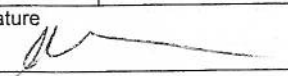


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

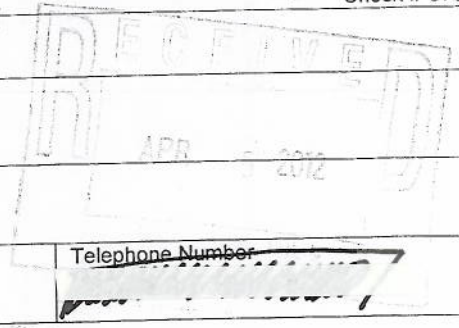
*CHECK 11195*

Date of Notification (1) 4/3/12		Name of Building Owner/Operator (2) Julian Attock							
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 367 Montrose Ave							
		City, State, Zip Code South Orange NJ 07079							
		Name of Contact Julian Attock	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 367 Montrose		Square Feet 2000	# of Floors 2						
City (5) South Orange		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/13/12	Scheduled Completion Date (11) 4/20/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	30 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Newburgh PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 4/3/12			

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

Check # 6703

Date of Notification (1) <b>4/2/12</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</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 of Notification <input checked="" type="checkbox"/> Initial Notification	Street Address <b>PO Box 5042</b>	
	<input type="checkbox"/> Amended Notification	City, State, Zip Code <b>Woodbridge, NJ 07095</b>	
	<input type="checkbox"/> Cancellation	Name of Contact <b>Gregory Soska</b>	Telephone Number <b>[REDACTED]</b>



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>NJT Interchange 16E Service Bldg.</b>			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 <b>NJ Turnpike Interchange 16E</b>			Square Feet <b>3000</b>	# of Floors <b>2</b>	Bldg. Age <b>~50</b>
City (5) <b>Secaucus</b>	County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>offices</b>		

Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>116 Tices Lane, Unit B-1</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>East Brunswick, NJ 08816</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>	Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>	
Scheduled Start Date (10) <b>4/12/12</b>	Sched. Completion Date (11) <b>4/30/12</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</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: <u>partially vacant</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)

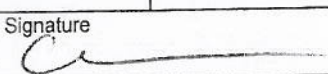
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
First floor		x		TSI	2 LF	x								
First floor		x		TSI	20 LF			X						

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>4/30/12</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>4/2/12</b>

2488

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

Date of Notification (1) 4/3/12		Name of Building Owner/Operator (2) Donald Gravatt / Residence								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 516 N. Michigan Av								
		City, State, Zip Code Atlantic City NJ 08401								
		Name of Contact Donald	Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Donald Gravatt / 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 516 N. Michigan Av		Square Feet 1000 +	# of Floors 2							
City (5) Atlantic City NJ 08401		Bldg. Age 35+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 4/13/12	Scheduled Completion Date (11) 4/19/12	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	3500 Sf	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 4/19/12		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 			Date 4/3/12			

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

#20881

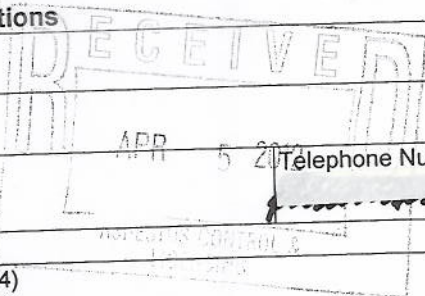
Date of Notification (1) <b>03 / 30 / 12</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main Street</b>							
		City, State, Zip Code <b>Woodbridge, NJ 08863</b>							
		Name of Contact <b>Paul Pittari</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Bridge Structure 61.87R</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 <b>West Manor Bridge</b>		Square Feet <b>5,000</b>	# of Floors <b>1</b>						
City (5) <b>Robbinsville Township</b>		Bldg. Age <b>50+</b>							
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Public Road</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Stone &amp; Webster</b>		ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>200 Horizon Center Boulevard</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Trenton, NJ 08691-1904</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Adel Elsekhily</b>		Telephone No. <b>609-584-8900</b>	Telephone No. <b>215-739-8166</b>						
			License No. <b>00646</b>						
Start Date (10) <b>04 / 13 / 12</b>	Scheduled Completion Date (11) <b>05 / 31 / 12</b>	Name of OSHA Monitor <b>SAME AS ABOVE</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 - Describe Time of Abatement: <b>7:00AM-4:00PM/7:00PM-7:00AM</b>		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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>Under Ground</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Transite Duct Pipe</b>	<b>500 LF</b>	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>40 cy</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ 07728</b>		Disposal Date <b>n/a</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Charles F. Imbimbo</b>		Title <b>Project Manager</b>		Signature <i>Charles F. Imbimbo</i>		Date <b>03/30/12</b>			

APPROVED: TOM VOORHEES, NJ DOH

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

OK 2256

Date of Notification (1) <b>3/30/12</b>		Name of Building Owner / Operator (2) <b>State of NJ Department of Corrections</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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 11401</b>								
		City, State & Zip Code <b>Yardville, NJ 08620</b>								
		Telephone Number <b>8-1-1</b>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Garden State Correctional</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 <b>Highbridge Rd. (off RT 130)</b>		Square Feet <b>100000</b>	# of Floors <b>1</b>							
City (5) <b>Yardville, NJ</b>		Bldg. Age <b>30+</b>								
County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Correctional</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>								
Street Address <b>120 N. Warren St</b>		Street Address <b>1123 Beaver Street</b>								
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Bristol, PA 19007</b>								
Project Manager for Monitoring Firm <b>Jim Frisbee</b>	Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>							
Scheduled Start Date (10) <b>3/30/12</b>	Scheduled Completion Date (11) <b>3/31/12</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5 PM to 3 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>								
		City, State & Zip Code <b>Bristol, PA 19007</b>								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Medical Supervisor's office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling plaster	2 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Supervisor's office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General clean up	100 SF area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>Bristol Environmental, Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W. Landfill</b>						
City, State <b>Bristol, PA</b>		Disposal Date <b>3/30/12</b>	City, State <b>Morrisville, PA</b>							
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>3/30/12</b>			



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

NJDOH  
APPROVED: CINDY MITCHELL  
CE # 2257

Date of Notification (1) <b>3/30/2012</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>15 EAST MONTGOMERY PLACE</b>	
		City, State & Zip Code <b>PITTSBURGH, PA 15212</b>	
		Name of Contact <b>ALEX BAYLOR</b>	
Telephone Number <b>[REDACTED]</b>			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Haddonfield Central Office - VERIZON</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 <b>35 South Haddon Avenue</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Haddonfield</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Verizon communication center</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>Philadelphia pa 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>267-784-8651</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>3/30/2012</b>	Scheduled Completion Date (11) <b>3/30/2012</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Describe: <b>3:30 PM – 8:00 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>			
		City, State & Zip Code <b>BRISTOL, PA 19007</b>			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Fan Room #2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Fittings</b>	<b>10 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>3/30/2012</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jcl</i>		Date <b>3/30/12</b>

CK  
2410

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) Cherck + Co. Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 126 East Lincoln Avenue	
		City, State, Zip Code Kahway New Jersey 07065	
		Name of Contact Jerry Ratti	Telephone Number [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cherck + Co. Inc Bldg 86		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 126 East Lincoln Avenue		Square Feet 6000	# of Floors 3
City (5) Kahway New Jersey 07065		Bldg. Age 35	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) R+D	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health		ASCM No. 00104	Name of Abatement Contractor (9) Applied Air Serv. of NJ Inc	
Street Address 655 West Shore Trail		Street Address 450 South River Street		
City, State, Zip Code Sparta New Jersey 07871		City, State, Zip Code Jackson NJ 07601		
Project Manager for Monitoring Firm William Kerbel		Telephone No. 973-727-5249	Telephone No. 201-931-0813	License No. 01148

Start Date (10) 4/18/12	Scheduled Completion Date (11) 4/18/12	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address
		City, State, Zip Code

Scope of Work (Check All That Apply)

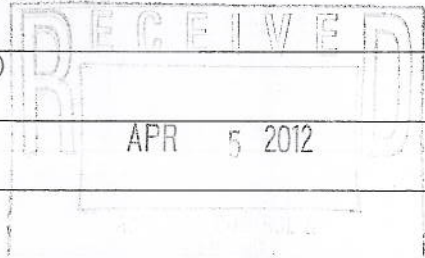
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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
Bldg 86 2nd Floor				VAT	265 Sq.	X			

Name of Registered Waste Hauler Freehold Waste Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Cyclo Comp of Chg Reserve	
City, State Freehold New Jersey 07728		Disposal Date 4/18/12	City, State Montgomery Pa 17752		
Completed by Cynthia Corcoran	Title Office Admin	Signature [Signature]	Date 4/2/12		

No check

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



Date of Notification ( 3/26/12		Name of Building Owner/Operator (2) Port Authority of N.Y. and N.J.	
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 260 Kellogg St.	
		City, State, Zip Code New York, N.Y. 10003	
		Name of Contact Ronald Shaw	Telephone Number _____

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Port Newark Marine Terminal		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 121 Tyler st.		Square Feet 24,882	# of Floors 1	Bldg. Age 35+
City (5) Port Newark	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) National Guard Armory	
Name of Monitoring Firm Hired by Building Owner (8) PA NY NJ		ASCM No. _____	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 241 Erie St.		Street Address 322 Beers St		
City, State, Zip Code Jersey City, N.J. 07310		City, State, Zip Code Keyport N.J. 07735		
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201 595- 4881	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 4/9/12	Scheduled Completion Date (11) 5/20/12		Name of OSHA Monitor Tricon Enterprises Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 322 Beers St		
		City, State, Zip Code Keyport, N.J. 07735		

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

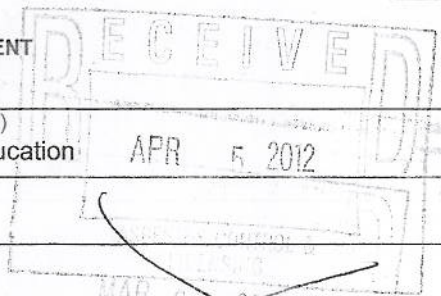
Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED			x	SEE ATTACHED		x			
			x			x			
			x			x			
			x			x			

Name of Registered Waste Hauler Horizon Disposal Services Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill	
City, State .235 Gibbs Ave. Trenton, N.J. 08611		Disposal Date 2/10/12		City, State Bucks County, P.A.	
Completed by James Mahoney		Title Project manager	Signature 		Date 3/26/12



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



Date of Notification (1) 03/27/12		Name of Building Owner/Operator (2) East Rutherford Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 106 Uhland Street
	City, State, Zip Code East Rutherford, NJ 07073		Name of Contact Anthony Juskiewicz
			Telephone Number [Redacted]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Faust Intermediate School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 106 Uhland Street		Square Feet 46000	# of Floors 4
City (5) East Rutherford		Bldg. Age 80	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc		ASCM No. 090	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.	
Street Address 401 St. James Avenue		Street Address 265 Rt. 46 Suite 3d		
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa NJ 07512		
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010	License No. 00666

Start Date (10) 04/05/12	Scheduled Completion Date (11) 04/11/12	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: thu 1pm-9pm other days 7am-4pm		Street Address 265 Rt. 46 Suite 3d	
		City, State, Zip Code Totowa NJ 07512	

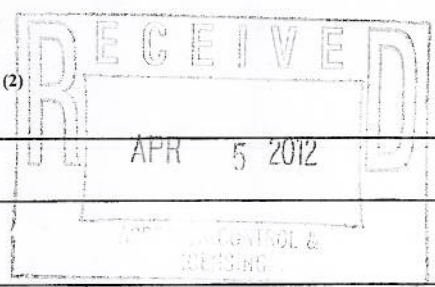
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Entrance Foyer		X		Ceiling Tiles	360 SF	X			
1st Floor Hall		X		Ceiling Tiles	1440 SF	X			

Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Inc.	
City, State Totowa NJ		Disposal Date 04/12/12		City, State Morrisville PA	
Completed by Goran Kojic		Title V.P.	Signature <i>Goran Kojic</i>		Date 03/27/12

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



Date of Notification (1)  
04 / 03 / 12

Name of Building Owner/Operator (2)  
Passaic County Community College

Agencies Notified Type of Notification  
 EPA  
 Initial Notification  
 DOL  Amended Notification Amendment #  
 DOH  Cancellation  
 DCA  Emergency

Street Address  
One College Blvd  
City, State, Zip Code  
Paterson, NJ 07505  
Name of Contact  
B. Eagan  
Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Passaic County Community College  
Street Address  
300 Pompton Road  
City (5) County (6) County Code (7) (STATE USE ONLY)  
Paterson Passaic

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) ASCM  
GZA  
Street Address  
55 Lane Road  
Fairfield NJ 07004  
Project Manager for Monitoring Firm Telephone Number  
Benjamin Sallemi 973-774-3311  
Scheduled State Date (10) Scheduled Completion Date (11)  
04 / 04 / 12 05 / 09 / 12  
Month / Day / Year Month / Day / Year

Name of Abatement Contractor (9)  
J.R. Contracting & Environmental Consulting, Inc.  
Street Address  
1141 Route 23  
City, State, Zip  
Wayne NJ 07470  
Telephone Number License Number  
973 628-9500 00408  
Name of OSHA Monitor  
Enviro Vision Consultants, Inc.  
Street Address  
20-21 Wagaraw Road, Bldg. #34A  
City, State, Zip Code  
Fairlawn NJ 07410

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility  
 Hours - Describe: 7:00a.m. - 3:30p.m.  
 Other - Describe:

Scope of Work (Check all that apply)  
 ≥ 3 sf or ≥ 3 lf  
 ≥ 160 sf or ≥ 260 lf  
 Demolition  
 Renovation


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

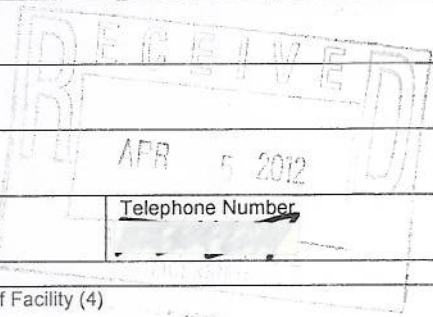
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R	E	E	E
				M	O	V	A
First Floor	X	Linoleum	500 SF	X			
Mezzanine	X	Linoleum	64 SF	X			

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill  
J.R. Contracting & Environmental Consulting, Inc. 17819  
City, State Disposal Date City, State  
Wayne NJ 07470 Morrisville PA  
Completed by (Print or Type) Title Signature Date  
Jerry Bijelonic Project Manager 4/2/2012

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

CHECK 11193

Date of Notification (1) 4/3/12		Name of Building Owner/Operator (2) Durling Realty								
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3 Old Highway 28, PO Box 600 City, State, Zip Code Whitehouse Station, NJ 08889 Name of Contact Dean Durling							
			Telephone Number _____							
	<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 440 Route 36		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Highlands	Square Feet 2000	# of Floors 2	Bldg. Age 50							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276							
			License No. 703							
Start Date (10) 4/12/12	Scheduled Completion Date (11) 5/12/12	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Rear storage & hallway			x	floor tile & mastic	400 SF	x				
Roof (upper & lower)			x	flashing	300 SF	x				
Roof			x	felt beneath slanted shingles	1,200 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill GROWS N Landfill						
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Andrew Scott Higgins		Title Owner	Signature 				Date 4/3/12			



CHECK #  
2265

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:174)

Date of Notification (1) 4/3/12		Name of Building Owner/Operator (7) MITCHELL NICHOLS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> OCA	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 23 KING ST.	
		City, State, Zip Code RIO GRANDE, N.J. 08242	
		Name of Contact SAME	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)	
Street Address 1303 N. DELAWARE AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NORTH WILDWOOD		Square Feet 2000	# of Floors 2 Bldg Age 40+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Klemm Inc.
Street Address		Street Address 369 S. SPRUCE AVE
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0424
		License No. 001140

Start Date (10) 4/16/12	Scheduled Completion Date (11) 4/23/12	Name of OSHA Monitor Joseph Klemm
Occupancy Status During Abatement (Check only one)		Street Address 369 S. SPRUCE 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 MAPLE SHADE N.J. 08052

Scope of Work (Check all that apply)

231 or 2311  
 16011 or 26011

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted ("I") and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
TRANSITE				SIDING	2500# X

Name of Registered Waste Hauler Klemm Inc.	NJOEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C/MCMLA
City, State MAPLE SHADE, N.J.		Disposal Date	City, State WOODBINE N.J.
Completed By Joseph Klemm	Title V/P	Signature Joseph Klemm	Date 4/3/12

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

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



Date of Notification (1) 3/30/2012		Check#2182	Name of Building Owner/Operator (2) Saint Michael's Medical Center	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 Central Avenue	
			City, State, Zip Code Newark, NJ 07102	
			Name of Contact Andrew Mastin	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) St Michael's Medical 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 111 Central Avenue			Square Feet 160,000	# of Floors 8	Bldg. Age 70+
City (5) Newark, NJ		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital		
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) EA Services Corporation		Street Address 426 69th Street	
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 7093		Telephone No. 201-295-1700	
Project Manager for Monitoring Firm		Telephone No.		License No. 01074	
Start Date (10) 3/31/2012		Scheduled Completion Date (11) 4/28/2012		Name of OSHA Monitor Laboratory Testing Services	
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 checked="" type="checkbox"/> Other - Describe: Starting at 6:00 PM			Street Address 45-09 Greenpoint Avenue		
			City, State, Zip Code Long Island City, NY 1104		

Scope of Work (Check All That Apply)

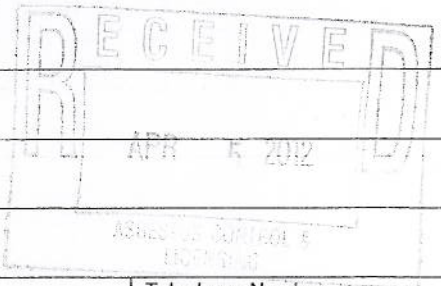
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
Bldg 'B'-2nd Fl:Elevator Lobby			x	Pipe Insulation	160 LF	x			
Bldg 'B'-2nd Fl:west Corridor			x	Pipe insulation plus debris	20 LF	x			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill IESI Bethlehem Landfill Corp	
City, State Wayne, NJ		Disposal Date tbd		City, State Bethlehem, PA	
Completed by Gina Salvador		Title Office Manager	Signature <i>Gina Salvador</i>	Date 3/30/2012	

55458

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



Date of Notification (1) 03-30-2012		Name of Building Owner/Operator (2) CLEARVIEW	
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 200 PARK AVENUE	
		City, State, Zip Code FLORHAM PARK, NJ 07932	
		Name of Contact MANNY DE LA TORRE	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) CLEARVIEW CINEMAS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 350 MILLBURN AVENUE		Square Feet 5,000	# of Floors 1	Bldg. Age 50
City (5) MILLBURN	County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) CINEMAS	

Name of Monitoring Firm Hired by Building Owner (8) MDG ENVIRONMENTAL		ASCM No. _____	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES	
Street Address 100 MAPLEWOOD DRIVE		Street Address 11-02 QUEENS PLAZA SOUTH		
City, State, Zip Code MAPLE SHADE, NJ 08052		City, State, Zip Code LONG ISLAND CITY, NY 11101		
Project Manager for Monitoring Firm KATYBETH GEARY		Telephone No. 856-755-9300	Telephone No. 718-349-0900	License No. 00853

Start Date (10) 04/16/2012	Scheduled Completion Date (11) 04/26/2012	Name of OSHA Monitor ROLLAND BARNHART
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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 checked="" type="checkbox"/> Other - Describe: REMOVE ACPI FROM 7:00AM-3:00PM <b>FACILITY OPENS AT THE EVENING HOURS</b>	Street Address 21 PERRINE AVENUE
	City, State, Zip Code SOUTH AMBOY, NJ 08879

Scope of Work (Check All That Apply)

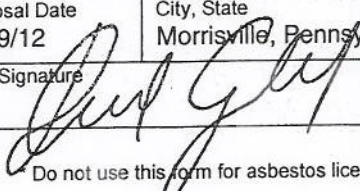
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	300 LF	X			
BASEMENT		X		DUCT FLUE	20 SF	X			

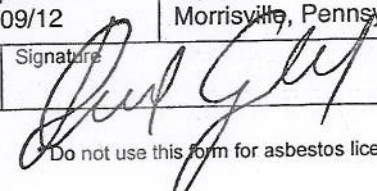
Name of Registered Waste Hauler ATC ASSOCIATES		NJDEP Waste Hauler ID No. 44644PA	Cubic Yards of Waste 15 YARDS	Name of Registered Landfill MINERVA ENTERPRISES	
City, State SHIRLEY, NY 11967			Disposal Date 04/26/2012	City, State WAYNESBURG, OH 44688	
Completed by ARIC DOMOZICK		Title VP BUSINESS OPERATIONS	Signature 	Date 03/30/2012	

*No check*

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

Date of Notification (1) 04/02/12		Name of Building Owner/Operator (2) Alpha Property Management, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 108-136 Martin Luther King Jr. Boulevard						
			City, State, Zip Code Newark, NJ 07108						
			Name of Contact Jose Argueta		Telephone Number [REDACTED]				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pavilion Apartments - Building 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 108-136 Martin Luther King Jr. Boulevard				Square Feet 200,000 +	# of Floors 20 +				
City (5) Newark				Bldg. Age 50+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address			Street Address 163 Sargeant Avenue						
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07013						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-689-6281	License No. 01099				
Start Date (10) 04/02/12		Scheduled Completion Date (11) 04/08/12		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07081					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Boiler Room	x			Pipe Insulation	500 LF	x			
Basement - Boiler Room Floor	x			ACM Debris	1,500 SF	x			
Basement - Laundry Room	x			Pipe Insulation	180 LF	x			
Basement - Hallway	x			Pipe Insulation	254 LF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.			NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey			Disposal Date 04/09/12		City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev			Title General Manger		Signature 		Date 04/02/12		

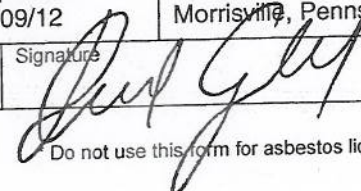
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/30/12		Name of Building Owner/Operator (2) Alpha Property Management, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108-136 Martin Luther King Jr. Boulevard							
		City, State, Zip Code Newark, NJ 07108							
		Name of Contact Jose Argueta	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pavilion Apartments - Building 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 108-136 Martin Luther King Jr. Boulevard		Square Feet 200,000 +	# of Floors 20 +						
City (5) Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 04/02/12	Scheduled Completion Date (11) 04/08/12	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Boiler Room	x			Pipe Insulation	50 LF	x			
Basement - Boiler Room Floor	x			ACM Debris	10 SF	x			
Basement - Laundry Room	x			Pipe Insulation	180 LF	x			
Basement - Hallway	x			Pipe Insulation	254 LF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 04/09/12	City, State Morrisville, Pennsylvania						
Completed by Dimo Golcev		Title General Manger	Signature 	Date 03/30/12					



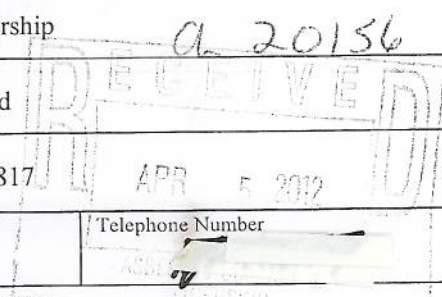
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

CK#1831

Date of Notification (1) 03/21/12		Name of Building Owner/Operator (2) Alpha Property Management, Inc.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108-136 Martin Luther King Jr. Boulevard APR 5 2012								
		City, State, Zip Code Newark, NJ 07108								
		Name of Contact Jose Argueta	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Pavilion Apartments - Building 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 108-136 Martin Luther King Jr. Boulevard		Square Feet 200,000 +	# of Floors 20 +							
City (5) Newark		Bldg. Age 50+								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.							
Street Address		Street Address 163 Sargeant Avenue								
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013								
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099							
Start Date (10) 04/02/12	Scheduled Completion Date (11) 04/08/12	Name of OSHA Monitor J&S Environmental Laboratories LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 2333 Route 22 West								
		City, State, Zip Code Union, NJ 07081								
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement - Laundry Room,	x			Pipe Insulation	500 LF	x				
Hallway and Boiler Room										
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.						
City, State Clifton, New Jersey		Disposal Date 04/09/12		City, State Morrisville, Pennsylvania						
Completed by Dimo Golcev		Title General Manger		Signature 			Date 03/21/12			

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

Date of Notification (1) 4/2/2012		Name of Building Owner/Operator (2) Tumble Partnership	
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 11 Taylor Road	
		City, State, Zip Code Edison, NJ 08817	
		Name of Contact Armando Amorim	Telephone Number [REDACTED]



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 82 Jackson Street			Square feet 3000 sf		
City Newark		County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 70
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 4/13/12		Scheduled Completion Date (11) 4/16/12		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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"/> Renovation <input checked="" type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior		X		Asbestos siding	1500 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 4/17/12		City, State Tullytown, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 4/2/2012		

\*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)

ck  
6755

Date of Notification (1) 04/03/12		Name of Building Owner/Operator (2) MARKET HALSEY URBAN RENEWAL LLC.										
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 W.34TH STREET, STE.2106 City, State, Zip Code NEW YORK, NY 10120 Name of Contact BOB KLUG Telephone Number _____								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) MARKET HALSEY URBAN RENEWAL LLC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 165 HALSEY STREET			Square Feet 30000		# of Floors 16							
City (5) NEWARK, NJ			Bldg. Age 80									
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) OFFICE BUILDING								
Name of Monitoring Firm Hired by Building Owner (8) RKO ENVIRONMENTAL, INC		ASCM No. 0090	Name of Abatement Contractor (9) BAKO CONSTR. & REST. INC.									
Street Address 401 ST.JAMES AVENUE			Street Address 265A ROUTE 46 SUITE 3D									
City, State, Zip Code PHILLIPSBURG, NJ 08865			City, State, Zip Code TOTOWA, NJ 07512									
Project Manager for Monitoring Firm JON GILBERT		Telephone No. 908-454-6316	Telephone No. 973 256-7010	License No. 0666								
Start Date (10) 04/13/2012	Scheduled Completion Date (11) 04/15/2012		Name of OSHA Monitor BAKO CONSTR. & REST. INC.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Fri:8am-4:30pm; Sat: 8am-6:00pm; Sun: 8am-12pm;			Street Address 265A 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) 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 4B Future fuel oil room			x		Thermal system insulation		80LF		x			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S INC.						
City, State Totowa, NJ				Disposal Date 04/16/2012		City, State Morrisville, PA						
Completed by Damir Valjevac		Title Project Manager		Signature <i>Damir Valjevac</i>				Date 04/03/2012				

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

Job #: 1204-1635  
Check #: 2629

Date of Notification (1) <b>4/3/12</b>		Name of Building Owner / Operator (2) <b>Mr. Jacob Yoel</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>9 North Vendome Avenue</b>		City, State & Zip Code <b>Margate, NJ 08402</b>	
Name of Contact <b>Mr. Stan Heier, ACS, Inc.</b>		Telephone Number	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 <b>9 North Vendome Avenue</b>			Square Feet <b>2000</b>	# of Floors <b>2</b>	Bldg. Age <b>50-60</b>
City (5) <b>Margate</b>	County (6) <b>Atlantic</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Property</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>			ASCM No.		
Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>			Street Address <b>3859 Sylon Blvd.</b>		
Street Address			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
City, State & Zip Code			Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Project Manager for Monitoring Firm		Telephone Number		Name of OSHA Monitor <b>EMSL Analytical</b>	
Scheduled Start Date (10) <b>4/16/12</b>		Scheduled Completion Date (11) <b>4/16/12</b>		Street Address <b>107 Haddon Ave.</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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area				City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

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

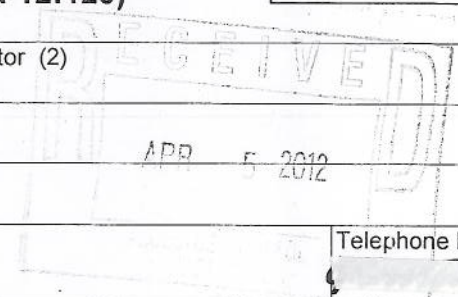
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Siding</b>	<b>2000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>4/16/12</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>4/3/12</b>

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

Job #: 1203-1633  
Check #: 2628

Date of Notification (1) <b>04/03/12</b>		Name of Building Owner / Operator (2) <b>Graham Foods Packaging</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2401 Pleasant Valley Road</b> City, State & Zip Code <b>York, PA 17402</b>	
		Name of Contact <b>Kevin Morrison</b>	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Graham Foods Packaging</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 <b>600 5<sup>th</sup> Street</b>		Square Feet <b>90k production 60k warehouse</b>	# of Floors <b>1</b>
City (5) <b>Belvidere</b>	County (6) <b>Warren</b>	Bldg. Age <b>70 years</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Manufacturing Plant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>16 West Elizabeth Avenue</b>		Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Linden, NJ 07036</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone Number <b>908-862-4301</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>

Scheduled Start Date (10) <b>4/12/12</b>	Scheduled Completion Date (11) <b>5/12/12</b>	Name of OSHA Monitor <b>EMSL 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 Hours <input type="checkbox"/> Describe: <input type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>		
		City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Negative Pressure Enclosure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

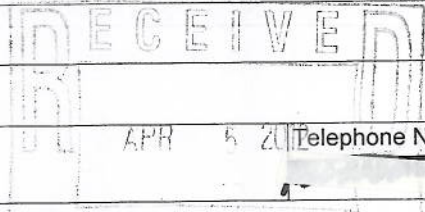
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	7,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduit	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/12/12</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>4/3/12</b>

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

Job #:1108-1585  
Check #: NA

Date of Notification (1) <b>10/17/11</b>		Name of Building Owner / Operator (2) <b>Mountainside Hospital</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"/> Initial <input checked="" type="checkbox"/> Amended #5 <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Cancellation	Street Address <b>1 Bay Avenue</b>	
		City, State & Zip Code <b>Montclair, NJ 07042</b>	
		Name of Contact <b>Mr. Barry Mousa</b>	
Telephone Number <b>APR 5 2012</b>			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Mountainside Hospital</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address <b>1 Bay Avenue</b>		Bldg. Age <b>1914</b>	
City (5) <b>Montclair</b>		Bldg. Age <b>2000 (last addition)</b>	

**PROJECT CANCELLED. OWNER DECIDED TO  
USE A UNION CONTRACTOR FOR THE  
REMAINDER OF THE PROJECT.**

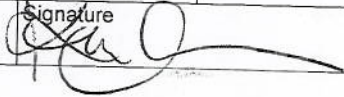
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Environmental Group, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>1600 Route 22 East</b>		Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Kristen Sleys</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>

Scheduled Start Date (10) <b>10/28/11</b>	Scheduled Completion Date (11) <b>7/29/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
<b>11/28/11</b>			
<b>2/23/12 (Phase #3-2<sup>nd</sup> Shift)</b>			

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Describe: <b>PHASE WORK-Will put on hold between Phases. Weekend work will be performed &amp; some 2<sup>nd</sup> shift work will be performed. The first day will start @ 6:00 pm (10/28/11)</b> <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf (Per Phase)	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition				

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ph#1-Ground Floor Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Blood Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor S. Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#3-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#4-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#5-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#6-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#6-Ground Floor Histology Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#7-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#7-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fl#8-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#8-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	13 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.			Cubic Yards of Waste	Name of Registered Landfill				
Horizon Disposal	22612			80	GROWS				
City, State	Trenton, NJ			Disposal Date	City, State				
				TBD	Morrisville, PA				
Completed By (Print or Type)	Title	Signature			Date				
Kim Trumbetti	Admin.				3/29/12				



Date of Notification (1)  
**04/03/12**

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Emergency  
 Cancellation

Name of Building Owner / Operator (2)  
**Middletown V.F., LLC-Vornado Realty Trust**

Street Address  
**210 Route 4 East**

City, State & Zip Code  
**Paramus, NJ 07652**

Name of Contact  
**Mr. Nicholas Salimbene**

Telephone Number  
[Redacted]

APR 5 2012

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
**Former Colony Dry Cleaners**

Street Address  
**840 Route 35 South**

City (5)  
**Middletown**

County (6)  
**Monmouth**

County Code (7)

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
**1,068**

# of Floors  
**1**

Bldg. Age  
**1975**

Current Use (Prior if being demolished)  
**Former Dry Cleaner**

Name of Abatement Contractor (9)  
**Asbestos and Mold Services, Corp.**

Street Address  
**3859 Sylon Blvd.**

City, State & Zip Code  
**Hainesport, NJ 08036**

Telephone Number  
**609-702-0400**

License Number  
**00862**

Name of Monitoring Firm Hired by Building Owner (8)  
**Absolutely Clean Environmental**

ASCM No.

Street Address  
**53 Orleans Green**

City, State & Zip Code  
**Coram, NY 11727**

Project Manager for Monitoring Firm  
**Jeff Sheridan**

Telephone Number  
**516-644-3253**

Scheduled Start Date (10)  
**4/17/12**

Scheduled Completion Date (11)  
**4/20/12**

Name of OSHA Monitor  
**EMSL Analytical**

Street Address  
**107 Haddon Ave.**

City, State & Zip Code  
**Westmont, NJ 08108**

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Hours  
 Describe:  
 Isolated Area

Scope of Work (Check all that apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf  $\geq 260$  lf

Renovation  
 Demolition

Negative Pressure Enclosure  
 Mini-Enclosure  
 Wrap & Cut Methodology  
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	840 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Flue Pipe	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
**Horizon Disposal**

NJDEP Waste Hauler ID No.  
**22612**

Cubic Yards of Waste  
**4**

Name of Registered Landfill  
**GROWS**

City, State  
**Trenton, NJ**

Disposal Date  
**4/20/12**

City, State  
**Morrisville, PA**

Completed By (Print or Type)  
**Kim Trumbetti**

Title  
**Admin.**

Signature  


Date  
**4/3/12**