 8 (other than K-12) ( ) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 224 West Grand Ave.		Sq. Feet: 100,000 # of Floors 2 Bldg. Age 60	
City (5) Rahway	County (6) Union	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman		Name of Contractor (9) ISES, Inc.	
Street Address 7 Pleasant Hill Rd.		Street Address 3300 Hudson Avenue	
City, State, Zip Code Crambury, NJ 08512		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm Kevin Lovely	Telephone Number (732) 390-5858	Telephone Number (201) 325-0055	License Number 01124
Scheduled Start Date (10) 10/08/2012	Scheduled Completion Date (11) 10/25/2012	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe: Residential structure car garage. Damaged Roof. Other: <b>First Floor is unoccupied. 2<sup>nd</sup> floor is occupied</b>		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source 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) 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 miscous.)	Amount (Specify SF or LF)
First Floor and Crawl Space	X	TSI Pipe Insulation	5890 Lf.
Name of Reg. Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 30	Name of Reg. Landfill Cumberland County Landfill
City, State 369 Raymond Blvd, Newark, NJ, 07105	Disp. Date 10/25/2012	City, State Newburg, PA 17242	
Completed by (Print or Type) Jorge Delgado	Title Supervisor	Signature 	Date 09/14/2012



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



Date of Notification (1) <u>09/13/2012</u>		Name of Building Owner/Operator (2) <u>North Brunswick TOD Associates</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2300 US Route 1 North</u>	
		City, State, Zip Code <u>North Brunswick, NJ 08902</u>	
		Name of Contact <u>Nimish Patel</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>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>2300 US Route 1 North</u>		Square Feet <u>200,000</u>	# of Floors <u>2</u>
City (5) <u>North Brunswick</u>		Bldg. Age <u>60+</u>	
County (6) <u>Middlesex</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>	ASCM No.	Name of Abatement Contractor (9) <u>Nick Restoration</u>	
Street Address		Street Address <u>72 Brookside Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Randolph, NJ 07869</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>973-933-2550</u>	License No. <u>01133</u>
Start Date (10) <u>09/23/2012</u>	Scheduled Completion Date (11) <u>09/25/2012</u>	Name of OSHA Monitor <u>Nick Restoration</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>72 Brookside Road</u>	
		City, State, Zip Code <u>Randolph, NJ 07869</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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) 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)
Building 8 - Mechanical Room	X	Pipe/Elbow Insulation	140 LF
Building 42 - Laboratory	X	Transite in hood	50 SF
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>5</u>
City, State <u>New Castle, DE</u>		Disposal Date <u>09/25/2012</u>	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>Waynesburg, OH 44688</u>			
Completed By <u>Nick Mrda</u>	Title <u>Project Manager</u>	Signature <u>Nick Mrda</u>	Date <u>09/13/2012</u>

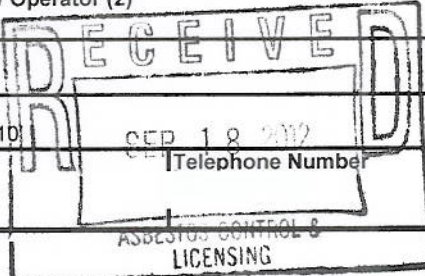
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• Do not use this form for asbestos licensure exempted activities.



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*check # 2750*

Date of Notification (1) 09 / 17 / 12		Name of Building Owner / Operator (2) Kraft Foods			
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Fairlawn, New Jersey, 07410			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact PRANAV DESAI  Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Kraft Foods			Type of Facility (4)		
Street Address 2211 Route 208			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. / LVI Environmental Services Inc.			
Street Address 907 Doolittle Drive		Street Address 462 Getty Avenue			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Clifton, NJ 07011			
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108			
Sched. Start Date (10) 09 / 27 / 12		Sched. Completion Date (11) 09 / 28 / 12		Telephone Number 973-772-3660	
				License Number 00117	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Environmental Services Inc.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing  <b>TO BE ABATED</b> 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
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DC WAREHOUSE COL 7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	12 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DC WAREHOUSE COL 17	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	4 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 09/17/12

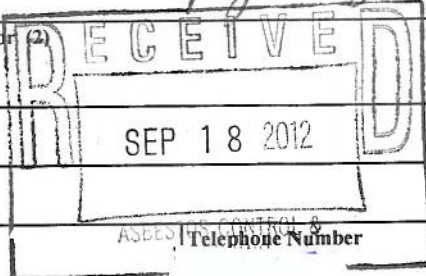


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:-120-7)

Page 1 of 2

Date of Notification (1) 07/11/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	<input checked="" type="checkbox"/> Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	
	Cancellation	Robert Otego	



Name of Facility Where Abatement is Taking Place (3) Princeton University - 20 Washington Road			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 20 Washington Road			Square Feet 100000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 3 Terri Lane			Street Address 98 LaCruce Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 07/23/12 Month/Day/Year		Sched. Completion Date (11) 10/01/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
>3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" 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) (ie. 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
Ground Floor - exterior outside room 1		<input checked="" type="checkbox"/>		window caulk	170 LF	<input checked="" type="checkbox"/>			
1st Floor - exterior outside room 101 G		<input checked="" type="checkbox"/>		window caulk	170 LF	<input checked="" type="checkbox"/>			
2nd Floor - exterior outside room 201 G		<input checked="" type="checkbox"/>		window caulk	170 LF	<input checked="" type="checkbox"/>			
throughout		<input checked="" type="checkbox"/>		pipe insulation	100 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 9/14/12



Page 2 of 2

## Princeton University - 20 Washington Lane Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement
ground floor	floor tile and mastic	400 SF	Removal
ground floor lab 1	gasket material	20 SF	Removal
ground floor lab 1	packing material	84 SF	Removal
ground floor labs	transite fume hoods	300 SF	Removal

