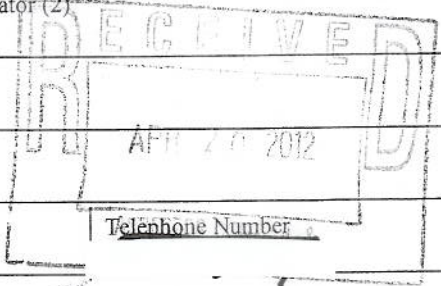


CK 8376

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

| | |
|--|---|
| Date of Notification (1) [04] [16] / [12] | Name of Building Owner/Operator (2) Hoffmann-LaRoche |
| Agencies Notified () EPA () DEP (x) DOL (x) DOH () DCA | Type Notification () Emergency (x) Initial Notification () Amended Notification () Cancellation |
| | Street Address 340 Kingsland Street |
| | City, State, Zip Code Nutley, NJ 07110 |
| Name of Contact Behrami Irani | |



| | |
|--|--|
| Name of Facility Where Abatement is taking Place (3) Building 39 | Type of Facility (4) { } School (K-12) { } Subchapter 8 (other than K-12) { X } Other (i.e., private & commercial buildings, homes, etc.) |
| Street Address "same as above" | |

| | | | | | |
|----------|----------------------------|-------------------------------------|---|-------------------------|-----------|
| City (5) | County (6) Essex | County Code (7) (STATE USE ONLY) | Square Feet | # of Floors 2 | Bldg. Age |
| | | | Current use (Prior if being demolished) boiler house | | |

| | |
|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____ Owner EHS Dept. or (EHI) _____ | Name of Abatement Contractor (9) POW/R/SAVE Inc. |
| Street Address 340 Kingsland (655 West Shore Tr.) | Street Address 27 West Street |
| City, State, Zip Code Nutley, NJ (Sparta, NJ) | City, State, Zip Code Bloomfield, NJ 07003 |
| Project Manager for Monitoring Firm Telephone Number 973-235-3286 (973-729-5649) | Telephone Number License Number (973) 680-0088 357 |
| Scheduled Start Date (10) Sched. Completion Date (11) [04] / [30] / [12] [05] / [11] / [12] * Month Day Year Month Day Year | Name of OSHA Monitor |
| Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: _____ [x] Other - Describe: 7 am - 230 pm | Street Address |
| | City, State, Zip Code |

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

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

| | Is Location Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|-------------|---|----|----|--|---------------------------|----------------|---|---|---|--|
| | Yes | No | NA | | | R | E | N | E | |
| Boiler #9 | | | | Surface area (penetrations) | 100 lf | x | | | | |
| Boiler # 11 | | | | Surface area top side | 20 sf | x | | | | |
| | | | | | | | | | | |

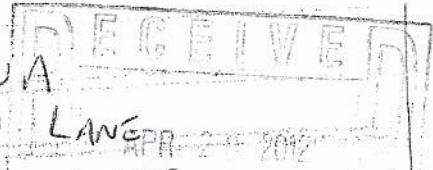
| | | | |
|--|---------------------------------|---|---|
| Name of Registered Waste Hauler Waste Management | NJDEP Waste Hauler ID No 304597 | Cubic Yards of Waste | Name of Registered Landfill Tullytown Resource Recovery & Grand Central |
| City, State Morrisville PA | Disposal Date | City, State Tullytown, PA, Pen Argyl PA | |

| | | | |
|--|--------------------------|---------------|------------------------|
| Completed By (Print or Type) Sharon Hendee | Title Sec/Tran | Signature | Date 4/16/12 |
|--|--------------------------|---------------|------------------------|

* start and completion dates subject to other trades

elr
1443

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



Date of Notification (1) 4-18-12

Name of Building Owner/Operator (2) OLA BRIDGE MUA

Street Address 15 THROCKMORTON LANE

City, State, Zip Code OLD BRIDGE NJ 08857

Name of Contact MAZZA

Agencies Notified: EPA, DEP, DOE, DOH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) OLD BRIDGE MUA

Street Address 757 PROSPECT AVE

City (5) OLD BRIDGE

County (6) MIDDLESEX

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 1 Bldg. Age 65

Current Use (Prior if being demolished) WATER TREATMENT PLANT

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

ASCM No.

Name of Abatement Contractor (9) ACE INSULATION CO INC

Street Address 95 MONTROSE RD

City, State, Zip Code COLTS NECK NJ 07722

Telephone No. 732 294 1757 License No. 00029

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 4-27-12 Scheduled Completion Date (11) 5-5-12

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 ACE INSULATION CO INC

Street Address 95 MONTROSE RD

City, State, Zip Code COLTS NECK NJ 07722

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, Grovbag 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 | | | Remove | Repair | Encapsulate |
| | | | | Window Door Cavite | 140 LF | | | ✓ |
| | | | | EXPANSION JOINT | 200 LF | | | ✓ |
| | | | | Roof | 1000 SF | | | ✓ |

Name of Registered Waste Hauler ACE INSULATION CO

NJDEP Waste Hauler ID No. 12086

Cubic Yards of Waste 6

Name of Registered Landfill GROWS

City, State COLTS NECK NJ 07722

Disposal Date 5-5-12

City, State TULLYTOWN PA

Completed By Sacks GALL Title OPS MGR

Signature [Signature] Date 4-18-12

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

CR #
1443

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)



Date of Notification (1) 4-18-12

Name of Building Owner/Operator (2) JEFF UNGER

Street Address 65 KINGSLAND AVE

City, State, Zip Code CLIFTON NJ 07015

Name of Contact JEFF

Agencies Notified: N.J.A.C. 17:27, DOH, DECA

Type of Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JEFF UNGER

Street Address 235 56th ST

City (5) W. NEW YORK

County (6) HUDSON

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 8000, # of Floors 3, Bldg. Age 85

Current Use (Prior if being demolished) APARTMENT BLDG

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) ACE INSULATION CO INC

Street Address 95 MONTROSE RD

City, State, Zip Code COLTS NECK NJ 07022

Telephone No. 732 294 1757, License No. 000299

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 4-27-12, Scheduled Completion Date (11) 5-2-12

Name of OSHA Monitor ACE INSULATION CO INC

Street Address 95 MONTROSE RD

City, State, Zip Code COLTS NECK NJ 07022

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

Scope of Work (Check all that apply): ≥ 3 sf or ≥ 3 li, Renovation, ≥ 160 sf or ≥ 260 li, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Fragile 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 more | 20 or less | Highly visible | Low visible |
| | | | | PIPE | 150 LF | | | | |

Name of Registered Waste Hauler ACE INSULATION CO INC

N.J.DEP Waste Hauler ID No. 17086

Cubic Yards of Waste 2

Name of Registered Landfill FESI

City, State COLTS NECK NJ 07022

Disposal Date 4-18-12

City, State BETHLEHEM PA

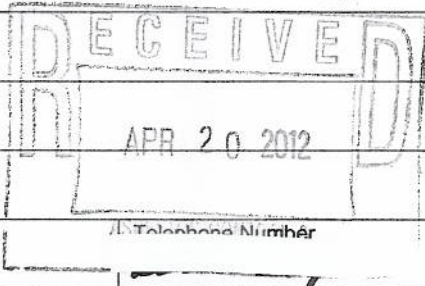
Completed By Jack Galle, Title OPS mgr

Signature Jack Galle, Date 4-18-12

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

No check

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

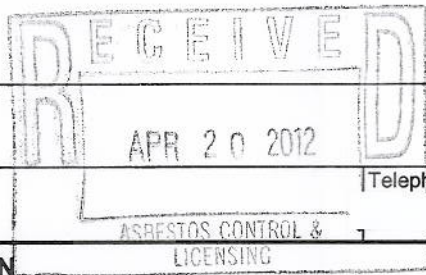


| Date of Notification (1) 03-30-2012 | | Name of Building Owner/Operator (2) CLEARVIEW | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|--------------------|-------------|-----------|--|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 PARK AVENUE | | | | | | | | |
| | | City, State, Zip Code FLORHAM PARK, NJ 07932 | | | | | | | | |
| | | Name of Contact MANNY DE LA TORRE | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CLEARVIEW CINEMAS | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| Street Address 350 MILLBURN AVENUE | | Square Feet 5,000 | # of Floors 1 | | | | | | | |
| City (5) MILLBURN | | Bldg. Age 50 | | | | | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) CINEMAS | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MDG ENVIRONMENTAL | | ASCM No. | Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES | | | | | | | |
| Street Address 100 MAPLEWOOD DRIVE | | Street Address 11-02 QUEENS PLAZA SOUTH | | | | | | | | |
| City, State, Zip Code MAPLE SHADE, NJ 08052 | | City, State, Zip Code LONG ISLAND CITY, NY 11101 | | | | | | | | |
| Project Manager for Monitoring Firm TONY ESPOSITO | | Telephone No. 609-760-1540 | Telephone No. 718-349-0900 | | | | | | | |
| License No. 00853 | | | | | | | | | | |
| Start Date (10) 04/16/2012 | Scheduled Completion Date (11) 04/26/2012 | Name of OSHA Monitor ROLLAND BARNHART | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: REMOVE ACPI FROM 7:00AM-3:00PM <u>FACILITY OPENS AT THE EVENING HOURS</u> | | Street Address 21 PERRINE AVENUE | | | | | | | | |
| | | City, State, Zip Code SOUTH AMBOY, NJ 08879 | | | | | | | | |
| 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| BASEMENT | | X | | PIPE INSULATION | 300 LF | X | | | | |
| BASEMENT | | X | | DUCT FLUE | 20 SF | X | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler ATC ASSOCIATES | | NJDEP Waste Hauler ID No. 44644PA | Cubic Yards of Waste 15 YARDS | Name of Registered Landfill MINERVA ENTERPRISES | | | | | | |
| City, State SHIRLEY, NY 11967 | | Disposal Date 04/26/2012 | City, State WAYNESBURG, OH 44688 | | | | | | | |
| Completed by ARIC DOMOZICK | | Title VP BUSINESS OPERATIONS | Signature | | | | Date 04/16/2012 | | | |

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

Check #6399

| | | | |
|---|--|---|--|
| Date of Notification (1) April 18, 2012 | | Name of Building Owner / Operator (2) Bank of America | |
| 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 EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #____ <input type="checkbox"/> Cancellation | Street Address 480 Hoes Lane | |
| | | City, State & Zip Code Piscataway, NJ 08854 | |
| | | Name of Contact Jim Kalafsky | |
| | | Telephone Number | |



FACILITY INFORMATION

| | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) Bank of America | | 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, home, etc.) | |
| Street Address 480 Hoes Lane | | Square Feet 80,000 | # of Floors 3 |
| City (5) Piscataway | | Bldg. Age 75 | |
| County (6) Middlesex | | County Code (7) USE ONLY | |
| Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc. | | ASCM No. | Name of Abatement Contractor (9) Synatech, Inc. |
| Street Address 35 Columbia Road | | Street Address 829 Radio Road | |
| City, State & Zip Code Branchburg, NJ 08876 | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Project Manager for Monitoring Firm Jim Kalafsky | | Telephone Number 908-625-6900 | License Number 609-296-6916 00817 |
| Scheduled Start Date (10) April 19, 2012 | Scheduled Completion Date (11) April 9, 2012 | Name of OSHA Monitor Synatech, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

| | | |
|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|----------|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Attic | | | X | <i>Pipe Insulation</i> | <i>6 LF</i> | X | | | |
| | | | | | | | | | |

| | | | | | |
|--|---|---|--------------------------------------|--|--|
| Name of Registered Waste Hauler Synatech, Inc. | | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste <1 | Name of Registered Landfill Grows Landfill | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date April 23, 2012 | | City, State Morrisville, PA | |
| Completed By Diane Aloia | Title Executive Administrator | Signature <i>Diane Aloia</i> | | Date April 18, 2012 | |

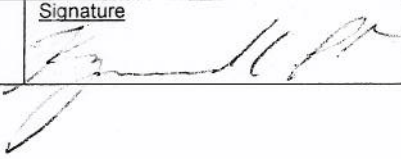
*Do not use this form for asbestos licensure exempted activities.

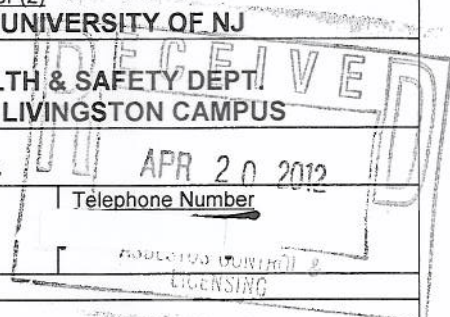
OK 9560

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

GAC Project # 060-12

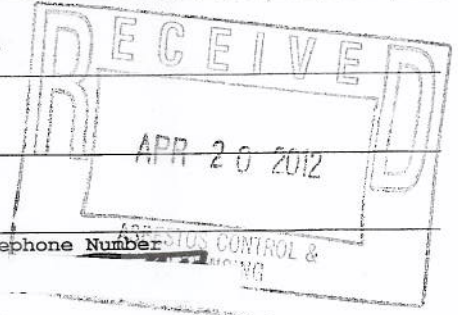
Client Project #

| | | | |
|---|--|---|--|
| Date of Notification (1) April 16, 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) TRANSACTION MAGAZINE, BLDG# 4051 | | 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: 80+ years | |
| Street Address LIVINGSTON 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) 04/27/12 | Scheduled Completion Date (11) 04/30/12 | 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: 4PM TO 5AM | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" 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) | 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) |
| 210 SUITE | <input checked="" type="checkbox"/> | VAT | 1400 SF |
| | | | |
| | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 20 CY | Name of Registered Landfill G.R.O.W.S. North Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 | | Disposal Date 04/30/2012 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature  | Date April 16, 2012 |



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

| | | | |
|---|---|---|---|
| Date of Notification (1) 4/17/12 | | Name of Building Owner/Operator (2) Estate of Christine Renga | |
| 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation | Street Address 9 Delaware Place | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | |
| | | Name of Contact Alan Ash | Telephone Number ASBESTOS CONTROL & REMEDIATION |



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 9 Delaware Place | | | Square Feet 2100 | # of Floors 2 | Bldg. Age 85 |
| City (5) Bloomfield | 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 | ASCM No. 67 | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. |
|---|-----------------------|--|

| | |
|-------------------------------------|---|
| Street Address N/A | Street Address 86 Christopher St. |
| City, State, Zip Code N/A | City, State, Zip Code Montclair, NJ 07042 |

| | | | |
|---|--------------------------------|---|--------------------------------|
| Project Manager for Monitoring Firm N/A | Telephone Number N/A | Telephone Number (973) 744-8800 | License Number 00371 |
|---|--------------------------------|---|--------------------------------|

| | | |
|---|---|------------------------------------|
| Scheduled Start Date (10) 4/26/12 | Sched. Completion Date (11) 4/28/12 | Name of OSHA Monitor N/A |
| Month Day Year 4 26 12 | Month Day Year 4 28 12 | |

| | |
|---|-------------------------------------|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | Street Address N/A |
| | City, State, Zip Code N/A |

Scope of Work (Check all that apply)

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

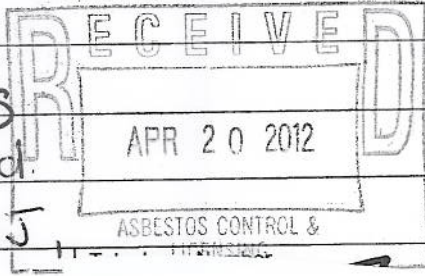
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | | | | |
|--|--|----|-----|--|---------------------------|----------------|---|---|---|---|--|--|--|
| | Yes | No | N/A | | | R | E | N | E | R | | | |
| Garage | | | X | Pipe Insulation | 220 lf | X | | | | | | | |
| | | | | | | | | | | | | | |

| | | | |
|---|---|------------------------------------|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 2.0 | Name of Registered Landfill G.R.O.W.S. |
| City, State Montclair, NJ 07042 | | Disposal Date 4/30/12 | City, State Morrisville, PA 19067 |

| | | | |
|---|---------------------------|---------------|------------------------|
| Completed By (Print or Type) Constantine Vivian | Title President | Signature | Date 4/17/12 |
|---|---------------------------|---------------|------------------------|

ck
1009

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 04-17-12 | | Name of Building Owner/Operator (2) Edward Keng | |
| 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 174 Forest Hill Rd. | |
| | | City, State, Zip Code West Orange, NJ | |
| | | Name of Contact Edward Keng | |

FACILITY INFORMATION

| | | | |
|--|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) | | 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 174 Forest Hill Rd | | Square Feet 1,882 | # of Floors 1 |
| City (5) West Orange | | Bldg. Age 1953 | |
| County (6) Essex County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |

| | | | | |
|--|--|--|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) SKY Environmental Services | | ASCM No. | Name of Abatement Contractor (9) DYV Enterprises LLC | |
| Street Address 140 Boulevard | | Street Address 254 Cumberland Ave. | | |
| City, State, Zip Code Mt Lakes, NJ 07046 | | City, State, Zip Code Paterson, NJ 07502 | | |
| Project Manager for Monitoring Firm Leon Sheleshevsky | | Telephone No. (973) 769 6946 | Telephone No. (973) 942 6924 | License No. 01189 |

| | | | |
|--|---|-----------------------|--|
| Start Date (10) 4-30-2012 | Scheduled Completion Date (11) 5-1-2012 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

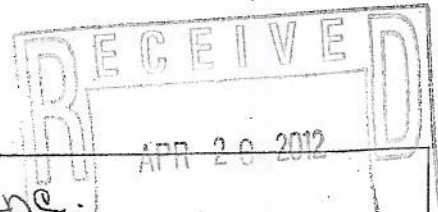
| | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Garage (basement) | | <input checked="" type="checkbox"/> | | thermal system insulation | 70 LF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---|---|--|--|
| Name of Registered Waste Hauler DYV Enterprises LLC | | NJDEP Waste Hauler ID No. 09975 | Cubic Yards of Waste 10 yards | Name of Registered Landfill Waste Management | |
| City, State Paterson, New Jersey | | Disposal Date | | City, State Tullytown, NJ | |
| Completed by Josau Caprio | | Title Project Manager | Signature <i>Josau Caprio</i> | Date 4/17/12 | |

CK
2414

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



| | | | |
|--|---|--|--------------------------|
| Date of Notification (1) 4/17/12 | | Name of Building Owner/Operator (2) Crescent Co. Inc. | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code |
| <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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 126 East Lincoln Avenue | Kahway, New Jersey 07065 |
| | | Name of Contact Jerry Ratti | |

| | | | |
|--|-------------------------------------|---|-----------------|
| Name of Facility Where Abatement is Taking Place (3) Crescent Co. Inc Bldg 86 | | Type of Facility (4) | |
| Street Address 126 East Lincoln Avenue | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Kahway New Jersey 07065 | Square Feet 6000 | # of Floors 3 | Bldg. Age 35 |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) KFD | |

| | | | | |
|---|--|--|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Health | | ASCM No. 00104 | Name of Abatement Contractor (9) Applied Env Serv. NJ Inc | |
| Street Address 655 West Shore Trail | | Street Address 450 South River Street | | |
| City, State, Zip Code Sparta New Jersey 07871 | | City, State, Zip Code Hackensack NJ 07601 | | |
| Project Manager for Monitoring Firm William Kerbel | | Telephone No. 973-729-5649 | Telephone No. 201-931-0813 | License No. 01148 |

| | | |
|--|---|-----------------------------|
| * Start Date (10) 5/4/12 | Scheduled Completion Date (11) 6/18/12 | Name of OSHA Monitor N/A |
| Occupancy Status During Abatement (Check Only One) | | Street Address |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code |

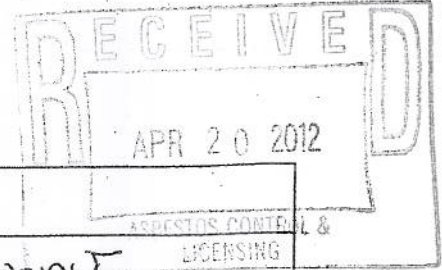
Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Bldg 86 2nd Floor | | | | VAT | 265 Sq. | X | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---------------------------|--------------------------|---|----------------|
| Name of Registered Waste Hauler Freehold Waste Inc | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Cy Conroy City Reserve | |
| City, State Freehold New Jersey 07728 | | Disposal Date 6/18/12 | | City, State Montgomery Pa 17752 | |
| Completed by [Signature] | | Title [Title] | Signature [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) 4/2/12 | | Name of Building Owner/Operator (2) Cherck + Co. Inc. | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 126 East Lincoln Avenue | City, State, Zip Code Rahway, New Jersey 07065 | |
| | | Name of Contact Jerry Ratti | | Telephone Number _____ |

| | | | |
|---|----------------------------|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Cherck + Co. Inc Bldg 86 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 126 East Lincoln Avenue | | Square Feet 6000 | # of Floors 3 |
| City (5) Rahway New Jersey 07065 | County (6) Union | County Code (7) 00104 <small>(STATE USE ONLY)</small> | Bldg. Age 35 |
| Current Use (Prior if being demolished) KFD | | | |

| | | | | |
|--|--------------------------------------|---|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Health | | ASCM No. 00104 | Name of Abatement Contractor (9) Applied Env Serv. NJ Inc | |
| Street Address 655 West Shore Trail | | Street Address 450 South River Street | | |
| City, State, Zip Code Sparta New Jersey 07871 | | City, State, Zip Code Hackensack NJ 07601 | | |
| Project Manager for Monitoring Firm William Kerkel | Telephone No. 973-729-5649 | Telephone No. 201-981-0313 | License No. 01148 | |

| | | |
|--|--|---|
| Start Date (10) 4/18/12 | Scheduled Completion Date (11) 6/18/12 | Name of OSHA Monitor N/A |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ City, State, Zip Code _____ |

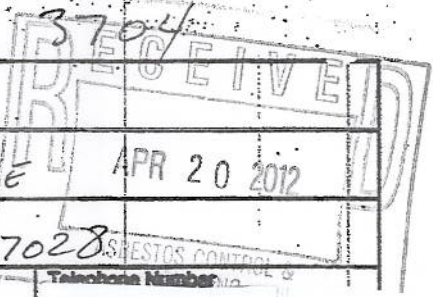
Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|--|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| Bldg 86 2nd Floor | | | | VAT | 265 Sq. | X | | | | |
| | | | | | | | | | | |

| | | | | | |
|--|----------------------------|------------------------------------|-------------------------------|--|--|
| Name of Registered Waste Hauler Freehold Cartage Inc | | NJDEP Waste Hauler ID No. _____ | Cubic Yards of Waste _____ | Name of Registered Landfill Cy Conny City Resarc | |
| City, State Freehold New Jersey 07728 | | Disposal Date 6/18/12 | | City, State Montgomery Pa 17752 | |
| Completed by [Signature] | Title John Admin | Signature [Signature] | Date 4/2/12 | | |

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 4-17-2012 | | Name of Building Owner/Operator (2) I HAWKINS | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 36 PRESCOTT AVENUE | |
| | | City, State, Zip Code GLEN RIDGE, NJ 07028 | |
| | | Name of Contact I. HAWKINS | Telephone Number |

| | | | | | |
|---|--|-------------------------------------|---|---|----------------------------|
| Name of Facility Where Abatement is Taking Place (3) I. HAWKINS | | | Type of Facility (4) | | |
| Street Address 36 PRESCOTT AVENUE | | | <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) GLEN RIDGE | | | Square Feet 2400 | # of Floors 2 | Bldg. Age 70 YRS |
| 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) | | ASCM No. | | Name of Abatement Contractor (9) | |
| Street Address | | Street Address | | Street Address | |
| City, State, Zip Code | | City, State, Zip Code | | City, State, Zip Code | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. | |
| Start Date (10) 4-27-12 | | Scheduled Completion Date (11) 4-28-12 | | Name of OSHA Monitor Omega Environmental Services | |

| | | | | | |
|---|--|--|--|--|--|
| 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: 2 AM 5 PM | | | 280 Huyler St. City, State, Zip Code South Hackensack, N.J. 07606 | | |

| | | | | | |
|---|---|--|-------------------------------------|---|---|
| Scope of Work (Check All That Apply) | | | | | |
| <input type="checkbox"/> 25 sf or 25 lf | <input checked="" type="checkbox"/> 2100 sf or 250 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 type="checkbox"/> Glovebag Procedure | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedures |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASAMENT | | | X | THERMAL INSULATION | 10 LF | | | X | |
| BASAMENT | | | X | VAT | 255 SF | X | | | |

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| Name of Registered Waste Hauler Best Removal Inc. | | NJDEP Waste Hauler ID No. 17109 | | Cubic Yards of Waste 1 1/2 YD | | Name of Registered Landfill Minerva Enterprises Inc. | |
| City, State Hackensack, NJ | | Disposal Date 4-28-12 | | City, State Waynesburg, OH. | | | |
| Completed by R. Veldran | | Title Estimator | | Signature R. Veldran | | Date 4-17-12 | |

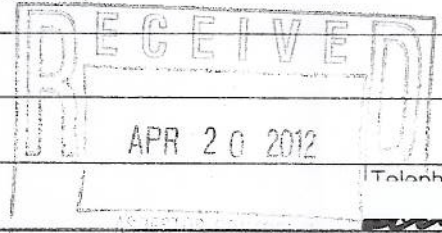
No check

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

ETS JOB # 3802/12

AMENDMENT # 3

| | | | |
|--|---|--|------------------|
| Date of Notification (1) 04/16/2012 | | Name of Building Owner / Operator (2) Bed, Bath and Beyond | |
| 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 Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | Street Address 650 Liberty Avenue | |
| | | City, State & Zip Code Union, NJ 07083 | |
| | | Name of Contact Mr. John Purcell | Telephone Number |



FACILITY INFORMATION

| | | | | | |
|--|----------------------------|-----------------|--|-------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 650 Liberty Avenue | | | Square Feet 200,000 | # of Floors 1 | Bldg. Age 50+ |
| City (5) Union | County (6) Union | County Code (7) | Current Use (Prior if being demolished) Commercial Office | | |

| | | | | | |
|--|--|---|--|--------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc. | | ASCM No. 00098 | Name of Abatement Contractor (9) ETS Contracting, Inc. | | |
| Street Address 1090 King Georges Post Road, Suite 706 | | | Street Address 160 Clay Street | | |
| City, State & Zip Code Edison, NJ 08837 | | | City, State & Zip Code Brooklyn, NY 11222 | | |
| Project Manager for Monitoring Firm Pat Sisk | | Telephone Number (732) 771-0051 | Telephone Number 718-706-6300 | License Number 00511 | |

| | | | | | |
|---|---|--|--|--|--|
| Scheduled Start Date (10) HOLD | Scheduled Completion Date (11) 12/31/12 | Name of OSHA Monitor Environmental Tactics, 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: Work Area Vacated: - Working Hours from 5:00pm - 1:30am | | Street Address 64 Broad Street | | | |
| | | City, State & Zip Code Matawan, NJ 0774 | | | |

Scope of Work (Check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> Large Project | <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM | <input checked="" type="checkbox"/> Mini-Enclosure |
| <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Other: Non Friable Electric Cable |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
|--|--|---|---|---|
| 1st Floor | No | VAT | 100,000 SF | Removal |
| 2nd Floor | No | VAT | 60,000 SF | Removal |
| 2nd Floor | No | Pipe Insulation | 50 LF | Removal |

| | | | | | |
|--|--|---|-------------------------------|---|--|
| Name of Registered Waste Hauler Tri State Transfer | | NJDEP Waste Hauler ID # 19551 | Cu. Yds. of Waste 3 | Name of Registered Landfill Minerva Enterprises, Inc. | |
| City, State Bronx, NY | | | Disposal Date TBD | City, State Waynesburg, OH | |
| Completed By (Print or Type) ROY JOHNSON | | Title PROJECT EXECUTIVE | Signature | Date 04/16/12 | |

EMERGENCY Chk# 1005

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

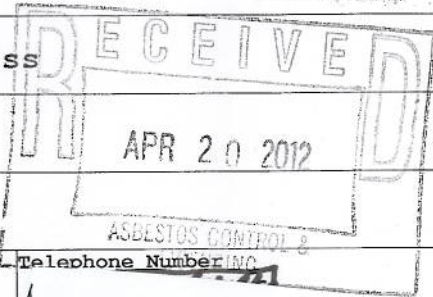
RECEIVED
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| | | | | | | | |
|--|--|---|--|--|----------------|---------|--------|
| Date of Notification (1) 4/13/12 | | Name of Building Owner/Operator (2) ESTATE OF CATHERINE ACCIARDO | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 125 CORK HILL RD | | | | |
| | City, State, Zip Code FRANKLIN, N.J. 07416 | | Name of Contact CP TERESA BOSELA | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 169 VALLEY BROOK AVE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| City (5) LYNDHURST N.J. | | Square Feet 1,800 | # of Floors 1 | | | | |
| County (6) NORTH BERGEN | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENT | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) NOVATECH INC | | | | |
| Street Address | | Street Address P.O. Box 814 | | | | | |
| City, State, Zip Code | | City, State, Zip Code OLD BRIDGE N.J. 08857 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732 232-7500 | License No. 00806 | | | | |
| Start Date (10) 4/14/12 | Scheduled Completion Date (11) 4/16/12 | | Name of OSHA Monitor NOVATECH 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 814 | | | | | |
| | | City, State, Zip Code OLD BRIDGE N.J. 08857 | | | | | |
| 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 |
| CRAIN SPACE | | X | PIPE INSULATION | 25 LF | X | | |
| Name of Registered Waste Hauler NOVATECH INC | | NJDEP Waste Hauler ID No. 12501 | Cubic Yards of Waste 3 | Name of Registered Landfill G. ROBUS P.I. | | | |
| City, State OLD BRIDGE N.J. 08857 | | Disposal Date 4/14/12 | City, State P.I.A. | | | | |
| Completed By CARLOS AMERIDA | | Title PRESIDENT | Signature <i>[Signature]</i> | Date 4/13/12 | | | |

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

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 4/17/12 | | Name of Building Owner/Operator (2) Andrew and Kimberly Kiss | |
| Agencies Notified | Type Notification | Street Address 20 Hickory Road | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code West Orange, NJ 07052 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Andy Kiss | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number 732-744-8800 | |
| <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) | | |
| Street Address 20 Hickory 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) West Orange | County (6) Essex | County Code (7) (STATE USE ONLY) | Square Feet 2000 | # of Floors 2 | Bldg. Age 60 |
| 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 | Telephone Number (973) 744-8800 | License Number 00371 | |
| Scheduled Start Date (10) 4/27/12 | Sched. Completion Date (11) 4/28/12 | | Name of OSHA Monitor N/A | | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u> | | | City, State, Zip Code | | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (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 |
| Garage | | | X | Duct Insulation | 6 lf | X | | | |

| | | | | | |
|---|--|---|------------------------------------|--|------------------------|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 0.5 | Name of Registered Landfill G.R.O.W.S. | |
| City, State Montclair, NJ 07042 | | | Disposal Date 4/30/12 | City, State Morrisville, PA 19067 | |
| Completed By (Print or Type) Constantine Vivian | | Title President | Signature | | Date 4/17/12 |

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

B & G proj. #: 2012-76

Check # 5185

| | | | |
|---|---|---|--|
| Date of Notification (1) <u>04/17/12</u> | | Name of Building Owner/Operator (2) <u>Sharyn Gallatin</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>303 Birch Parkway</u> | |
| | | City, State, Zip Code <u>Wyckoff, NJ 07481</u> | |
| | | Name of Contact <u>Sharyn Gallatin</u> | |
| | | Telephone Number <u> </u> | |



FACILITY INFORMATION

| | | | | | |
|--|-----------------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) <u>Sharyn Gallatin</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>303 Birch Parkway</u> | | | Square Feet | # of Floors | Bldg. Age |
| City (5) <u>Wyckoff, NJ 07481</u> | County (6) <u>Bergen</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | | |

| | | | | | |
|--|---|----------|--|-------------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | ASCM No. | Name of Abatement Contractor (9) <u>B & 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>4/27/2012</u> | Sched. Completion Date (11) <u>4/27/2012</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) | 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 | 60 lf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|----------------------------------|---------------------------------------|--|--------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1 yard</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | | |
| City, State <u>Lincoln Park, NJ 07035</u> | | Disposal Date <u>4/27/2012</u> | City, State <u>Tullytown, PA</u> | | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Treasurer</u> | Signature <i>Gordana Luna</i> | | Date <u>4/17/2012</u> | |

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

ck. 3703

| | | | |
|---|--|--|--|
| Date of Notification (1) 4-17-2012 | | Name of Building Owner/Operator (2) PROGRESSIVE COMPANIES MANAGEMENT | |
| 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 23 WEDGEWOOD DRIVE | |
| | | City, State, Zip Code VERONA, N.J. 07044 | |
| | | Name of Contact P. JOHNSON | Telephone Number APR 20 2012 |

| FACILITY INFORMATION | | | |
|--|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) WEDGEWOOD GARDENS | | 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 23 WEDGEWOOD DRIVE | | Square Feet 5400 | # of Floors 2 |
| City (5) VERONA | | Bldg. Age 62 YRS | |
| County (6) ESSEX | County Code (7) <small>(STATE USE ONLY)</small> | Current Use (Prior if being demolished) RESIDENCE | |

| | | | |
|---|---------------|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | |
| Street Address | | Street Address 450 South River St | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 |

| | | | |
|---|---|--|--|
| Start Date (10) 5-1-2012 | Scheduled Completion Date (11) 5-9-2012 | Name of OSHA Monitor Omega Environmental Services | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM | | Street Address 280 Huyler St. | |
| | | City, State, Zip Code South Hackensack, N.J. 07606 | |

Scope of Work (Check All That Apply)

| | | |
|--|--|--|
| <input type="checkbox"/> < 25 sf or 25 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> > 100 sf or > 200 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Gownbag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Finable 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 | Indeuce | |
| Boiler Room 1 | X | | | THERMAL INSULATION | 135 SF | X | | | | |
| Boiler Room 1 | X | | | THERMAL INSULATION | 438 LF | | | X | | |
| | | | | | | | | | | |

| | | | |
|---|---|---------------------------------------|---|
| Name of Registered Waste Hauler Best Removal Inc. | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill Minerva Enterprises Inc |
| City, State Hackensack, NJ | Disposal Date 5-9-2012 | City, State Waynesburg, OH. | |
| Completed by R. Veldran | Title Estimator | Signature <i>R. Veldran</i> | Date 4-17-2012 |

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

OK 956
GAC Project # 060-12

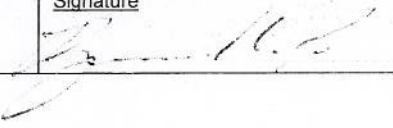
Client Project #

| | | | |
|---|--|---|--|
| Date of Notification (1) April 17, 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) ADMINISTRATIVE SERVICES, BLDG# 3751 | | 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 Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES | | ASCM No. 0098 | Street Address 268 MAIN STREET |
| Street Address 3 TERRI LANE | | City, State, Zip Code BUTLER, NJ 07405 | |
| City, State, Zip Code BURLINGTON, NJ 08016 | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Project Manager for Monitoring Firm BRIAN KEARNY | Scheduled Start Date (10) 04/27/12 | | Name of OSHA Monitor 1 ENVIROVISION, INC. |
| Scheduled Completion Date (11) 04/30/12 | | Street Address 20-21 WARGARAW ROAD | |
| 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 TO 5AM | | City, State, Zip Code FAIRLAWN, NJ | |
| 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 <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) 106C, 106K | 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) 220 SF |
| | | Abatement Type Remove Repair Encap Enclose <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 | Name of Registered Landfill G.R.O.W.S. North Landfill |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 04/30/2012 | 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 17, 2012 |

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

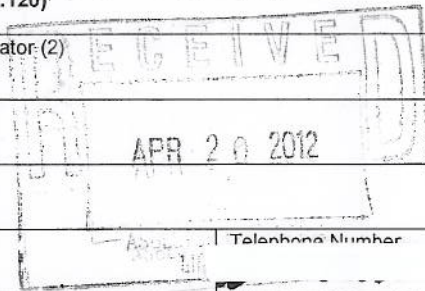
Client Project #

| | | | |
|--|--|---|--|
| Date of Notification (1) April 18, 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 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) OLSON HALL, BLDG# 7229 | | 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: 4 Bldg. Age: 60+ years | |
| Street Address NEWARK CAMPUS | | Current Use (prior if being demolished): ACADEMIC | |
| City (5) NEWARK | County (6) ESSEX | 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) 05/03/12 | Scheduled Completion Date (11) 05/07/12 | 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 | | 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 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft <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) 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) |
| Room 101 | <input checked="" type="checkbox"/> | VAT, TRANSITE, BENCH TOPS | 500 SF |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 10 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509 | | Disposal Date 05/07/2012 | 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 18, 2012 |

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

OK
6/54

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



| | | | |
|--|---|--|--|
| Date of Notification (1) 3/16/2012 | | Name of Building Owner/Operator (2) Woodbridge Mall | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 250 Woodbridge Drive | |
| | | City, State, Zip Code Woodbridge NJ. 07095 | |
| | | Name of Contact James Bereheiko | |

FACILITY INFORMATION

| | | | | |
|--|---|---|-------------------------------|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Woodbridge Mall Spaces 1036&1082 | | 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 250 Woodbridge Mall | | Square Feet 330,500 | # of Floors 2 | Bldg. Age 35 |
| City (5) Woodbridge NJ. 07095 | | Current Use (Prior if being demolished) Mall | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratory, Inc. | | |
| Street Address 3370 Progress Drive | | Name of Abatement Contractor (9) Luzon, Inc. | | |
| City, State, Zip Code Bensalem, PA 19020 | | Street Address 8451 Executive Avenue | | |
| Project Manager for Monitoring Firm Mike Panepresso | | Telephone No. 215 244 1300x26 | Telephone No. 267 284 1050 | License No. 01109 |
| Start Date (10) April 30, 2012 | Scheduled Completion Date (11) May 4, 2012 | Name of OSHA Monitor Joseph Maronski | | |
| 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 8451 Executive Avenue | | |
| | | City, State, Zip Code Philadelphia, PA 19153 | | |

Scope of Work (Check All That Apply)

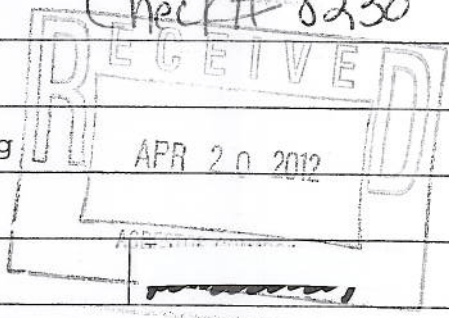
| | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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 |
| Space 1036 Fitting Room Area | | x | | Mastic | 800 SF | x | | | |
| Space 1082 Sales Area | | x | | Mastic | 700 SF | x | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------------|---------------------------|---|
| Name of Registered Waste Hauler Luzon, Inc. | NJDEP Waste Hauler ID No. 32587 | Cubic Yards of Waste 2 | Name of Registered Landfill Minerva Landfill |
| City, State 8451 Executive Avenue, Philadelphia, PA 19153 | | Disposal Date 5/7/12 | City, State Waynesburg, OH 44688 |
| Completed by Piyush Patel | Title Program Manager | Signature | Date 3/16/2012 |

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

Check # 8230



| Date of Notification (1) 4-17-12 | | Name of Building Owner/Operator (2) Princeton University | | | | | | | | |
|---|---|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|--|
| 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 E.A. MacMillan Building | | | | | | | | |
| | | City, State, Zip Code Princeton, NJ 08544 | | | | | | | | |
| | | Name of Contact Bob Ortega | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vacant Houses | | 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 17, 19 & 21 Olden Street | | Square Feet 3,360 | # of Floors 2 | | | | | | | |
| City (5) Princeton | | Bldg. Age 50yrs. | | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) vacant houses | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc. | | ASCM No. | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | | |
| Street Address Three Terri Lane | | Street Address 923 Haws Avenue | | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | | |
| Project Manager for Monitoring Firm Mike Keehn | | Telephone No. 609-386-8800 | Telephone No. 610-239-9920 | | | | | | | |
| Start Date (10) 4-26-12 | | Scheduled Completion Date (11) 5-4-12 | License No. 00398 | | | | | | | |
| 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 Plymouth Environmental Co., Inc. | | | | | | | | |
| | | Street Address 923 Haws Avenue | | | | | | | | |
| | | 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"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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 | |
| 17 Olden Street | | | x | transite flue stack | 30 LF | x | | | | |
| 19 Olden Street | | | x | transite flue stack | 30 LF | x | | | | |
| 21 Olden Street | | | x | transite flue stack | 30 LF | x | | | | |
| Name of Registered Waste Hauler Horizon | | NJDEP Waste Hauler ID No. 21612 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS, Inc. | | | | | | |
| City, State Trenton, NJ | | Disposal Date 5-4-12 | | City, State Morrisville, PA | | | | | | |
| Completed by Timothy E. Bryan | | Title Vice-President | Signature | | | | Date 4-17-12 | | | |

OK
3987

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

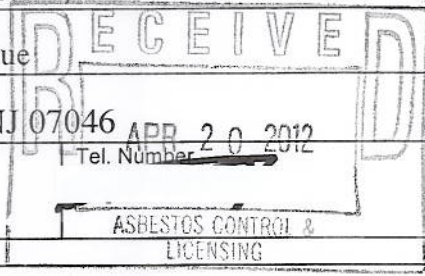


| Date of Notification (1) 4/16/12 | | Job #: | Name of Building Owner/Operator (2) Seaview/SASI | | | | | | | |
|---|---|--|--|--|---------------------------|----------------|--------|-------------|-----------|--|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment#1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 401 South New York Road | | | | | | | |
| | | | City, State, Zip Code Galloway Township, NJ 08205 | | | | | | | |
| | | | Name of Contact John Petrolino | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Seaview Country Club | | | 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 401 South New York Road | | | Square Feet 100,000 | # of Floors 4 | | | | | | |
| City (5) Galloway Township | | | Bldg. Age 30+ | | | | | | | |
| County (6) Atlantic | | County Code (7) (STATE USE ONLY) | Current Use (prior if being demolished) Golf Country Club | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts | | ASCM No. | Name of Contractor (9) The Prime Group Remediation, Inc. | | | | | | | |
| Street Address 286 Sunset Road | | Street Address 4343 'G' Street | | | | | | | | |
| City, State, Zip Code Barrington, NJ 08007 | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | | |
| Project Manager for Monitoring Firm Mike Menz | Telephone Number 856-628-6020 | Telephone Number 215-533-3503 | License Number 00858 | | | | | | | |
| Scheduled Start Date (10) 4/17/12 | Scheduled Completion (11) 4/17/12 | Name of OSHA Monitor The Prime Group Remediation, Inc. | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: <u>Location of work is in an empty room</u> | | Street Address 4343 'G' Street | | | | | | | | |
| | | City, State, Zip Code Philadelphia, PA 19124 | | | | | | | | |
| Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| 2nd Floor Room - Regency | | X | | Pipe Fittings | 6 LF | X | | | | |
| Name of Reg. Waste Hauler The Prime Group Remediation, Inc. | | NJDEP Waste Hauler ID # 19272 | Cubic Yards of Waste 80 | Name of Reg. Landfill Minerva Landfill(OH EPA 15-1292) | | | | | | |
| City, State Philadelphia, PA | | Disposal Date 4/18/12 | | City, State Waynesburg, OH | | | | | | |
| Completed by Vincent J. Primavera, III | Title Project Manager | Signature | | | Date 4/16/12 | | | | | |

*Do not use this form for asbestos licensure exempted activities

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

| | | | |
|---|---|---|--|
| Date of Notification (1) 04/16/2012 | | Name of Building Owner/Operator (2) 67 Whippany Investors, LLC | |
| Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA | Notification Type () Initial Notification (X) Amended Certification () Emergency Notification (including justification) () Cancelled | Street Address 49 Bloomfield Avenue | |
| | | City, State, Zip Code Mountain Lakes, NJ 07046 | |
| | | Name of Contact Ross M. Chomik | |



| FACILITY INFORMATION | | | |
|---|----------------------|--|--|
| Name of Facility Where Abatement is Taking Place (3) Commercial Property | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | |
| Street Address 67 Whippany Rd | | Sq. Feet: 500,000 # of Floors 3 Bldg. Age 50 | |
| City (5) Whippany | County (6) Morris | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc. | | ASCM No. N/A | |

| | |
|--|--|
| Name of Contractor (9) Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.) | |
| Street Address 3300 Hudson Avenue | |
| City, State, Zip Code Union City, NJ 07087 | |

| | | | |
|--|--|-----------------------------------|-------------------------|
| Project Manager for Monitoring Firm David Camacho | Telephone Number (201) 325-0055 | Telephone Number (201)325-0055 | License Number 01124 |
| Scheduled Start Date (10) 01/24/2012 | Scheduled Completion Date (11) 07/30/2012 | | |

| | |
|---|---|
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: | Street Address 3300 Hudson Avenue |
| | City, State, Zip Code Union City, NJ 07087 |

Source of Work (Check all that apply)

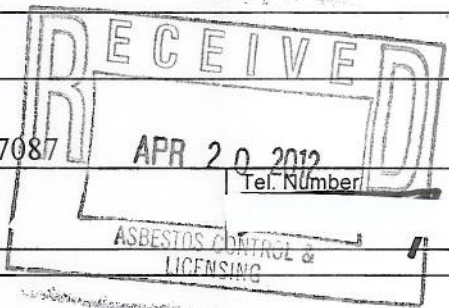
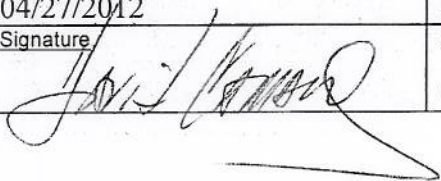
≥ 3 SF or ≥ 3 LF
 Renovation
 Full Containment with Negative Pressure
 Glove-bag Procedure
 ≥ 160 SF or ≥ 260 LF
 Demolition
 Mini-Enclosure
 Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) | | | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|----|------------|---|---------------------------|----------------|------|-------|-----------------------------|
| | YES | NO | NA | | | Rem. | Rep. | Encap | Enclose |
| Building B1 – B2 | | X | | VAT | 211,319 SF | X | | | |
| Building B1 – B2 | | X | | Mastic | 211,319 SF | X | | | |
| Building B1 – B2 | | X | | Baseboard glue | 22,000 LF | X | | | |
| Building B1 – B2 | | X | | Baseboard | 22,000 LF | X | | | |
| Building B1 – B2 | | X | | TSI pipe Insulation | 42962 LF | X | | | |
| Building B1 – B2 | | X | | TSI pipe fittings | 587 each | X | | | |
| Building B1 | | X | | Tape/Spackle over Sheet Rk | 5600 SF | X | | | |
| Building B1 – B2 | | X | | Fireproof doors | 38 each | X | | | |
| Building B1 – B2 | | X | | Transite panels | 1,299 SF | X | | | |
| Building B1 – B2 | | | AMENDED>>> | Window Caulking | 950 each | | | | WILL NOT BE REMOVED BY ISES |
| Building B1 – B2 | | X | | Glue sealant over duct insulation | 80 SF | X | | | |

| | | | |
|--|----------------------------------|---|---|
| Name of Reg. Waste Hauler Newark Carting | NJDEP Waste Hauler ID # 04509 | Cubic Yards of Waste 900 (estimated) | Name of Reg. Landfill Cumberland County Landfill |
| City, State 369 Raymond Blvd., Newark, NJ 07105 | | Disp. Date 07/30/2012 | City, State Newburg, PA 17242 |
| Completed by (Print or Type) David Camacho | Title General Manager | Signature | Date 04/16/2012 |

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STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

| | | | | | | | |
|--|---|--|---|----------------|--------|-------------|-----------|
| Date of Notification (1) 04/16/2012 | | Name of Building Owner/Operator (2) Ralph Affuso | | | | | |
| Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA | Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation | Street Address 551 40 th St. City, State, Zip Code Union City, NJ 07087 |  | | | | |
| | | Name of Contact Ralph Affuso | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Property | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) | | | | | |
| Street Address 551 40 th St. | | Sq. Feet: 2000 # of Floors 1 Bldg. Age 60 | | | | | |
| City (5) Union City | County (6) Hudson | County Code (7) (State Use Only) | | | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. N/A | Name of Contractor (9) ISES, Inc. | | | | |
| Street Address N/A | | Street Address 3300 Hudson Avenue | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Union City, NJ | | | | | |
| Project Manager for Monitoring Firm N/A | Telephone Number | Telephone Number (201)325-0055 | License Number 01124 | | | | |
| Scheduled Start Date (10) 04/27/2012 | Scheduled Completion Date (11) 04/27/2012 | Name of OSHA Monitor ISES, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - 5:00pm to 10pm (X) Other - Describe: Unoccupied during abatement | | Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087 | | | | | |
| Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) () Full Containment with Negative Pressure (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure () Large Project (>160 SF or > 260 LF ACM) (X) 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 or Custodial Staff? (12) YES NO N/A | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| 1 st Floor | | X TSI Pipe Insulation | 60 LFT | X | | | |
| | | | | | | | |
| Name of Reg. Waste Hauler Vision Transport | NJDEP Waste Hauler ID # 22393 | Cubic Yards of Waste 1 | Name of Reg. Landfill Cumberland County Landfill | | | | |
| City, State 2 Fish House Road, Kearny, NJ 07032 | Disp. Date 04/27/2012 | City, State Newburg, PA 17242 | | | | | |
| Completed by (Print or Type) David Camacho | Title Project Supervisor | Signature  | Date 04/16/2012 | | | | |