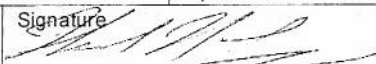


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

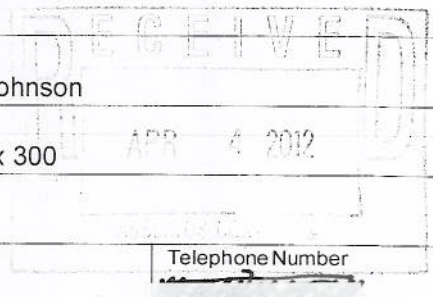
135

Date of Notification (1) March 30, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 / 1001 Route 202, PO Box 300 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 		Date 3/30/12			

[illegible]

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

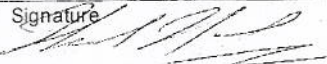
127



Date of Notification (1) March 28, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4	1000 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 3/28/12			

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


822062

Date of Notification (1) March 12, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 		Date 3/12/12			


[illegible]

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

4272

Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 / 1001 Route 202, PO Box 300 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager							
		Telephone Number <div style="border: 1px solid black; width: 100px; height: 1.2em; background-color: black;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
License No. 00781									
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4.5	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 2/21/12			

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

Date of Notification (1) February 10, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 / 1001 Route 202, PO Box 300 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager							
		Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
License No. 00781									
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: _____		1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 2/10/12			

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

4178

Date of Notification (1) February 01, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Project Manager	Telephone Number [REDACTED]

RECEIVED
APR 4 2012

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3
City (5) Raritan, NJ		Bldg. Age	
County (6) Somerset	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 2/2/12	Scheduled Completion Date (11) 2/10/12	Name of OSHA Monitor The MACK Group, LLC.	
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 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 If	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			

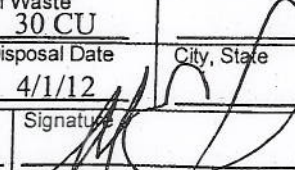
Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 2/10/12	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 2/1/12

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

Date of Notification (1) <u>2/15/12</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 206 & Main Street PO Box 66067</u>							
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>							
		Name of Contact <u>James Kesilman</u>	Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Fathers Hall</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>Route 206 & Main St.</u>		Square Feet <u>12,000 SF</u>	# of Floors <u>2</u>						
City (5) <u>Lawrenceville</u>		Bldg. Age <u>100</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>classrooms</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>USA Environmental</u>	ASCM No. <u>00112</u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>344 W.State Street</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Trenton, NJ 08618</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 656-8101</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>2/24/12</u>	Scheduled Completion Date (11) <u>4/16/12</u>	Name of OSHA Monitor <u>EMSL Analytical Inc.</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Weekends Only</u>		Street Address <u>1056 Stelton Road</u>							
		City, State, Zip Code <u>Piscataway, NJ 08854</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>basement</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>550 LF</u>	<input checked="" type="checkbox"/>			
<u>1st floor</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>620 LF</u>	<input checked="" type="checkbox"/>			
<u>2nd floor</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>30 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnevale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Hamilton, NJ 08610</u>		Disposal Date <u>4/16/12</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>3/30/12</u>						

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24684

Date of Notification (1) <u>2/15/12</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 206 & Main Street PO Box 66067</u> City, State, Zip Code <u>Lawrenceville, NJ 08648</u>							
		Name of Contact <u>James Kesilman</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Fathers Hall</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>Route 206 & Main St.</u>									
City (5) <u>Lawrenceville</u>		Square Feet <u>12,000 SF</u>	# of Floors <u>2</u>						
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)	Bldg. Age <u>100</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>USA Environmental</u>		ASCM No. <u>00112</u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>344 W.State Street</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Trenton, NJ 08618</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 656-8101</u>	Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>2/24/12</u>		Scheduled Completion Date (11) <u>4/1/12</u>	License No. <u>00493</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Weekends Only</u>		Name of OSHA Monitor <u>EMSL Analytical Inc.</u>							
		Street Address <u>1056 Stelton Road</u>							
		City, State, Zip Code <u>Piscataway, NJ 08854</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>basement</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>550 LF</u>	<input checked="" type="checkbox"/>			
<u>1st floor</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>620 LF</u>	<input checked="" type="checkbox"/>			
<u>2nd floor</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>30 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnevale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Hamilton, NJ 08610</u>		Disposal Date <u>4/1/12</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 			Date <u>2/15/12</u>			

check #1443

Print

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

Date of Notification (1) 3/14/2012		Name of Building Owner/Operator (2) Private Property						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 298 Terminal Ave	City, State, Zip Code Clark NJ					
		Name of Contact Danny Matarese						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 285 Terminal Ave		Square Feet 12000	# of Floors 1					
City (5) Clark NJ		Bldg. Age +50						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) First Phase Group Inc					
Street Address N/A		Street Address 567 52nd st Suite #16						
City, State, Zip Code N/A		City, State, Zip Code West New York, NJ 07093						
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 001144					
Start Date (10) 3/26/2012	Scheduled Completion Date (11) 4/12/2012	Name of OSHA Monitor J&S Environmental Corp						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 Hours		Street Address 2333 Route 22 West 6						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enable 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
main floor 285			x	12 x12 floor tile	2680 SF	x		
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. NJD054126164	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.s. North Landfill				
City, State Freehold, NJ		Disposal Date		City, State Morrisville, PA				
Completed by Edwin Precilla		Title Project Manager		Signature <i>Edwin Precilla</i>			Date 3/14/2012	

OK
023097

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)

03 / 30 / 12

Name of Building Owner/Operator (2)

Port Authority of NY & NJ

Agencies Notified

☒ EPA

☐ DEP

☒ DOL

☐ DOH

☐ DCA

Type of Notification

☒ Initial

☐ Amended

☐ Emergency (including

Justification)

☐ Cancellation

Street Address

241 Erie Street

City, State, Zip Code

Jersey City, NJ 07310

Name of Contact

Ralph Capione

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Newark Liberty International Airport

Street Address

1 Brewster Road, Building 42

City (5)

Newark

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

N/A

Street Address

ASCM

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

04 / 13 / 12

Scheduled Completion Date (11)

05 / 10 / 12

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf

☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation

☐ Demolition

☐ Full Containment With Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)	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	E	E
	Yes	No	N/A	M	R	N	N
				O	E	C	C
				V	A	A	L
				A	I	P	O
				L	R	S	S
						U	U
						R	R
Roof		X	Roofing	6,000 SF	X		

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

NJDEP Waste

Hauler ID No.

17819

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Completed by (Print or Type)

Jerry Bijelonic

Title

Project Manager

Signature


Date

3/30/2012

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

Date of Notification (1) <u>3</u> / <u>28</u> / <u>12</u>		Name of Building Owner/Operator (2) <u>Leonard + Carolyn Tarantino</u>							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>153 Ackerman Ave</u> City, State, Zip Code <u>Hickory Hills, NJ 07423</u> Name of Contact <u>Leonard Tarantino</u> Telephone Number <u>[REDACTED]</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Tarantino Single Family Residence - Kitchen</u>		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 and commercial buildings, homes, etc.)							
Street Address <u>153 Ackerman Ave</u>		Square Feet # of Floors Bldg. Age							
City (5) <u>Hickory Hills, NJ 07423</u>		County (6) <u>Bergen</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>Air Consulting Services</u>		ASCM No.							
Street Address <u>301 E. Ward St</u>		Name of Abatement Contractor (9) <u>DSIA Services Inc.</u>							
City, State, Zip Code <u>Hickory Hills, NJ 07420</u>		Street Address <u>200 E. Elizabeth Ave</u>							
Project Manager for Monitoring Firm <u>MAIT HINES</u>		City, State, Zip Code <u>Lindley, NJ 07036</u>							
Telephone No. <u>371-2424</u>		Telephone No. <u>912-925-5755</u>							
Start Date (10) ___/___/___		License No. <u>10843</u>							
Scheduled Completion Date (11) ___/___/___		Name of OSHA Monitor <u>DSIA Services Inc.</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address <u>200 E. Elizabeth Ave</u>							
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		City, State, Zip Code <u>Lindley, NJ 07036</u>							
<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
<u>Kitchen</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>VAT</u>	<u>312 SF</u>	<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 <u>Global Waste Industries</u>		NJDEP Waste Hauler ID No. <u>20147</u>		Cubic Yards of Waste <u>14</u>		Name of Registered Landfill <u>Winneco Enterprises</u>			
City, State <u>Hickory Hills, NJ</u>		Disposal Date <u>N/A</u>		City, State <u>Winneco, VA</u>					
Completed By (Print or Type) <u>Carol</u>		Title		Signature <u>[Signature]</u>		Date <u>3/28/12</u>			

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

Date of Notification (1) 4/2/12		Name of Building Owner/Operator (2) Nick Garafolo / Residence							
Agencies Notified	Type Notification	Street Address 13516 Beach Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Nick	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nick Garafolo / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 13516 Beach Ave		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/12/12	Scheduled Completion Date (11) 4/18/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/18/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/2/12		