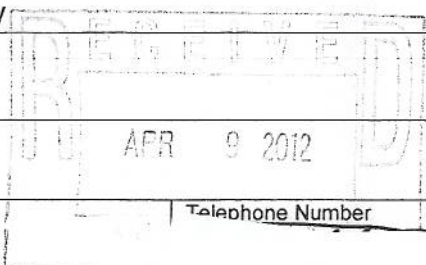


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6704

Date of Notification (1) 4/6/12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
Agencies Notified	Type of Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	PO Box 5042	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Gregory Soska	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJT Central Maint. District #4, Telegraph Hill			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 GS Parkway Interchange 116			Square Feet 3000	# of Floors 2	Bldg. Age ~50
City (5) Holmdel Township	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1			Street Address 3 Lynn Court		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 4/16/12	Sched. Completion Date (11) 5/30/12	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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>		Street Address 2333 Route 22W			
		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	N
First floor		x		VAT and mastic	4000 SF	x				

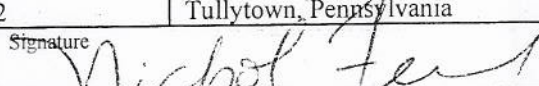
Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 5/22/12	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 4/6/12

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

Date of Notification (1) <div style="text-align: center;">4/5/2012</div>		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc. AL 20166	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	940 Park Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Lakewood, New Jersey 08701 APR 9 2012	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Irving Perlstein	_____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <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 67 12 th Street					
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 900 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 4/18/12	Scheduled Completion Date (11) 4/19/12		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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	1200 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 4/20/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 4/5/2012		

*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)

APR 9 2012

Date of Notification (1) 04-03-12		Name of Building Owner/Operator (2) KEVIN GALGANO.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 222 GRAND AVE.							
		City, State, Zip Code ENGLEWOOD N.J. 07631							
		Name of Contact Kevin Galgano.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 2151 - 2171 CENTER AVE.		Square Feet 26,000	# of Floors 1						
City (5) FORT LEE N.J.		Bldg. Age 76							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CO. LLC.							
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 04-12-2012	Scheduled Completion Date (11) 04-13-2012	Name of OSHA Monitor JPS Environmental SERV.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2222 RT. 22 WEST.							
		City, State, Zip Code UNION N.J.							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	160 L.F.	X			
Storage - room									
Name of Registered Waste Hauler Sharon Quality Co.		NIDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 1	Name of Registered Landfill TRI-STATE Transfer Services					
City, State HACKENSACK N.J. 07601		Disposal Date 04-16-2012	City, State Bronx, N.Y. 10474						
Completed By Carlos Esquivel		Title Manager	Signature [Signature]	Date 04-03-2012					

ASB-41

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

Date of Notification (1)

04 / 05 / 12

Name of Building Owner/Operator (2)

Passaic County Community College

Agencies Notified

[X] EPA

Type of Notification

[] Initial Notification

[X] DOL

[X] Amended Notification
Amendment # 2

[X] DOH

[] Cancellation

[] DCA

[X] 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

225 Market Street

City (5)

Paterson

County (6)

Passaic

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

[] School (K-12)

[] Subchapter 8 (Other than K-12)

[X] 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)

GZA

Street Address

55 Lane Road

Fairfield NJ 07004

Project Manager for Monitoring Firm

Benjamin Sallemi

Telephone Number

973-774-3311

Scheduled State Date (10)

04 / 04 / 12
Month / Day / Year

Scheduled Completion Date (11)

05 / 09 / 12
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

973 628-9500

License Number

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)

[X] Facility Closed/Vacated During Entire Period
of Abatement

[] Abatement Performed Outside of Normal Facility

[X] Hours - Describe: 7:00a.m. - 3:30p.m.

[] Other - Describe:

Scope of Work (Check all that apply)

[] Demolition
[X] Renovation

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

[] ≥ 3 sf or ≥ 3 lf

[X] ≥ 160 sf or ≥ 260 lf

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	E N C L O S U R E
First Floor	X	Linoleum	500 SF	X				
Mezzanine	X	Linoleum	64 SF	X				
Basement	X	VAT	10150 SF	X				
First Floor	X	VAT	8900 SF	X				
Mezzanine	X	VAT	2140 SF	X				
Second Floor	X	VAT	8750 SF	X				

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Completed by (Print or Type)

Jerry Bijelonic

NJDEP Waste
Hauler ID No.
17819

Cubic Yards of Waste

Disposal Date

Signature

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Date

4/5/2012

G4667

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 <input checked="" type="checkbox"/> EPA		Street Address One College Blvd	
Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # 1 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency		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			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 225 Market Street			Square Feet		
City (5) Paterson	County (6) Passaic	County Code (7) (STATE USE ONLY)	# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) GZA		ASCM		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.	
Street Address 55 Lane Road				Street Address 1141 Route 23	
Fairfield NJ 07004				City, State, Zip Wayne NJ 07470	
Project Manager for Monitoring Firm Benjamin Sallemi		Telephone Number 973-774-3311		Telephone Number 973 628-9500	
Scheduled State Date (10) 04 / 04 / 12		Scheduled Completion Date (11) 05 / 09 / 12		License Number 00408	
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 <input checked="" type="checkbox"/> Hours - Describe: 7:00a.m. - 3:30p.m. <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor Enviro Vision Consultants, Inc.	
				Street Address 20-21 Wagaraw Road, Bldg. #34A	
				City, State, Zip Code Fairlawn NJ 07410	

Scope of Work (Check all that apply)

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

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	E
First Floor			X	Linoleum	500 SF	X				
Mezzanine			X	Linoleum	64 SF	X				

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

#023098

Date of Notification (1)
04 / 03 / 12

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

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

Agencies Notified
☒ EPA
☒ DOL
☒ DOH
☐ DCA

Type of Notification
☐ Initial Notification
☐ Amended Notification
Amendment #
☐ Cancellation
☒ Emergency

Street Address
One College Blvd
City, State, Zip Code
Paterson, NJ 07650
Name of Contact
B. Eagan

REMEMBER - MAIL IN HARD COPY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Passaic County Community College

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address
300 Pompton Road

City (5)
Paterson

County (6)
Passaic

County Code (7)
(STATE USE ONLY)

Square Foot # of Floors Bldg. Age

Current Use (Prior if being demolished)

Paterson

Passaic

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

ASCM

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
55 Lane Road

Street Address
1141 Route 23

City, State, Zip
Wayne NJ 07470

Fairfield NJ 07004

Project Manager for Monitoring Firm
Danyutin Salom

Telephone Number
973-774-3311

Telephone Number
973-625-9500

DOL 00445

Scheduled Start Date (10)
04 / 03 / 12

Scheduled Completion Date (11)
05 / 09 / 12

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

APR 13 2012

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacant During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☒ Hours - Describe: 7:00 a.m. - 3:30 p.m.
☐ Other - Describe:

Street Address
20-21 Wagoner Road, Bldg. #34A

City, State, Zip Code
Fairfield NJ 07410

WAIVER APPROVED

Scope of Work (Check all that apply)

☐ ≥ 5 sf or ≥ 1 lf
☒ ≥ 160 sf or ≥ 250 lf

☐ Demolition
☒ Renovation

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	N C L O S U R E	S U R F A C E
First Floor			X	Linoleum	500 SF	X				
Mezzanine			X	Linoleum	64 SF	X				

Name of Registered Waste Handler

NJDEP Waste
Handler ID No.
17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Disposal Date

G.R.O.W.S

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Hjeltnes

Project Manager

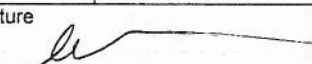
4/2/2012

ASU (1)
Rev 01

0447

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

CHECK 11180

Date of Notification (1) 4/5/12		Name of Building Owner/Operator (2) DJD29, LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	270 Marin Boulevard, Apt. 181							
		City, State, Zip Code Jersey City NJ 07302							
		Name of Contact Dolores Capetola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 27-29 Clifton Place		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 2000	# of Floors 2						
County (6) Hudson		Bldg. Age 50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 East Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/21/12	Scheduled Completion Date (11) 4/28/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	70 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 Newburg PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 3/30/12			

Date of Notification (1) 04/05/12		Name of Building Owner/Operator (2) BOE of the Vocational School in the County of Sussex	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 105 North Church Road		City, State, Zip Code Sparta, NJ 07871	
Name of Contact Russ Masker		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sussex County Technical 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 122 North Church Road		Square Feet 40,000	
City (5) Sparta, NJ 07871		County (6) Sussex	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		ASCM No. 00023	
Street Address 1600 Route 22 East		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
City, State, Zip Code Union, NJ 07083		Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Thomas Rubino		City, State, Zip Code Clifton, NJ 07013-1935	
Telephone Number 908.688.7800		Telephone Number 973-614-0377	
Scheduled Start Date (10) 04/05/12		License Number 00807	
Sched. Completion Date (11) 04/15/12		Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code Clifton, NJ 07013	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No/N/A			R	E	N	C	E
Second Floor Room 207 & Adjacent Storage Room		<input checked="" type="checkbox"/>	VAT and mastic	1,350 SF	<input checked="" type="checkbox"/>				
Second Floor Room 207		<input checked="" type="checkbox"/>	Table Tops	269 SF	<input checked="" type="checkbox"/>				
Second Floor Room 207		<input checked="" type="checkbox"/>	Door	1 each	<input checked="" type="checkbox"/>				
1st & 2nd Floor Landings & Custodial Room		<input checked="" type="checkbox"/>	VAT and mastic	584 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA		Date 4/5/12			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 					

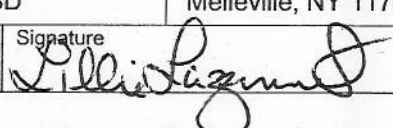
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Ch# 1078

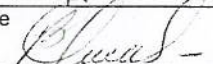
Date of Notification (1) 4-6-2012		Name of Building Owner/Operator (2) Castle Developers LLC							
Agencies Notified	Type Notification	Street Address 60 Whitney Str.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah NJ							
		Name of Contact Michael DeCarlo	Telephone Number 2012						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demolition		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 205 Addison Place		Square Feet 2000	# of Floors 1						
City (5) Paramus, NJ		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCN No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 4-16-2012	Scheduled Completion Date (11) 4-18-2012	Name of OSHA Monitor Jadar Contracting, 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: 9am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 checked="" 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	100 SF	X			
Exterior			X	Asbestos Shingles	1200 SF	X			
Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 4-6-2012			

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

CK# 1036

Date of Notification (1) 4-6-2012		Name of Building Owner/Operator (2) Med Lab Diagnostics							
Agencies Notified	Type Notification	Street Address 85 Horsehill Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Knolls, NJ 07927							
		Name of Contact Joe Giannetti							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Med Lab Diagnostics		Type of Facility (4)							
Street Address 85 Horsehill Road		<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) Cedar Knolls, NJ 07927		Square Feet 34,000 SF	# of Floors 1						
County (6) Morris		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Laboratory under Renovation / Partial Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 4-16-2012	Scheduled Completion Date (11) 5-31-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 9am - 5pm		City, State, Zip Code Lincoln Park, NJ 07035							
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 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
Various Rooms Throughout Bldg.			X	VAT & Mastic	34,000 SF	X			
Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.					
City, State Hackettstown, NJ 07840			Disposal Date TBD	City, State Melleville, NY 11701					
Completed by Lillie Lazarevich		Title Secretary	Signature 			Date 4-6-2012			

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

Date of Notification (1) 4/5/2012		CHECK#2200		Name of Building Owner/Operator (2) Kennedy University Hospital					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2201 Chapel Hill Campus					
				City, State, Zip Code Cherry Hill, NJ 08002					
				Name of Contact Matt Underwood					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy Hospital				Type of Facility (4)					
Street Address 2201 Chapel Hill Campus				<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) Cherry Hill, NJ 08002				Square Feet 250,000	# of Floors 5				
				Bldg. Age 52					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services LLC		ASCM No. 117		Name of Abatement Contractor (9) EA Services Corporation					
Street Address 318 12th Street				Street Address 426 69th Street					
City, State, Zip Code Hammonton, NJ 08037				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 04/16/2012		Scheduled Completion Date (11) 04/21/2012		Name of OSHA Monitor EA Services Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address 426 69th Street					
<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: Shift night-4 PM-12 PM				City, State, Zip Code Guttenberg, NJ 07093					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Rm:Operational Chiller Pump	x			Valves and Fittings	5 LF & 2 LF	x			
Boiler Rm:Operational Chiller Pump	x			Pipe Insulation	10 LF	x			
Boiler Rm:Old Chiller Pump	x			Valves	3 LF	x			
Boiler Rm:Old Chiller Pump	x			Pipe Insulation	10 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 		Date 4/5/2012			

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

Date of Notification (1) 4/5/12		Name of Building Owner/Operator (2) Port Authority Transit Corporation							
Agencies Notified	Type Notification	Street Address Carlton Street; P.O. Box 4262							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lindenwold, NJ 08084							
		Name of Contact Ron Binder	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PATCO Contract 10-G, Lindenwold Station (Start Point)		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 Whitehorse Road & Berlin Road		Square Feet N/A	# of Floors N/A						
City (5) Lindenwold		Bldg. Age N/A							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Transit Authority							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Mattiola Services, LLC						
Street Address		Street Address 2082 B Lucon Road							
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm		Telephone No. 610.539.5634	License No. 01077						
Start Date (10) 4/16/12	Scheduled Completion Date (11) 9/30/12	Name of OSHA Monitor Mattiola Services, 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>Not Occupied</u>		Street Address 2082 B Lucon Road							
		City, State, Zip Code Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Voorhees, Cherry Hill, Haddonfield			X	Removal of overhead ACM	5 MILES	X			
				material jacket from utility cable					
(Project will commence in Voorhees and proceed to Haddonfield)				(Project starts at Lindenwold Sta and ends at Ferry Avenue Sta)					
Name of Registered Waste Hauler American Disposal Systems, Inc.		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste	Name of Registered Landfill JP Mascaro - Pioneer Crossing					
City, State Lumberton, NJ		Disposal Date		City, State Birdsboro, PA					
Completed by Caroline M. Harper		Title Project Manager		Signature <i>Caroline M. Harper</i>		Date 4/5/12			

CHECK #
2271

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

Date of Notification (1) <u>4/4/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> Name of Contact <u>FRANK EDUARDI</u> Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>2858 OCEAN DRIVE.</u>		Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) <u>ACALON</u>		County Code (7) (STATE USE ONLY) <u>CAPE MAY</u>					
County (6) <u>CAPE MAY</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>					
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Telephone No. _____		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>4/16/12</u>		License No. <u>00444</u>					
Scheduled Completion Date (11) <u>4/23/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>6004</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>		<u>TRANSITE</u>	<u>6004</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>		Date <u>4/4/12</u>		

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

Date of Notification (1) 4/5/12		Name of Building Owner/Operator (2) Earth Tech Contracting				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 Rt. 50 City, State, Zip Code Orangefield, N.J. 08230 Name of Contact BRUCE BREUNIG				
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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address 720 MOORE ST.		Square Feet 1000	# of Floors 2			
City (5) OCEAN CITY		Bldg. Age 40+				
County (6) CAMDEN	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.				
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.				
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.				
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Telephone No.		Telephone No. 856-779-0422	License No. 00444			
Start Date (10) 4/18/12	Scheduled Completion Date (11) 4/25/12	Name of OSHA Monitor JOSEPH KLEMM				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.				
		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll		<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 type="checkbox"/> Non-Exempted ("I") and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulation
SIDING		TRANSITE		X		
Name of Registered Waste Hauler KLEMMCO INC.		NJOEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A.		
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.			
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 4/5/12			

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

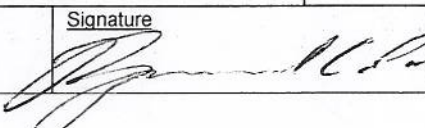
Date of Notification (1) 4/5/12		Name of Building Owner/Operator (2) FAHMY TECH CONTRACTING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50					
		City, State, Zip Code ORCHFIELD, N.J. 08230					
		Name of Contact BRUCE BREUNIC	Telephone Number				
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 722 MOORE ST.		Square Feet 1000					
City (5) OCEAN CITY		# of Floors 2					
County (6) CAMDEN		Block, Apt 401					
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.					
Street Address		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444				
Start Date (10) 4/18/12	Scheduled Completion Date (11) 4/25/12	Name of OSHA Monitor JOSEPH KLEMM					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.					
		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> 23 sq ft or 23 in <input type="checkbox"/> 2160 sq ft or 260 in		<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 type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Other
SIDING		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEMMCO INC.		RIDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.			
City, State MAPLE SHADE, N.J. 08052		Disposal Date		City, State WOODBINE, N.J.			
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>		Date 4/5/12			

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

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

GAC Project # 060-11

Client Project #

Date of Notification (1) April 5, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NELSON BIOLOGY, BLDG# 3559		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 04/14/12	Scheduled Completion Date (11) 04/15/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5PM - 5AM (DAILY)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 30 SF
Room C125	<input checked="" type="checkbox"/>	Transite Panels	<input checked="" type="checkbox"/>
Room C125	<input checked="" type="checkbox"/>	TSI	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 04/15/2012	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature  Date April 4, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

* Amend quantities * 4/3/12

OK 10943

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

Date of Notification (1) 3/22/12		Name of Building Owner/Operator (2) Academy of Holy Angels	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Hillside Ave City, State, Zip Code Demarest, NJ APR 9 2012 Name of Contact Bob Shannex	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Academy of Holy Angels		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 315 Hillside Ave		Square Feet	
City (5) Demarest, NJ 07410		# of Floors 1950's	
County (6) Bergen		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision		ASCM No. 00079	
Street Address 20-21 Wargrav Rd		Name of Abatement Contractor (9) F. GRISEZ & Son Inc	
City, State, Zip Code Fair Lawn, NJ 07401		Street Address 513 E 32nd St	
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Paterson, NJ	
Telephone No. 973-345-2222		License No. #00021	
Start Date (10) 4/5/12		Scheduled Completion Date (11) 4/15/12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Name of OSHA Monitor EMSL Sam	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 307 W 38th St City, State, Zip Code NY, NY	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A			
Library - Lower		VAT 5050 SF X	
Library - Lower Level		Pipe insul. 2 LF X	
Library		Wall tile mastic 1312 SF X	
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No.	
City, State Freehold, NJ		Cubic Yards of Waste	
Disposal Date		Name of Registered Landfill TRRF Landfill	
City, State Tullytown PA		Signature [Signature]	
Completed by Frank Grisez		Title Res.	
Date		Date	

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

Date of Notification (1) 4/5/12		Name of Building Owner/Operator (2) MEN + MACHINES						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 FREEMONT AVE.						
		City, State, Zip Code WOODBINE, N.J. 08270						
		Name of Contact LISA FISHER						
		Telephone Number _____						
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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 131 9TH ST.		Square Feet 1000	# of Floors 2					
City (5) AVALON		Bldg Age 40+						
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC.						
Street Address		Street Address 369 S. SPRUCE AVE.						
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052						
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444					
Start Date (10) 4/16/12	Scheduled Completion Date (11) 4/23/12	Name of OSHA Monitor JOSEPH KLEMM						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.						
		City, State, Zip Code MAPLE SHADE, N.J. 08052						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> ≥ 160 sf or ≥ 260 ll		<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 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			
	Yes	No			N/A	Removal	Enclosure	Encapsulation
SIDING			TRANSITE	1800 LF	X			
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C. M.U.A.				
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.					
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>			Date 4/5/12			

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

Date of Notification (1) <div style="text-align: center;">April 4, 2012</div>		Name of Building Owner/Operator (2) T C B Associates Ch 20158	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	P O Box 3204	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Point Pleasant, New Jersey 08742 9 2012	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Kathy	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 122 Meadow Point Road			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Point Pleasant			County (6) Ocean		
			County Code (7) (STATE USE ONLY)		
Square feet 1000 sf			# of Floors 1		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Scheduled Start Date (10) 5/1/12			Scheduled Completion Date (11) 5/2/12		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
			Piscataway, New Jersey 08854		
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Renovation		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure		
			<input type="checkbox"/> Mini-Enclosure		
			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	850 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 5/3/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/4/12

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

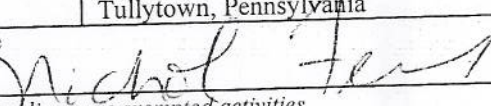
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/4/2012		Name of Building Owner/Operator (2) Grady Toughill	
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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1002 Riverside Drive	
		City, State, Zip Code Pine Beach, NJ 08741	
		Name of Contact Grady Toughill	Telephone Number —

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 1002 Riverside Drive					
City Pine Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2500 sf	# of Floors 2	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 4/5/12		Scheduled Completion Date (11) 4/6/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other — Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input 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"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	R	E	E			N	C	E	N	C		
Exterior		X		Asbestos siding	2000 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 4/9/12/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	4/4/12

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

C124
1432

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

APR 9 2012

Date of Notification (1) 4-5-12		Name of Building Owner/Operator (2) KINGSTON FIRE DEPARTMENT	
Agencies Notified <input checked="" type="checkbox"/> NJA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 6 Heathcote Rd	
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		City, State, Zip Code KINGSTON NJ 08528	
		Name of Contact GEDRKE	
		Telephone Number [REDACTED]	

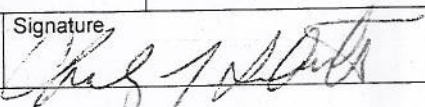
Name of Facility Where Abatement is Taking Place (3) KINGSTON FIRE DEPARTMENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 6 Heathcote Rd		Square Feet 8000	
City (5) KINGSTON		# of Floors 2	
County (6) MERCER		Bldg. Age 90	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) FIRE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address 95 MANITOWAS RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	
Telephone No.		License No. 000291	
Start Date (10) 4-18-12		Scheduled Completion Date (11) 4-24-12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor ACE INSULATION CO INC	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 15 sf or < 3 ft <input checked="" type="checkbox"/> > 150 sf or > 250 ft		Street Address 95 MANITOWAS RD	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code COLTS NECK NJ 07722	
		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			20	20	10	10
Basement Crawl				Floor Tile P.I.C	900 SF 150 LF				

Name of Registered Waste Hauler ACE INSULATION CO INC		NJDEP Waste Hauler ID No. 12-086		Cubic Yards of Waste 4		Name of Registered Landfill EESE	
City, State COLTS NECK NJ 07722		Disposal Date 4-24-12		City, State BETHELHAM PA		Date 4-5-12	
Completed By Jack GALE		Title OPS mgr		Signature Jack GALE			

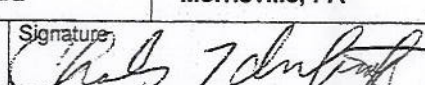
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK # 20882

Date of Notification (1) 04 / 03 / 12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Roger Payne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridge Structure 61.87R		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 West Manor Bridge		Square Feet 5,000	# of Floors 1						
City (5) Robbinsville Township		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Road							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Stone & Webster		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 200 Horizon Center Boulevard		Street Address 500 East Luzerne Street							
City, State, Zip Code Trenton, NJ 08691-1904		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Adel Elsekhlly	Telephone No. 609-584-8900	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 04 / 16 / 12	Scheduled Completion Date (11) 05 / 31 / 12	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / ____ PM - ____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) 500 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Under Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Duct Pipe		<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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40 cy	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728		Disposal Date n/a		City, State Morrisville, PA					
Completed By (Print or Type) Charles F. Imbimbo	Title Project Manager		Signature 			Date 04/03/12			

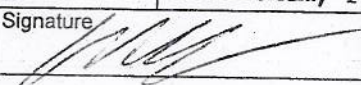
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

20881

Date of Notification (1) 03 / 30 / 12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Paul Pittari	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridge Structure 61.87R		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 West Manor Bridge									
City (5) Robbinsville Township		Square Feet 5,000	# of Floors 1						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Shaw Stone & Webster		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 200 Horizon Center Boulevard		Street Address 500 East Luzerne Street							
City, State, Zip Code Trenton, NJ 08691-1904		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Adel Elsekhily		Telephone No. 609-584-8900	License No. 00646						
Start Date (10) 04 / 13 / 12	Scheduled Completion Date (11) 05 / 31 / 12	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/7:00PM-7:00AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) 500 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Under Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Duct Pipe		<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 Freehold Cartage		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40 cy	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728		Disposal Date n/a		City, State Morrisville, PA					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 03/30/12			

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

Check # 8205

Date of Notification (1) 4-4-12		Name of Building Owner/Operator (2) Gerdau Ameristeel							
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 1 North Crossmans Road City, State, Zip Code Sayersville, NJ 08872					
		Name of Contact Mark Blaire		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gerdau Ameristeel				Type of Facility (4)					
Street Address 1 North Crossmans Road				<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) Sayersville				Square Feet 100,000	# of Floors 2				
County (6) Middlesex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50				
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.				
Street Address				Street Address 923 Haws Avenue					
City, State, Zip Code				City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm				Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 4-19-12		Scheduled Completion Date (11) 4-27-12		Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 923 Haws Avenue					
<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>				City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
electrical building	X			roofing flashing debris	100 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 30	Name of Registered Landfill IESI				
City, State Newark, NJ				Disposal Date 4-27-12	City, State Bethlehem, PA				
Completed by James M. Kelly		Title Project Manager		Signature 		Date 4-4-12			

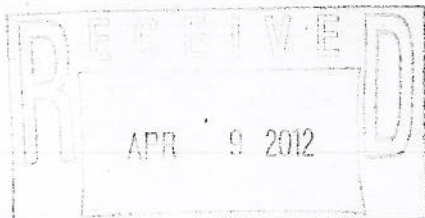
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) April 3rd, 2012		Name of Building Owner/Operator (2) JLS REALTY INC.							
Agencies Notified	Type Notification	Street Address 576 66th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, New Jersey							
		Name of Contact Mr. Moshe Klein	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4)							
Street Address 576 66th Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West New York		Square Feet 1500	# of Floors 1						
		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8) CSA CONSULTING SERVICE AMERICA		ASCM No. _____	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 26 LORENZO COURT		Street Address 164 GETTY AVE.							
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Mr. Michael G. Chain		Telephone No. 732-921-9223	Telephone No. 973-478-4848						
		License No. 00724							
Start Date (10) April 11, 2012	Scheduled Completion Date (11) April 30th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 164 GETTY AVE.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am-4:30pm Monday-Friday		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside		x		Transite Siding	1800SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by VIVIAN D. JURCEVIC		Title OFFICE MGR.	Signature <i>Vivian D. Jurcevic</i>	Date April 3rd, 2012					

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

Check # 18281

Date of Notification (1) (3)02-10-12(4)02-21-12(5)04-05-12		Name of Building Owner/Operator (2) University Medical Center at Princeton							
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 #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 Witherspoon Street							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Michael Antoniadis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) University Medical Center at Princeton: Building # 7		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 3850 U.S. RT. 1		Square Feet 178,000	# of Floors 1						
City (5) Plainsboro, NJ 08536		Bldg. Age 29 yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 464 Valley Brook Avenue		Street Address 200 Broad Street							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	Telephone No. 201-939-6565						
		License No. 00756							
Start Date (10) (2) 02-07-12	Scheduled Completion Date (11) 04-31-12	Name of OSHA Monitor Athenica Environmental							
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 45-09 Greenpoint Avenue							
		City, State, Zip Code Long Island City, NY 11104							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Throughout Building Walls			x	Drywall Joint Compound	16,000SF	x			
Room 7-23 (B-Bay)			x	Transite Hood Lining	75SF	x			
Throughout Building			x	Mastic	3,200SF	x			
Room 7-33; Kitchen			x	Mastic	200SF	x			
Name of Registered Waste Hauler ATC/Env. Transport Group(15532/07107)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature <i>Richard Doran</i>	Date (5)4-05-12				

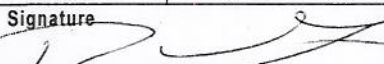


University Medical Center at Princeton (Bldg. 7)
Additional Materials / Floors
Pg. 2

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Rooms 7-10; 7-12 & 7-31B	N/A	Mastic	380SF	Removal
Hallway 7A, East Wing	N/A	VAT	350SF	Removal
Hallway 7A, East	N/A	Mastic	350SF	Removal
Hallway 7A	N/A	Mastic	20SF	Removal
Hallway 7A	N/A	Hood Lining	80SF	Removal
Mechanical Room 7-1	N/A	Block Pipe Insulation	100LF	Removal
Mechanical Room 7-1	N/A	Pipe Fitting Insulation	50LF	Removal
Lower Roof 7A	N/A	Roofing Tar	9,000SF	Removal
Lower Roof 7A	N/A	Transite Roof Panel	280SF	Removal
West Side Building Exterior	N/A	Caulk	1,200SF	Removal
Main Roof	N/A	HVAC Pitch Pocket Tar	160SF	Removal
Building Exterior: Windows	N/A	Window Caulk	430LF	Removal
Front Entrance Overhang	N/A	Transite Panel	14SF	Removal
FMC Storage	N/A	Caulk	24LF	Removal
Room 7-16	N/A	Bench Top	20SF	Removal
Building Exterior	N/A	Underground Transite Pipe	1,400LF	Removal

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

Check No. N/A

Date of Notification (1) April 05, 2012		Name of Building Owner/Operator (2) PA of NY & NJ, Port Newark Marine terminal					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP New Jersey 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 274 Kellogg Street City, State, Zip Code Port Newark, NJ 07114 Name of Contact Uday Mehta Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Port Elizabeth		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 Abandoned meter Pit #3 at Mc Lester and Polaris Street							
City (5) Newark	Square Feet 200	# of Floors 1	Bldg. Age n/a				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandon meter pit					
Name of Monitoring Firm Hired by Building Owner PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.				
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue					
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120				
Start Date (10) April 16, 2012	Scheduled Completion Date (11) April 30, 2012	Name of OSHA Monitor McCabe Environmental Services, L.L.C.					
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 30 In fl	Abatement Type		
	Yes	No			N/A	Removal	Repair
Abandon meter pit			pipe lagging		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises, Inc.			
City, State Bronx, NY		Disposal Date 4/30/12		City, State Waynesburg, OH			
Completed by Renea Georgiou	Title Office Manager		Signature 		Date 4/5/2012		

State of New Jersey
Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) April 4, 2012		Name of Building Owner/Operator (2) The Newark Museum/John O'Hara Company	
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 Notification <input type="checkbox"/> Emergency Notification w/Justification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 25 Kearney Street City, State, Zip Code East Orange NJ 07017	
		Name of Contact Frank LeMire	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pohlemus 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 71 Washington Street		Square Feet 3000	# of Floors 2
		Bldg. Age 75+	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	Current Use (Prior if being demolished) Vacant Commerical Property
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Engineering		ASCM No.	Name of Abatement Contractor (9) LVI Demolition Services, Inc.
Street Address 65 Jackson Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Cranford NJ 07106		City, State, Zip Code East Hanover, NJ 07936	
Project Manager for Monitoring Firm Kevin Burns	Telephone Number 908-497-9800	Telephone Number 973-884-8682	License Number 00860
Scheduled Start Date (10) 04/16/12 Month / Day / Year	Sched. Completion Date (11) 5/4/12 Month / Day / Year	Name of OSHA Monitor Zibby Dolanski	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Occupied <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 32 Williams Parkway City, State, Zip Code East Hanover NJ 07936	

Scope of Work (Check all that apply)

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

☐ Renovation

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedure & "Wrap & Cut"
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Throughout Building	X	Pipe & Fitting Insulation	266 LF	X				
Roof	X	Roofing Material	500 SF	X				
Throughout Building	X	Floor Tiling	2650 SF	X				
Throughout Building	X	Duct Insulation & Coupler	15 SF	X				
Throughout Building	X	Window Caulking	40 Ea.	X				
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania				
City, State East Hanover, NJ 07936		Disposal Date 5/11/2012	City, State Morrisville, Pa					
Completed By (Print or Type) Edward King		Title President	Signature <i>Edward King</i>	Date April 4, 2012				

10063

State of New Jersey

Check # 10063

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)

Date of Notification (1) 4/2/12		Name of Building Owner/Operator (2) Ronald Fahey		APPROVED NJ Dept. of Health & Senior Service <i>Karl C. Homer</i> (Signature) Date: 4/2/12 Time: 1:22PM
Agencies Notified	Type Notification	Street Address 10 Wilson Terrace		
<input type="checkbox"/> JEPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052		
		Name of Contact Ronal Fahey	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 10 Wilson Terrace			Square Feet 2100	# of Floors 3	Bldg. Age 75
City (5) West Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A	License Number 00371	
Scheduled Start Date (10) 4/3/12		Sched. Completion Date (11) 4/4/12		Name of OSHA Monitor N/A	
Month Day Year 4/3/12		Month Day Year 4/4/12		Street Address	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement performed Outside of Normal Facility Hours - Describe: <u>Off Hours Descriptive</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descriptive</u>			City, State, Zip Code		

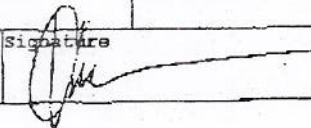
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >150 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) to BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	60 lf	X			
Basement			X	Boiler Insulation	35 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.75	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 4/5/12	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 4/2/12

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

Date of Notification (1) 4/2/12		Name of Building Owner/Operator (2) Tony Giaccio	
Agencies Notified	Type Notification	Street Address 13 Birch Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Ramsey, NJ 07446	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Tony Giaccio	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 13 Birch Street			Square Feet # of Floors Bldg. Age 2500 2 90		
City (5) Ramsey	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 4/16/12	Sched. Completion Date (11) 4/17/12	Name of OSHA Monitor N/A			
Month Day Year		Month Day Year		Street Address	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code			

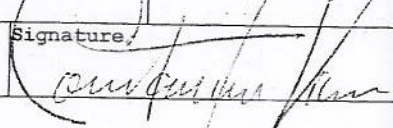
Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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 N C L O S U R E
Basement			X	Boiler Insulation	60 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4/18/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 4/2/12		

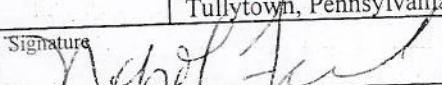
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) April 3, 2012		Name of Building Owner/Operator (2) Sam Krantzow	
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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 272 Terhune Avenue	
	City, State, Zip Code Passaic, NJ 07055		
	Name of Contact Lisa Antelman	Telephone Number 201-571-2015	

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 272 Terhune Avenue					
City Passaic	County (6) Passaic	County Code (7) (STATE USE ONLY)	Square feet 2500 sf	# of Floors 2	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 4/4/12		Scheduled Completion Date (11) 4/5/12		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 checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	50 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 4/6/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 4/3/2012

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

212#
1428

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

Date of Notification (1) **4-3-12**

Name of Building Owner/Operator (2) **Sim DESSEN**

Street Address **609 6TH AVE**

City, State, Zip Code **ASBURY PARK NJ 07712**

Name of Contact **Sim**

Agencies Notified

Type Notification

☒ Initial

☒ Amendment #

☐ Emergency (including justification)

☐ Cancellation

☒ EPA

☒ DOT

☒ DCH

☐ DOH

☐ DECA

Name of Facility Where Abatement is Taking Place (3) **Sim DESSEN**

Street Address **609 6TH AVE**

City (5) **ASBURY PARK**

County (6) **MONMOUTH**

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)

☐ Subchapter B (Other than K-12)

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

Square Feet **1500**

of Floors **2**

Bldg. Age **100**

Current Use (Prior if being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSS RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**

License No. **000291**

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) **4-16-12**

Scheduled Completion Date (11) **4-21-12**

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe: **7am - 7pm**

Name of OSHA Monitor

Street Address **95 MONTROSS RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Scope of Work (Check all that apply)

☒ ≤ 160 sf or ≤ 3 ft

☒ Renovation

☐ ≥ 160 sf or ≥ 260 ft

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Hot 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			20 or less	20 to 99	100 to 999	1000 or more	
CRAWL SPACE				P.I.P. INSULATION 160 LF						

Name of Registered Waste Hauler **ACE INSULATION CO INC**

NUDEP Waste Hauler ID No. **12086**

Cubic Yards of Waste **3**

Name of Registered Landfill **EESE**

City, State **COLTS NECK NJ 07722**

Disposal Date **4-21-12**

City, State **BETHLEHEM PA**

Completed By **Jack GALE**

Title **OPS mgr**

Signature **Jack GALE**

Date **4-3-12**

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

Job E708

CK 3443


Date of Notification (1) 4-3-12		Name of Building Owner/Operator (2) R. DANESE							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	649 OAKDENE AVENUE							
		City, State, Zip Code RIDGEFIELD, NJ 07657							
		Name of Contact R. DANESE	Telephone Number 201-329-7444						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) R. DANESE		Type of Facility (4)							
Street Address 649 OAKDENE AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RIDGEFIELD		Square Feet 2500	# of Floors 2						
County (6) BERGEN		Bldg. Age 70 YRS							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Best Removal Inc						
City, State, Zip Code		Street Address 450 South River St							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, N.J. 07601						
Start Date (10) 4-12-2012		Scheduled Completion Date (11) 4-13-2012	Telephone No. 201-329-7444						
Occupancy Status During Abatement (Check Only One)		License No. 00388							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Name of OSHA Monitor Omega Environmental Services							
Scope of Work (Check All That Apply)		Street Address 280 Huyler St							
<input type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2160 sf or 2280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code South Hackensack, N.J. 07606							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fileable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
BASEMENT GARAGE			X	THERMAL INSULATION	80 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 12 YD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 4-13-2012		City, State Waynesburg, OH					
Completions by R. Veldran		Title Estimator		Signature R. Veldran		Date 4-3-12			

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

CK 3444

Date of Notification (1) 4/4/12		Name of Building Owner/Operator (2) BASF	
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 2655 ROUTE 22 WEST City, State, Zip Code UNION, N.J. 07083 Name of Contact S. SANDERS Telephone Number	
Name of Facility Where Abatement is Taking Place (3) BASF		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2655 ROUTE 22 WEST		Square Feet 20,000	# of Floors 1
City (5) UNION		Bldg. Age 69 yrs	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RFD / STORAGE	
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address 655 WEST SHORE TRAIL		Street Address 450 South River St	
City, State, Zip Code SPARTA, N.J. 07871		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm Bill Kerbol		Telephone No. 973-729-5649	Telephone No. 201-329-7444
Start Date (10) 4/18/12		Scheduled Completion Date (11) 4/19/12	License No. 00388
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: 3 PM - 11 PM		Name of OSHA Monitor Omega Environmental Services	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 ft <input type="checkbox"/> 250 sf or 250 ft <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-Fixable Procedure		Street Address 280 Huyler St. City, State, Zip Code South Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) ID REBATED In Facility (13) OUTSIDE VAULT AREA	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL INSULATION
	Amount (Specify SF or LF) 110 LF		
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Best Removal Inc.		NIEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11/2 yd
City, State Hackensack, NJ		Name of Registered Landfill Minerva Enterprises Inc.	
City, State Waynesburg, OH.		Disposal Date 4/19/12	City, State
Consent of J. Maiorano	Title Estimator	Signature J. Maiorano	Date 4/4/12

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

Date of Notification (1) April 3, 2012		Name of Building Owner/Operator (2) Diocese of Camden Check # 4508							
Agencies Notified	Type Notification	Street Address 631 Market Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08102							
		Name of Contact Tom Bechard							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Edwards Convent		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 400 Erial Road		Square Feet 5,000	# of Floors 2						
City (5) Pine Hill		Bldg. Age 70							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Convent							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1000 Maplewood Drive Suite 207		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	License No. 00842						
Start Date (10) 04-07-2012	Scheduled Completion Date (11) 04-10-2012	Name of OSHA Monitor EMSL							
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 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
First Floor			XXX	Carpet, top of Asbestos Mastic	1000 SF	xxx			
First & Second Floor			XXX	Asbestos Ceiling Plaster	700 SF		xxx		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date	City, State Tullytown, PA.					
Completed by Jim O'Brien		Title Operations Manager	Signature 			Date 04-03-2012			

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

Date of Notification (1) Apr 13, 2012		Name of Building Owner/Operator (2) Diocese of Camden		Check # 4508			
Agencies Notified		Type Notification		Street Address			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		631 Market Street City, State, Zip Code Camden, NJ 08102			
		Name of Contact Tom Bechard		Telephone Number APR 9 2012			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) St. Edwards Convent				Type of Facility (4)			
Street Address 400 Erial Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Pine Hill				Square Feet 5,000	# of Floors 2		
County (6) Camden				Bldg. Age 70			
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Convent					
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address 1000 Maplewood Drive Suite 207		City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-755-0099			
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-0300		License No. 00842			
Start Date (10) 04-07-2012		Scheduled Completion Date (11) 04-10-2012		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe:				City, State, Zip Code Westmont, New Jersey 08108			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (a thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
First Floor			XXX	Carpet, top of Asbestos Mastic	1000 SF	xxx	
First & Second Floor			XXX	Asbestos Ceiling Plaster	700 SF		xxx
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill		
City, State Mount Holly, New Jersey 08060		Disposal Date		City, State Tullytown, PA.		Date 04-03-2012	
Completed by Jim O'Brien		Title DOL Operations Manager		Signature <i>Jim O'Brien</i>		Date 04-03-2012	

ASB 41 (R-05-00)

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

APR 3 2012

WAIVER APPROVED

REMEMBER - MAIL IN HARD COPY

CHECK #
2270

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

Date of Notification (1) 4/4/12		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50					
		City, State, Zip Code GREENFIELD, N.J.					
		Name of Contact BRUCE BREUNIG	Telephone Number _____				
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 521 BANNING AVE.							
City (5) NORTHFIELD		Square Feet	# of Floors Bldg Age				
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____					
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.					
City, State, Zip Code		Street Address 369 S. SPRUCE LUC.					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Telephone No.		Telephone No. 856-779-0472	License No. 00444				
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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE LUC.					
		City, State, Zip Code MAPLE SHADE, N.J. 08052					
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 500 lb	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
SIDING		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill A.C.U.A.			
City, State MAPLE SHADE, N.J.		Disposal Date	City, State PLEASANTVILLE, N.J.				
Completed By JOSEPH KLEMM	Title V/P	Signature Joseph Klemm	Date 4/4/12				

CHECK #
2267

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

Date of Notification (1) 4/4/12		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 155 Rt. 50
			City, State, Zip Code GREENFIELD, N.J. 07030
			Name of Contact BRUCE BREUNIG
Telephone Number 908-271-1111			
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 14 N. MONROE AVE.		Square Feet # of Floors Bldg. Age	
City (5) MARLAGE			
County (6) ATLANTIC		County Code (7) (STATE USE ONLY) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address N/A		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code N/A		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm N/A		Telephone No. 856-779-0472	
Start Date (10) 4/16/12		License No. 00444	
Scheduled Completion Date (11) 4/23/12		Name of OSHA Monitor JOSEPH KLEMM	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ll <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)	Abatement Type		Amount (Specify SF or LF)
	Removal	Repair	
SIDING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1500 #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF REGISTERED WASTE HAULER KLEMMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste A.C.U.A.	NAME OF REGISTERED LANDFILL PLEASANTVILLE, N.J.
CITY, STATE MAPLE SHADE, N.J.	DISPOSAL DATE 4/4/12	CITY, STATE PLEASANTVILLE, N.J.	DATE 4/4/12
COMPLETED BY JOSEPH KLEMM	TITLE V/P	SIGNATURE Joseph Klemm	DATE 4/4/12

ASB 41

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

CHECK #
2266

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

RECEIVED

Date of Notification (1) <u>4/3/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> Name of Contact <u>FRANK EDUARDO</u> Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>17 47TH STREET</u>		Square Feet	# of Floors							
City (5) <u>SEA ISLE CITY</u>		Bldg. Age								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>								
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>								
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>							
Start Date (10) <u>4/16/12</u>	Scheduled Completion Date (11) <u>4/23/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u> City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 #</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>						
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>							
Printed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>4/3/12</u>							

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

Check K # 8162

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

Date of Notification (1) 4-4-12		Name of Building Owner/Operator (2) Dana Schwerzel							
Agency 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 2 Sea Breeze Court							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Dana Schwerzel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Shore Dwelling		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 1068-D Long Beach Blvd.		Square Feet	# of Floors 3						
City (5) North Beach NJ 08008		Bldg. Age 60+							
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shore House						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394						
Start Date (10) 4-17-12	Scheduled Completion Date (11) 4-20-12		Name of OSHA Monitor EPC Technologies, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior Walls			x	Siding Shingles	2400 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date 4-20-12	City, State Monroeville PA						
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 4-4-12						

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

Date of Notification (1) 4/3/12		Name of Building Owner/Operator (2) Joseph Dries	
Agencies Notified	Type Notification	Street Address 13 Sunset Terr	
<input type="checkbox"/>]EPA	<input checked="" type="checkbox"/>]Initial Notification	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/>]DEP	<input type="checkbox"/>]Amended Notification	Name of Contact Joseph Dries	
<input checked="" type="checkbox"/>]DOL	<input type="checkbox"/>]EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/>]DOH	<input type="checkbox"/>]Cancellation		
<input type="checkbox"/>]DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/>]School (K-12) <input type="checkbox"/>]Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/>]Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 13 Sunset Terr			Square Feet 2500		
City (5) Maplewood			# of Floors 3		
County (6) Essex			Bldg. Age 85		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		

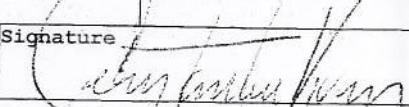
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 4/12/12	Sched. Completion Date (11) 4/13/12		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year		Street Address
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/>]Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/>]Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>				
<input type="checkbox"/>]Other - Describe: <u>«Other Occupancy Descript»</u>				
Scope of Work (Check all that apply)				

☒]>3 sf or >3 lf
☐]>160 sf or >260 lf

☒]Renovation
☐]Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Clean Bare Htg. Pipe	120 lf	X			


Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.75	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4/14/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 4/3/12		

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

Check # 2532

GAC Project # 060-11

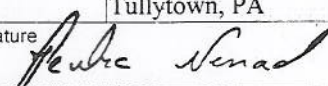
Client Project #

Date of Notification (1) April 3, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MARVIN APARTMENTS, BLDG# 3805		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 04/13/12	Scheduled Completion Date (11) 04/14/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 12PM - 5AM (DAILY)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Apt. 76	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 110 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
		Disposal Date 04/14/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date April 3, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

Check # 1357

Date of Notification (1) 04/04/2012		Name of Building Owner/Operator (2) Stehen Keller							
Agency 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 1321 Second Avenue City, State, Zip Code Asbury Park, NJ 07712 Name of Contact Stehen Keller							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 1321 Second Avenue City (5) Asbury Park, NJ 07712 County (6) Monmouth		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
County Code (7) (STATE USE ONLY) Monmouth		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner(8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 04/14/2012		Scheduled Completion Date (11) 04/15/2012							
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:									
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 185 LF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	185 LF	x			
Garage			x	Pipe insulation	35 LF	x			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed by N.Jevtic ASB-41		Title Owner	Signature 				Date 04/04/2012		

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

Check # 8161

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

Date of Notification (1) 4-4-12		Name of Building Owner/Operator (2) Carol Massare						
Agency 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 527 Griscom Drive City, State, Zip Code Deptford, NJ 08096 Name of Contact Carol Massare						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 527 Griscom Drive		Square Feet	# of Floors					
City (5) Deptford NJ 08096			Bldg. Age 60+					
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609-758-3365	Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 4-16-12	Scheduled Completion Date (11) 4-17-12	Name of OSHA Monitor EPC Technologies, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
Basement	X			Paper on Air Duct	4 LF	X		
Attic	X			Paper on Air Duct	10 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 4-17-12	City, State Morrisville PA					
Completed by Steve Schenker	Title President	Signature Steve Schenker				Date 4-4-12		

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

Date of Notification (1) 04/04/12		Name of Building Owner/Operator (2) Metrovest Equities, Inc.							
Agencies Notified	Type Notification	Street Address 731 Livingston Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact John Dolan	Telephone Number APR 9 2012						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Boiler 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 173 Cornelison Avenue		Square Feet 21,000	# of Floors 3						
City (5) Jersey City		Bldg. Age 40+-							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address 134 Bennington Pkwy		Street Address 27 Edsall Drive							
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm Kris Lis		Telephone No. 732-940-6207	Telephone No. 973-864-2022						
Start Date (10) 04/17/12		Scheduled Completion Date (11) 05/20/12	License No. 01137						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor AmeriSci							
		Street Address 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
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 checked="" 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) <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
Throughout Boiler House		x		Pipe Insulation	4,050 L.F.	x			
Throughout Boiler House		x		Boiler & Breeching insulation	16,000 S.F.	x			
3rd Floor North rooms		x		Floor Tiles	550 S.F.	x			
Roof		x		Roofing & Flashing	3,000 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ				Disposal Date on completion	City, State Morrisville, PA				
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>	Date 04/04/12				

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

B & G proj. #: 2012-79 Emergency

Check # 5169

Date of Notification (1) <u>10/4/10 10/4/11 12/1</u>		Name of Building Owner/Operator (2) <u>Clara Maass Medical Center</u>		APPROVED NJ Dept of Health & Senior Services <u>Paul C. [Signature]</u> Date: <u>4/4/12</u> Time: <u>2:42 PM</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address <u>1 Clara Maass Drive</u> City, State, Zip Code <u>Belleville, NJ 07109</u> Name of Contact <u>Rachel Bymes</u> Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Clara Maass Medical Center (Non Sub 8)</u> Street Address <u>1 Clara Maass Drive, Ground floor Pharmacy</u> City (5) <u>Belleville, NJ 07109</u> County (6) <u>Essex</u> County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) <u>hospital non Sub 8</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number		ASCM No.		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u> Telephone Number <u>973-696-6869</u> License Number <u>0378</u> Name of OSHA Monitor <u>B & G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Scheduled Start Date (10) <u>4/5/2012</u>		Sched. Completion Date (11) <u>4/5/2012</u>		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:	

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>4/6/2012</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>4/04/2012</u>

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

B & G proj. #: 2012-79 Emergency

Check # 5169

Date of Notification (1) <u>04/10/12</u>		Name of Building Owner/Operator (2) <u>Clara Maass Medical Center</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial	
		<input type="checkbox"/> Amendment	
		<input type="checkbox"/> Cancellation	
		Street Address <u>1 Clara Maass Drive</u> City, State, Zip Code <u>Belleville, NJ 07109</u>	
		Name of Contact <u>Rachel Byrnes</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Clara Maass Medical Center (Non Sub 8)</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>1 Clara Maass Drive, Ground floor Pharmacy</u>			Square Feet	Bldg. Age
City (5) <u>Belleville, NJ 07109</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>hospital non Sub 8</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address _____			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code _____			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>
Scheduled Start Date (10) <u>4/5/2012</u>	Sched. Completion Date (11) <u>4/5/2012</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address <u>105 Ryerson Road</u>		
		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

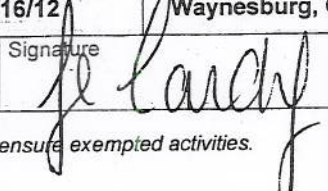
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>4/6/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>4/04/2012</u>

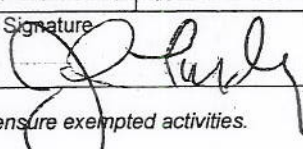
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 04 / 03 / 12		Name of Building Owner/Operator (2) Meridian Teterboro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 485 Industrial Avenue							
		City, State, Zip Code Teterboro, NJ 07608							
		Name of Contact Karol Kulesza	Telephone Number 732-255-1557						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Meridian Teterboro		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 125 Industrial Avenue									
City (5) Teterboro, NJ 07608		Square Feet 25,640	# of Floors 1 Bldg. Age 56						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hangar/Office							
Name of Monitoring Firm Hired by Building Owner (8) GZA Geo Environmental Inc.		ASCM No. 00126	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 55 Lane Drive Suite 407		Street Address 47 Foster Road							
City, State, Zip Code Fairfield, NJ 07004		City, State, Zip Code Staten Island, NY 10309							
Project Manager for Monitoring Firm Benjamin Sallemi		Telephone No. 973-774-3300	Telephone No. 718-605-6256 License No. 00774						
Start Date (10) 4 / 02 / 12	Scheduled Completion Date (11) 4 / 16 / 12	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 10-59 Jackson Avenue City, State, Zip Code L.I.C NY 11101							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canopy Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	224 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Tri-State Transfer Associates, Inc		NJDEP Waste Hauler ID No. 2A-456	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date 4/16/12		City, State Waynesburg, OH					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>		Date 4/3/12			

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

Date of Notification (1) <div style="text-align: center;">04 / 02 / 12</div>		Name of Building Owner/Operator (2) Meridian Teterboro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 485 Industrial Avenue						
			City, State, Zip Code Teterboro, NJ 07608						
			Name of Contact Karol Kulesza						
Telephone Number <div style="border-bottom: 1px solid black; width: 100px;"></div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Meridian Teterboro		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 125 Industrial Avenue									
City (5) Teterboro, NJ 07608		Square Feet 25,640	# of Floors 1						
		Bldg. Age 56							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hangar/Office							
Name of Monitoring Firm Hired by Building Owner (8) GZA Geo Environmental Inc.		ASCM No. 00126	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 55 Lane Drive Suite 407		Street Address 47 Foster Road							
City, State, Zip Code Fairfield, NJ 07004		City, State, Zip Code Staten Island, NY 10309							
Project Manager for Monitoring Firm Benjamin Sallemi		Telephone No. 973-774-3300	Telephone No. 718-605-6256						
		License No. 00774							
Start Date (10) <div style="text-align: center;">4 / 02 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 16 / 12</div>	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code L.I.C NY 11101							
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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canopy Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	224 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries Inc.		NJDEP Waste Hauler ID No. NJ-22177		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises Inc				
City, State Hackettstown, NJ		Disposal Date 4/16/12		City, State Waynesburg, OH					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature 			Date 4/2/12		

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

Date of Notification (1) 3 / 19 / 12		Name of Building Owner/Operator (2) Meridian Teterboro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 485 Industrial Avenue							
		City, State, Zip Code Teterboro, NJ 07608							
		Name of Contact Karol Kulesza	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Meridian Teterboro		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 125 Industrial Avenue		Square Feet 25,640	# of Floors 1						
City (5) Teterboro, NJ 07608		Bldg. Age 56							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hangar/Office							
Name of Monitoring Firm Hired by Building Owner (8) GZA Geo Environmental Inc.	ASCM No. 00126	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 55 Lane Drive Suite 407		Street Address 47 Foster Road							
City, State, Zip Code Fairfield, NJ 07004		City, State, Zip Code Staten Island, NY 10309							
Project Manager for Monitoring Firm Benjamin Sallemi	Telephone No. 973-774-3300	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 4 / 02 / 12	Scheduled Completion Date (11) 4 / 16 / 12	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code L.I.C NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canopy Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	224 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises Inc					
City, State Newark, NJ		Disposal Date 4/16/12		City, State Waynesburg, OH					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature 			Date 3/19/12		