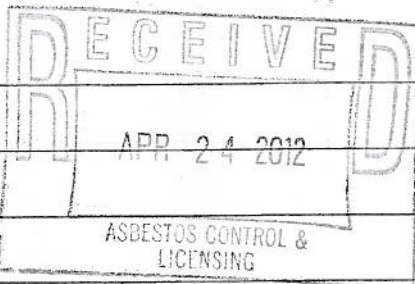
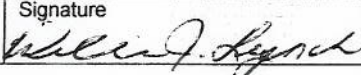


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/20/12 Ck# 2010 \$200		Name of Building Owner/Operator (2) Tom & Lynn Spina							
Agencies Notified	Type Notification	Street Address 804 Valley Drive							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerdale, New Jersey 08083							
		Name of Contact Tom Spina	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 804 Valley Drive		<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) Somerdale, New Jersey 08083		Square Feet 20,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-6169516	License No. 01104						
Start Date (10) 04/30/12	Scheduled Completion Date (11) 05/01/12	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Start		City, State, Zip Code Union, New Jersey 07083							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Crawl space		X		Duct Boots	27 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 05/02/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 04/20/12					

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

Date of Notification (1) April 19, 2012		Name of Building Owner/Operator (2) Lenape Regional School District		Check # 4627					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 93 Willow Grove Road City, State, Zip Code Shamong, NJ 08088 Name of Contact Cathy Ledden Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lenape High 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 235 Hartford Road				Square Feet 21,000					
City (5) Medford				# of Floors 2					
County (6) Burlington				Bldg. Age 65					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 167		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312		License No. 00842					
Start Date (10) June 8, 2012		Scheduled Completion Date (11) June 12, 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 200 Rt. 130 N					
				City, State, Zip Code Cinnaminson, NJ 08077					
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 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
Room D-103			N/A	Floor Tile	420 SF	X			
Room D-103			N/A	Mastic	420 SF	X			
Room D-103			N/A	Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler Free Hold Cartage, Inc		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 William Lynch		Title Owner		Signature 		Date April 19, 2012			

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

Date of Notification (1) 4/2/2012		Name of Building Owner/Operator (2) PSEG Salem/Hopewick	
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 checked="" type="checkbox"/> DCA N/A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Alloway Creek Neck Road City, State, Zip Code Hancocks Bridge NJ 08038 Name of Contact Mark A Former	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSEG Salem/Hopewick Nuclear		Type of Facility (4)	
Street Address Alloway Creek Neck Rd		<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) Hancocks Bridge NJ		Square Feet	# of Floors
County (6) Salem		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Nuclear Power Plant	
Name of Monitoring Firm Hired by Building Owner (8) A.E.T. INC		Name of Abatement Contractor (9) DZ NPS	
Street Address 28 N. Pennell Rd		Street Address 1846 Colonial Village Lane	
City, State, Zip Code Lima PA 19028		City, State, Zip Code LANCASTER PA 17601	
Project Manager for Monitoring Firm DAVE TURLEY		Telephone No. 610 891 2114	License No. 00821
Start Date (10) 4/09 2012	Scheduled Completion Date (11) 2012		Name of OSHA Monitor A.E.T.
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: Active Nuc. Plant			City, State, Zip Code
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 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)
	Yes No N/A		
Name of Registered Waste Hauler PSEG to dispose of all waste	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State	Disposal Date	City, State	
Completed by Mark A Former	Title Supv	Signature M.A.F.	Date 4/2/2012

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

Date of Notification (1) 4/2/2012		Name of Building Owner/Operator (2) PSEG Salem/Hopewick					
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 checked="" type="checkbox"/> DCA D/A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Alloway Creek Neck Road City, State, Zip Code Hancocks Bridge NJ 08038 Name of Contact Mark A Former					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSEG Salem/Hopewick Nuclear		Type of Facility (4)					
Street Address Alloway Creek Neck Rd		<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) Hancocks Bridge NJ		Square Feet	# of Floors				
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Nuclear Power Plant					
Name of Monitoring Firm Hired by Building Owner (8) A.ET INC		Name of Abatement Contractor (9) DZ NPS					
Street Address 28 N. Pennel Rd		Street Address 1866 Colonial Village Lane					
City, State, Zip Code Lima PA 19028		City, State, Zip Code LANCASTER PA 17601					
Project Manager for Monitoring Firm DAVE TUCKER		Telephone No. 610 891 0114	License No. 00821				
Start Date (10) 4/19/2012	Scheduled Completion Date (11) 2012	Name of OSHA Monitor A.ET					
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: Active Nuc. Plant		City, State, Zip Code					
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 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			
				Removal	Repair	Encapsulate	Enclosure
	Yes No N/A						
Name of Registered Waste Hauler PSEG to dispose of all waste		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
City, State		Disposal Date		City, State			
Completed by Mark A Former	Title Supv	Signature [Signature]	Date 4/2/2012				

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

Date of Notification (1) 04/18/2012		Name of Building Owner/Operator (2) INTERNATIONAL PAPER		GEORGIA PACIFIC					
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 <input checked="" type="checkbox"/> Amended Amendment # 9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 6400 POPLAR AVE. 297 FURG ST. City, State, Zip Code MEMPHIS, TN 38197 NEWARK, NJ 07105 Name of Contact Roger Schumer/IP, Paul Montney/GP					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CURTIS SPECIALITY PAPER				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 404 FRENCHTOWN ROAD				Square Feet 500,000					
City (5) MILFORD				# of Floors 2					
County (6) HUNTERDON				Bldg. Age 100 YEARS					
County Code (7) HUNTERDON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PAPER MANUFACTURING					
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, US		ASCM No. 000141		Name of Abatement Contractor (9) ROYAL ENVIRONMENTAL, INC					
Street Address 35 COLUMBIA ROAD		Street Address 720 LEXINGTON AVENUE		City, State, Zip Code ROCHESTER, NY 14613					
City, State, Zip Code BRANCHBURG, NJ 08876		City, State, Zip Code ROCHESTER, NY 14613		City, State, Zip Code ROCHESTER, NY 14613					
Project Manager for Monitoring Firm WILLIAM C. MENER		Telephone No. 908.526.1000		Telephone No. 585.254.1840					
Start Date (10) 5/16/2011		Scheduled Completion Date (11) 6/29/2012		License No. 01068					
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 HEALTH AND SAFETY SERVICES					
Street Address 318 12TH STREET				City, State, Zip Code HAMMONTON, NJ 08037					
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 checked="" type="checkbox"/> Demolition <input checked="" 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT FACILITY			X	PIPE	39500 LF	X			
				THERMAL SYSTEMS	45400 SF	X			
				TRANSITE	46300-SF	X			
				GALBESTOS	28500 SF	X			
Name of Registered Waste Hauler R&B DEBRIS LLC		NJDEP Waste Hauler ID No. NJ-8001		Cubic Yards of Waste 3500	Name of Registered Landfill GROWS LANDFILL				
City, State HAINSPORT, NJ				Disposal Date VARIOUS	City, State MORRISVILLE, PA				
Completed by PETER BREEN		Title PROJECT MASNAGER		Signature	Date 4/18/2012				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

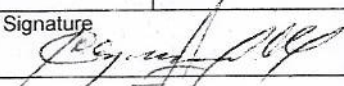
Date of Notification (1) 04/18/2012		Name of Building Owner/Operator (2) INTERNATIONAL PAPER		GEORGIA PACIFIC					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		6400 POPLAR AVE. 297 FURG ST.					
		City, State, Zip Code		MEMPHIS, TN 38197 NEWARK, NJ 07105					
		Name of Contact		Telephone Number					
		Roger Schumer/IP, Paul Montney/GP							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CURTIS SPECIALITY PAPER				Type of Facility (4)					
Street Address 404 FRENCHTOWN 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) MILFORD				Square Feet 500,000	# of Floors 2				
				Bldg. Age 100 YEARS					
County (6) HUNTERDON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PAPER MANUFACTURING					
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, US		ASCM No. 000141		Name of Abatement Contractor (9) ROYAL ENVIRONMENTAL, INC					
Street Address 35 COLUMBIA ROAD		Street Address 720 LEXINGTON AVENUE							
City, State, Zip Code BRANCBURG, NJ 08876		City, State, Zip Code ROCHESTER, NY 14613							
Project Manager for Monitoring Firm WILLIAM C. MENER		Telephone No. 908.526.1000		Telephone No. 585.254.1840	License No. 01068				
Start Date (10) 5/16/2011		Scheduled Completion Date (11) 6/29/2012		Name of OSHA Monitor HEALTH AND SAFETY SERVICES					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				318 12TH STREET					
				City, State, Zip Code HAMMONTON, NJ 08037					
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 checked="" type="checkbox"/> Demolition <input checked="" 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT FACILITY			X	VAT	56000 SF	X			
				MISCELLANEOUS	13000 SF	X			
Name of Registered Waste Hauler R&B DEBRIS LLC		NJDEP Waste Hauler ID No. NJ-8001		Cubic Yards of Waste 3500	Name of Registered Landfill GROWS LANDFILL				
City, State HAINSPORT, NJ				Disposal Date VARIOUS	City, State MORRISVILLE, PA				
Completed by PETER BREEN		Title PROJECT MASNAGER			Signature			Date 4/18/2012	

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

Check # 8181

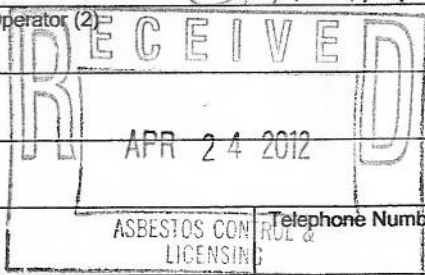
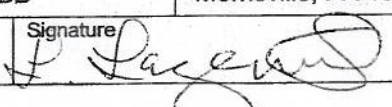
Date of Notification (1) 4-20-12		Name of Building Owner/Operator (2) Christina Knowlton					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 720 Leland Ave					
		City, State, Zip Code Plainfield, NJ 07062					
		Name of Contact Christina Knowlton					
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 720 Leland Ave		Square Feet	# of Floors				
City (5) Plainfield NJ 07062		2	75+				
County (6) Union	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	License No. 00394				
Start Date (10) 5-2-12	Scheduled Completion Date (11) 5-2-12	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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement	X		Air Duct paper wrap	150 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 5-3-12	City, State Morrisville PA				
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 4-20-12				

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

Date of Notification (1) 04/19/2012		Name of Building Owner/Operator (2) JOSEPHINE BOUVIER							
Agencies Notified	Type Notification	Street Address 48 - LOWELL ST.							
<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 WESTWOOD N.J. 07675							
		Name of Contact JOSEPHINE BOUVIER							
		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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 48 - LOWELL ST.									
City (5) WESTWOOD N.J. 07675		Square Feet 2.200	# of Floors 2						
		Bldg. Age 83 YEARS							
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 CONSTRUCTION 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. 201-708-4270	License No. 01135						
Start Date (10) 04/30/2012	Scheduled Completion Date (11) 05/01/2012	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES							
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 2222 RT. 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BESEMANT		X		PIPE INSULATION	160	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP 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 05/01/12	City, State BRONX. N.Y. 10474					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 			Date 04/19/2012			

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

CH# 1177

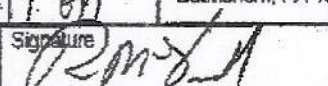
Date of Notification (1) 4-20-2012		Name of Building Owner/Operator (2) Joe Palmieri							
Agencies Notified		Street Address 8 Andrew Place							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Fair Lawn, NJ							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Joe							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 8 Andrew Place				Square Feet 2,000 # of Floors 2 Bldg. Age 50+					
City (5) Fair Lawn		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		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC					
Street Address n/a		City, State, Zip Code n/a		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950 License No. 01088					
Start Date (10) 5-2-2012		Scheduled Completion Date (11) 5-4-2012		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 - 5pm				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 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) 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	VAT	300 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 		Date 4/20/2012			

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

NJ Dept. of Health & Senior Services

(Signature) CHECK #:

Date: 4/16/12 Time: 3:13

Date of Notification (1) 4.16.12		Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 703 Main Street City, State, Zip Code Paterson NJ 07503						
		Name of Contact Monique Edwards	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 167 Barclay Street		Square Feet 5000	# of Floors 3					
City (5) Paterson	County (6) Passaic	County Code (7) (STATE USE ONLY)	Bldg. Age 68					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) residential demo						
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc						
City, State, Zip Code		Street Address 105 Lowell Road						
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452						
Telephone No.		Telephone No. 201-262-5841	License No. 00156					
Start Date (10) 4.17.12	Scheduled Completion Date (11) 4.23.12	Name of OSHA Monitor Omega Environmental Services 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606						
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 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) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Roof			flashing	450 SF	<input checked="" type="checkbox"/>			
kitchens			vinyl tile	600 SF	<input checked="" type="checkbox"/>			
basement			pipe insulation	400 LF	<input checked="" type="checkbox"/>			
exterior			siding	3000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport	NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 30	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 4.17.12	City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald	Title President	Signature 	Date 4.16.12					

State of New Jersey - Notification of Asbestos Abatement

Check # 2538

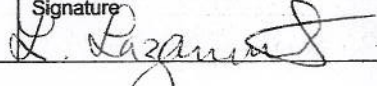
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC # 2012-327

Date of Notification (1) April 20, 2012		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
Agencies Notified EPA DCA x DOL x DEP (no longer required) x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 581 Main Street. PO Box 5042 City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Mark Connors/ C/O AECOM	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJTPK -Underside of the Florence-Columbus Rd Bridge Mile Post 48.7 to 50.5		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: NA # of Floors: NA Bldg. Age: 60 years	
Street Address NJTPK Florence-Columbus Road Bridge		Current Use (prior if being demolished): OVERPASS/BRIDGE	
City (5) Township of Mansfield	County (6) Burlington	County Code (7) (State Use Only)	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A-Visual Inspection By: AECOM Inc.		ASCM No.	Street Address 268 MAIN STREET City, State, Zip Code Butler, NJ 07405
Street Address 30 Knightsbridge Road, Suite 520		Telephone Number 973-492-0477	
City, State, Zip Code Piscataway, NJ 08854		License Number 00840	
Project Manager for Monitoring Firm Mark Connors	Telephone Number 732-672-7519	Name of OSHA Monitor EMSL inc.	
Scheduled Start Date (10) April 30, 2012	Scheduled Completion Date (11) May, 31, 2012	Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Over Roadway Work Hours: 7pm-6am During Lane Closures - Other Areas of Work 7am- 3:30pm (All areas will be multiple shifts depending on weather and traffic conditions, etc.)		Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>	
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) 1500 LF 3500 LF
NJTPK, Underside of the Florence Columbus Rd Bridge	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Transite Conduit (under bridge) Transite Conduit (underground)	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill GROWS Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date May 31, 2012	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) MXI Express, Inc. Maumee Express, Inc. 297 Zimmerman Lane, Langhorne, PA			
Completed by (Print or Type) Raymond C. Pedalino	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date April 20, 2012

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

CK#1179


Date of Notification (1) 4/20/2012		Name of Building Owner/Operator (2) Morgan Properties							
Agencies Notified	Type Notification	Street Address 160 Clubhouse 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 King of Prussia, PA 19406							
		Name of Contact David							
<div align="center">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		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 76 Market Street		Square Feet 2500	# of Floors 10+						
City (5) Perth Amboy		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Bldg.							
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	Telephone No. 973-706-7950						
Start Date (10) 4/30/2012		Scheduled Completion Date (11) 5/2/2012	License No. 01088						
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 - 5pm		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Elbows	6 Elbows	X			
Basement			X	Asbestos Pipe Insulation	10 LF	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 				Date 4-20-2012		

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

Ch# 1178

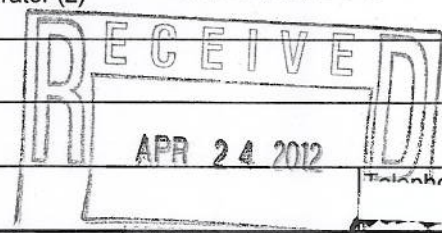
Date of Notification (1) 4-20-2012		Name of Building Owner/Operator (2) Sheller Company LLC							
Agencies Notified	Type Notification	Street Address 25 Oval Road	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 24 2012 ASBESTOS CONTROL & LICENSING </div>						
<input 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 Milburn, NJ 07041							
		Name of Contact David							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		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 88 Monroe Place		Square Feet	# of Floors 7						
City (5) Bloomfield		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Building							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental		ASCM No.	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address 2333 Rt 22 West		Street Address 22 Troy Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 908-206-0773	Telephone No. 973-706-7950						
License No. 01088									
Start Date (10) 4-30-2012	Scheduled Completion Date (11) 5-7-2012	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 - 5pm		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 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 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 Boiler Room			X	Asbestos Pipe Insulation	200 LF	X			
Basement Laundry Room			X	Asbestos Pipe Insulation	20 LF	X			
2 disconnected boilers (basement)			X	Asbestos Insulation	250 SF	X			
Disconnected water tank basement			X	Asbestos Insulation	200 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				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Lillie Lazarevich		Title Secretary		Signature <i>L. Lazarevich</i>	Date 4/20/2012				

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

Date of Notification (1) 4/19/2012		Check# 2207		Name of Building Owner/Operator (2) Kennedy University Hospital					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 24 2012 ASBESTOS INVESTIGATION </div>					
Street Address 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) <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 2201 Chapel Hill Campus				Square Feet 250,000					
City (5) Cherry Hill, NJ 08002				# of Floors 5					
County (6) Camden				Bldg. Age 52					
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.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address 318 12th Street			Street Address 426 69th Street						
City, State, Zip Code Hammononton, 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) 04/19/2012		Scheduled Completion Date (11) 04/23/2012		Name of OSHA Monitor EA Services Corporation					
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: Shift night-4 PM- 12 PM				Street Address 426 69th Street					
				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 Room: Old Chiller Pump	x			Fittings	30 LF	x			
Boiler Room: Old Chiller Pump	x			Pipe Insulation	40 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 4/19/2012		

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

CK 5179

Date of Notification 4/19/12 Type Notification		Name of Building Owner / Operator (2) John Hall	
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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	<div style="text-align: center;">  </div> Street Address 52 S. Main Street City, State & Zip Code Cranbury, NJ 08512 Name of Contact John Hall Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 52 S. Main Street		Square Feet 2000	# of Floors 2
City (5) Cranbury	County (6) Mercer	Bldg. Age 60	
Current Use (Prior if being demolished) Residential			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Tom Geiger		City, State & Zip Code Monroe Township, NJ 08831	
Telephone Number 732-290-2217		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 4/29/12	Scheduled Completion Date (11) 4/30/12	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Mini-Enclosure Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Other: Enclosure			
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)
Basement	N/A	Pipe Insulation	20 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5
City, State Freehold, NJ		Disposal Date 4/30/12	Name of Registered Landfill TRRF
Completed By (Print or Type) Dominick Tringali		Signature <i>Dominick Tringali</i>	Date 4/19/12

ck

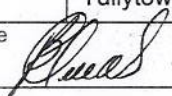
18453

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

CHECK # 18453

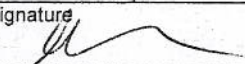
Date of Notification (1) 04-18-12		Name of Building Owner/Operator (2) Malkin		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED APR 24 2012 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 47 Sierra Court							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Hillsdale, NJ 07642							
		Name of Contact Albert Feliz		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 47 Sierra Court				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) Hillsdale		Square Feet 2,900	# of Floors 2	Bldg. Age 42 yrs.					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-939-6565	License No. 00756				
Start Date (10) 04-30-12		Scheduled Completion Date (11) 07-31-12		Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue					
				City, State, Zip Code Long Island City, 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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	350 SF	x			
Family Room			x	VAT	500 SF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (AF-106B)		NJDEP Waste Hauler ID No. SW2105		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 Tom Garcia		Title Project Manager		Signature <i>Tom Garcia</i>		Date 04-18-12			

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

Date of Notification (1) 3/19/2012		Check#2206		Name of Building Owner/Operator (2) Saint Michael's Medical Center					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 Central Avenue City, State, Zip Code Newark, NJ 07102 Name of Contact Andrew Mastin					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Michael's Medical Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 111 Central Avenue				Square Feet 160,000					
City (5) Newark, NJ 07102				# of Floors 8					
County (6) Essex				Bldg. Age 70+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address			Street Address 426 69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No.		License No. 01074				
Start Date (10) 4/21/12		Scheduled Completion Date (11) 4/28/2012		Name of OSHA Monitor EA Services Corporation					
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: Starting at 7:00 AM				Street Address 426 69th Street					
				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"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 'B'-3rd Fl-below Convent			x	Pipe Insulation	3 LF	x			
Bldg 'B'-Bathroom- Const Area			x	Pipe Insulation	60 LF	x			
Bldg 'B'-Construction Area			x	Pipe Insulation	20 LF	x			
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management			
City, State PO Box 5010			Disposal Date tbd		City, State Tullytown, Landfill				
Completed by Gina Salvador			Title Office Manager		Signature 		Date 3/19/2012		

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

CHECK 11227

Date of Notification (1) 4/20/12		Name of Building Owner/Operator (2) Diane Terhune		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 24 2012 ASBESTOS LICENSING </div>					
Agencies Notified		Street Address 74 Old Chester Road							
<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							
		City, State, Zip Code Essex Fells, NJ		Name of Contact Diane Terhune					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)					
Street Address 74 Old Chester 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) Essex Fells				Square Feet 5000	# of Floors 3				
				Bldg. Age 50					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address 2333 Route 22 W				Street Address 4 E Gate Drive, PO Box 483					
City, State, Zip Code Union NJ 07083				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm Sherrill Gelisomo		Telephone No. 908-206-0073		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 4/30/12		Scheduled Completion Date (11) 6/15/12		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: monday - saturday 8 am - 5 pm				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
attic			x	roof rafter insulation	2000 SF	x			
				(excludes soffit & below subfloor)					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50	Name of Registered Landfill GROWS N Landfill				
City, State Freehold NJ				Disposal Date TBD	City, State Morrisville PA				
Completed by Andrew Scott Higgins		Title President		Signature 			Date 4/20/12		

OK 023142

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
04 / 20 / 12

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

Agencies Notified Type of Notification
[X] EPA
[] Initial Notification
[X] DOL [X] Amended Notification
Amendment # 3
[X] DOH [] Cancellation
[] DCA [] Emergency

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



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

ASCM

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

Scheduled Completion Date (11)
05 / 16 / 12

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:

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

Scope of Work (Check all that apply)

[] ≥ 3 sf or ≥ 3 lf
[X] ≥ 160 sf or ≥ 260 lf

[] Demolition
[X] Renovation

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A 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			
Basement	X	Pipe insulation	500 LF	X			
Basement	X	Duct insulation	20 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

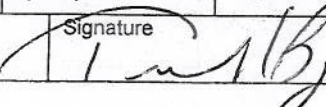
Completed by (Print or Type)
Jerry Bijelonic

Title
Project Manager

Signature

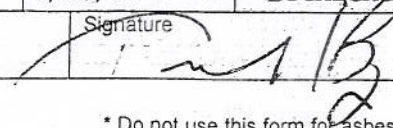
Date
4/20/2012

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

Date of Notification (1) 4-20-12		Name of Building Owner/Operator (2) Rockaway Town Square Mall							
Agencies Notified	Type Notification	Street Address 301 Mount Hope Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rockaway, NJ 07866							
		Name of Contact Michael Hauser							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rockaway Town Square Mall		Type of Facility (4)							
Street Address 301 Mount Hope Avenue		<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) Rockaway, NJ		Square Feet 150,000	# of Floors 1						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 41 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 5434 King Avenue, Suite 101		Street Address 923 Haws Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. 610-239-9920						
Start Date (10) 4/16/12		Scheduled Completion Date (11) 4/27/12	License No. 00398						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
<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>work area isolated</u>		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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) <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
Space 1083			x	floor tile mastic	750 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 4/27/12		City, State Bethlehem, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 				Date 4-20-12	

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

Check # 8209

Date of Notification (1) 4-5-12		Name of Building Owner/Operator (2) Rockaway Town Square Mall							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 24 2012 ASBESTOS LICEN </div>						
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	301 Mount Hope Avenue							
		City, State, Zip Code Rockaway, NJ 07866							
		Name of Contact Michael Hauser	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rockaway Town Square Mall		Type of Facility (4)							
Street Address 301 Mount Hope Avenue		<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) Rockaway, NJ		Square Feet 150,000	# of Floors 1						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 41						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design		ASCM No. _____	Current Use (Prior if being demolished) mall						
Street Address 5434 King Avenue, Suite 101		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
City, State, Zip Code Pennsauken, NJ 08109		Street Address 923 Haws Avenue							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	City, State, Zip Code Norristown, PA 19401						
Start Date (10) 4/16/12	Scheduled Completion Date (11) 4/20/12	Telephone No. 610-239-9920	License No. 00398						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
<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>work area isolated</u>		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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"/> <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
Space 1083			x	floor tile mastic	750 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 4/20/12		City, State Bethlehem, PA					
Completed by Timothy E. Bryan		Title Vice-President	Signature 	Date 4-5-12					

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



Date of Notification (1) 04/20/12 Ck# 2020 \$200		Name of Building Owner/Operator (2) Montclair Board of Education							
Agencies Notified	Type Notification	Street Address 22 Valley 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, New Jersey 07042							
		Name of Contact Lenny Saponaro							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nishuane 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 32 Cedar Avenue		Square Feet 20,000	# of Floors 2						
City (5) Montclair, New Jersey 07042		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, New Jersey 08631		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 05/05/12	Scheduled Completion Date (11) 05/06/12	Name of OSHA Monitor J&S Environmental Labs							
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: 7AM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		TSI	8 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 05/07/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 04/20/12					

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

Date of Notification (1) 04/19/2012		Name of Building Owner/Operator (2) Watchung Hills Regional High School	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 Stirling Road City, State, Zip Code Warren, NJ 07059 Name of Contact Tim Stys	

RECEIVED
APR 24 2012
ASBESTOS LICE
Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Watchung Hills Regional High 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 108 Stirling Road		Square Feet 20000+ SF	# of Floors 50+
City (5) Warren, NJ 07059		Bldg. Age 50+	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	

Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants		ASCM No. 0057	Name of Abatement Contractor (9) RICI CORP	
Street Address P.O. Box 385		Street Address 41 LIBERTY STREET		
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code PASSAIC, NJ 07055		
Project Manager for Monitoring Firm Domenic D'Errico	Telephone No. 609-652-1833	Telephone No. 973-614-1266	License No. 00838	
Start Date (10) 04/30/2012	Scheduled Completion Date (11) 06/01/2012	Name of OSHA Monitor RICI CORP		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe Occupied 6am to 2pm		Street Address 41 LIBERTY STREET	
		City, State, Zip Code PASSAIC, NJ 07055	

Scope of Work (Check all that apply)				
<input type="checkbox"/> ~: 3 sf or ~: 3 lf	<input checked="" type="checkbox"/> ~: 1 60 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
Large Group Instruction Room Vestibule		X		Glue Dot asso. with 1 X 1 Ceiling Tiles	20 SF	X		
Large Group Instruction Room		X		9 X 9 Floor tiles and mastic (beneath carpets & runners)	1100 SF	X		
Large Group Instruction Room		X		Textured Ceiling plaster	4500 SF	X		

Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL	
City, State PASSAIC, NJ		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by RISTO TRAJKOV	Title PRESIDENT	Signature <i>[Signature]</i>		Date 04/19/2012	

D&S Proj. #: MS 12-138

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

CHECK NUMBER 004204

Date of Notification (1) <u>04/18/12</u>		Name of Building Owner/Operator (2) <u>Russell Sterling</u>		<div style="border: 1px solid black; padding: 5px;"> RECEIVED APR 24 2012 APPROVED NJ Dept. of Health & Senior Services <u>[Signature]</u> Date: <u>4/18/12</u> Time: <u>1:45PM</u> </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address <u>145 West End Avenue</u>		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <u>Somerville, NJ 08876</u>		
		Name of Contact <u>Russell Sterling</u>		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Private facility</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>145 West End Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Somerville</u>	County (6) <u>Somerset</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address			Street Address <u>20 California Ave.</u>		
City, State, Zip Code			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-345-8020</u>		License Number <u>00159</u>
Start Date (10) <u>04/19/2012</u>		Sched. Completion Date (11) <u>04/20/12</u>	Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
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>NORMAL HOURS</u>			Street Address <u>20 California Avenue</u>		
			City, State, Zip Code <u>Paterson, NJ 07503</u>		
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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>3 CY</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>04/26/12</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>4/18/12</u>

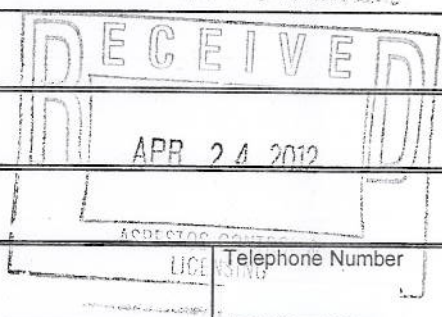
* Do not use this form for asbestos licensure exempted activities.

004205

D&S Proj. #: MS 12-139

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

Date of Notification (1) 04/11/12		Name of Building Owner/Operator (2) Jeff Christensen	
Agencies Notified	Type Notification	Street Address 235 Ackerman Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Ho-ho-kus, NJ 07423	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Jeff Christensen	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 235 Ackerman Avenue			Square Feet		
City (5) Ho-ho-kus	County (6) Bergen	County Code (7) (State use only)	# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
			License Number 00159	

Start Date (10) 04/28/12	Sched. Completion Date (11) 04/28/12	Name of OSHA Monitor D & S Restoration, Inc.
Occupancy Status During Abatement (Check only one)		Street Address 20 California Avenue
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Paterson, NJ 07503
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		

Scope of Work (check all that apply)

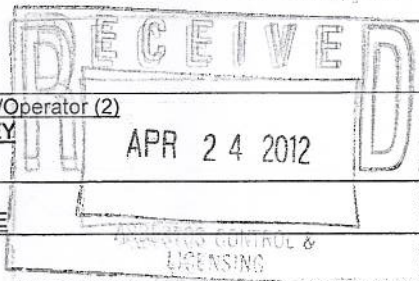
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> 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/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Garage		<input checked="" type="checkbox"/>		Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/3/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 4/18/12

CK 4748

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



Date of Notification (1) 4/4/2012		Name of Building Owner/Operator (2) FEINBURG&MCBURNEY	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation	
Street Address 1874 E. MARLTON PIKE		City, State, Zip Code CHERRY HILL, NJ 08003	
Name of Contact STEPHANIE RIPA		Tel Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CVS		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address HOOPER RD & DRUM POINT RD		Sq. Feet <u>7500</u> # of Floors <u>2</u>	
City (5) BRICK	County (6) OCEAN	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>
Name of Monitoring Firm VERTEX		ASCM No.	
Street Address 700 TURNER WAY, SUITE 105		Street Address 550 East Union Street	
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm DON HEIM	Telephone Number 6107870402	Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10) 4/23/2012	Scheduled Completion Date (11) 5/11/2012	Name of OSHA Monitor VERTEX	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 700 TURNER WAY, SUITE 105	
Describe Other -		City, State, Zip Code ASTON, PA 19014	
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
RESTAURANT BASEMENT	X	FLUE PACKING	7SF
RESTAURANT EXTERIOR	X	STUCCO	1,344SF
RESTAURANT BASEMENT	X	TRANSITE	6SF
RESTAURANT BASEMENT	X	PIPE INSULATION	8LF
RESTAURANT COAT RM	X	VAT&MASTIC	48SF
RESTAURANT ROOF	X	DUCT INSULATION	675SF
RENTAL ROOF	X	SHINGLES	240SF
RENTAL KITCHEN	X	VAT&MASTIC	325SF
BEER BLDG EXTERIOR	X	CAULK	58LF
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 100
City, State Hazelton, PA		Disp. Date TBD	Name of Reg. Landfill BFI Imperial
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature
Date 4/17/2012		City, State Imperial, PA	

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

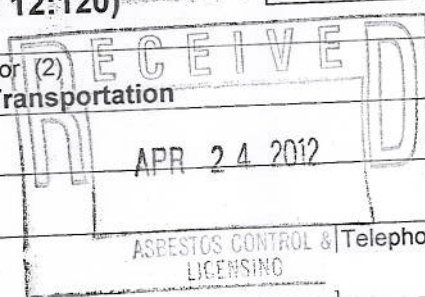
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

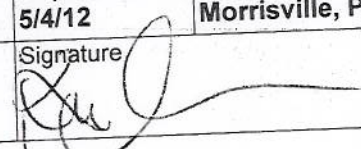
<u>Date of Notification (1)</u> <p align="center">4/4/2012</p>			<u>Name of Building Owner/Operator (2)</u> FEINBURG&MCBURNERY		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<div style="text-align: right; font-size: 2em; opacity: 0.5; position: absolute; top: 0; right: 0;">RECEIVED</div> <div style="text-align: center; font-weight: bold;">APR 24 2012</div> <u>Street Address</u> 1874 E. MARLTON PIKE <u>City, State, Zip Code</u> CHERRY HILL, NJ 08003 <u>Name of Contact</u> STEPHANIE RIPA	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> CVS			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> HOOPER RD & DRUM POINT RD			<u>Sq. Feet</u> 7500 <u># of Floors</u> 2		
<u>City (5)</u> BRICK	<u>County (6)</u> OCEAN	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> VACANT		
<u>Name of Monitoring Firm</u> VERTEX		<u>ASCN No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems		
<u>Street Address</u> 700 TURNER WAY, SUITE 105			<u>Street Address</u> 550 East Union Street		
<u>City, State, Zip Code</u> ASTON, PA 19014			<u>City, State, Zip Code</u> West Chester, PA 19382		
<u>Project Manager for Monitoring Firm</u> DON HEIM		<u>Telephone Number</u> 6107870402	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508	
<u>Scheduled Start Date (10)</u> 4/18/2012		<u>Scheduled Completion Date (11)</u> 5/11/2012		<u>Name of OSHA Monitor</u> VERTEX	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 700 TURNER WAY, SUITE 105		
Describe _____ Other -			<u>City, State, Zip Code</u> ASTON, PA 19014		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
RESTAURANT BASEMENT	X	FLUE PACKING	7SF	X	
RESTAURANT EXTERIOR	X	STUCCO	1,344SF	X	
RESTAURANT BASEMENT	X	TRANSITE	6SF	X	
RESTAURANT BASEMENT	X	PIPE INSULATION	8LF	X	
RESTAURANT COAT RM	X	VAT&MASTIC	48SF	X	
RESTAURANT ROOF	X	DUCT INSULATION	675SF	X	
RENTAL ROOF	X	SHINGLES	240SF	X	
RENTAL KITCHEN	X	VAT&MASTIC	325SF	X	
BEER BLDG EXTERIOR	X	CAULK	58LF	X	
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100		<u>Name of Reg. Landfill</u> BFI Imperial
<u>City, State</u> Hazelton, PA			<u>Disp. Date</u> TBD	<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> VIN BLOM		<u>Title</u> Estimator	<u>Signature</u> 		<u>Date</u> 4/4/2012

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

Job #: 1204-1638
Check #: 2659

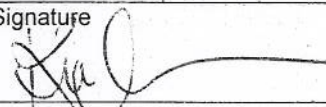
Date of Notification (1) 4/19/12		Name of Building Owner / Operator (2) New Jersey Department of Transportation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address P.O. Box 600	
		City, State & Zip Code Trenton, NJ 08625	
		Name of Contact Mr. Paul Kocher	
		Telephone Number ASBESTOS CONTROL & LICENSING	



FACILITY INFORMATION																																																																																
Name of Facility Where Abatement is Taking Place (3) Furniture Store		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 Route 130 & 30		Square Feet Approx. 5,000	# of Floors 2																																																																													
City (5) Collingswood	County (6) Camden	Bldg. Age 1930's																																																																														
County Code (7)		Current Use (Prior if being demolished) Vacant																																																																														
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.																																																																														
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.																																																																														
City, State & Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Blvd.																																																																														
Project Manager for Monitoring Firm Dave or Steve Flanigan		City, State & Zip Code Hainesport, NJ 08036																																																																														
Scheduled Start Date (10) 5/2/12	Scheduled Completion Date (11) 5/4/12	Telephone Number 609-702-0400	License Number 00862																																																																													
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Name of OSHA Monitor EMSL Analytical																																																																														
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure																																																																														
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2"></th> <th colspan="3">Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th> <th rowspan="2">Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>Exterior</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Gray Sheet Flooring</td> <td>70 SF</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Exterior</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Floor Tile & Mastic</td> <td>195 SF</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			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	Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Sheet Flooring	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	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																																																																							
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Sheet Flooring	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
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Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5																																																																													
City, State Trenton, NJ		Name of Registered Landfill GROWS																																																																														
Disposal Date 5/4/12		City, State Morrisville, PA																																																																														
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 																																																																													
		Date 4/19/12																																																																														

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

Job #: 1204-1637
Check #: 2657

Date of Notification (1) 3/23/12		Name of Building Owner / Operator (2) Jewish Renaissance CDC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 149 Kearny Avenue City, State & Zip Code Perth Amboy, NJ 08861 Name of Contact Mrs. Marlene Sigman							
		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 24 2012 </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 298 Sutton Street		Square Feet 1548	# of Floors 2						
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age 92							
County Code (7)		Current Use (Prior if being demolished) Residential Property							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 16 West Elizabeth Avenue		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	License Number 00862						
Scheduled Start Date (10) 5/3/12	Scheduled Completion Date (11) 5/3/12	Name of OSHA Monitor EMSL 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	56 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 5/4/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 			Date 4/19/12			

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

Paragon Job# _____

Date of Notification (1) 10/1/12 10/1/12		Name of Building Owner/Operator (2) JK Management, LLC	
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"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 1051 Bloomfield Ave.			
City, State, Zip Code Clifton, NJ 07014			
Name of Contact Kelly Fitzpatrick		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Styretown Shopping Center (Unit # 6)			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 1051 Bloomfield Ave.			Square Feet 60,000 sf		
City (5) Clifton, NJ 07014			# of Floors 03		
County (6) Passaic			Bldg. Age 60		
County Code (7) (State use only)			Current Use (Prior if being demolished) Shopping Center		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address _____		Street Address 590 River Rd.		City, State, Zip Code Clifton, NJ 07014	
City, State, Zip Code _____		Telephone Number (973) 614-1600		License Number 00748	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor Paragon Contracting, Inc.	
Scheduled Start Date (10) 05/04/2012		Sched. Completion Date (11) 05/07/2012		Street Address 590 River Rd.	
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: _____		City, State, Zip Code Clifton, NJ 07014		_____	

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-Exempted (" ") 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						
Unit # 6			X	VAT	2,510 SF	X			

Registered Waste Hauler Paragon Contracting, Inc.		NJDEP Hauler ID# 22161	Cubic Yards of Waste 15 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014		Disposal Date TBD		City, State Tullytown, PA
Completed by (Print or Type) Goran Lazevski	Title President	Signature 		Date 04/20/2012

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

B & G proj. #: 2012-69

Check # 5211

Date of Notification (1) 10/14/12		Name of Building Owner/Operator (2) Edmund Reed	
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 160 Hollywood Avenue		City, State, Zip Code Orange, NJ 07050	
Name of Contact Edmund Reed		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Edmund Reed			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 160 Hollywood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Orange, NJ 07050	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 4/30/2012		Sched. Completion Date (11) 4/30/2012	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <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	54 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/1/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 4/20/2012

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

B & G proj. #: 2012-67

Check # 5212

Date of Notification (1) <u>04/12/12</u>		Name of Building Owner/Operator (2) <u>Monique & James Jean-Pierre</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>450 N Ridgewood Road</u>		City, State, Zip Code <u>South Orange, NJ 07079</u>	
Name of Contact <u>James Jean-Pierre</u>		Telephone Number _____	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Monique & James Jean-Pierre</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>450 N Ridgewood Road</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>South Orange, NJ 07079</u>	County (6) <u>Essex</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>5/1/2012</u>		Sched. Completion Date (11) <u>5/1/2012</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	15 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>5/2/12</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>4/20/2012</u>

B & G proj. #: 2012-80

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

Check # 5213

Date of Notification (1)

10/14/12 10/11/12

Name of Building Owner/Operator (2)

Richard Rufener

Street Address

104 Lake Drive

City, State, Zip Code

Mountain Lakes, NJ 07046

Name of Contact

Richard Rufener

ASBESTOS CONTROL
LICENSING

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Richard Rufener

Street Address

104 Lake Drive

City (5)

Mountain Lakes, NJ 07046

County (6)

Morris

County Code (7)

(State use only)

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

5/2/2012

Sched. Completion Date (11)

5/2/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Full Containment w/negative pressure☐ Glovebag procedure☐ Mini-enclosure☒ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)

VAT/Mastic

Amount
(Specify SF or
LF)

72 sf

R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

ground floor

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1 1/2 yardsName of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

5/3/12

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

4/20/2012

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

Date of Notification (1) 04/19/2012		Name of Building Owner/Operator (2) Vineland B.O.E.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED APR 24 2012 ASBESTOS </div>					
Agencies Notified	Type Notification	Street Address 17 West Landis Ave							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Paul Farinaccio							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Vineland School				Type of Facility (4)					
Street Address 2831 S.E. Boulevard				<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.)					
City (5) Vineland				Square Feet	# of Floors				
County (6) Cumberland				Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No.		Name of Abatement Contractor (9) VMC Company Inc.					
Street Address 1930 Brown Rd				Street Address 208 Piaget Ave.					
City, State, Zip Code Newfield NJ 08344				City, State, Zip Code Clifton NJ 07011					
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077		Telephone No. 973-365-4086	License No. 0704				
Start Date (10) 04/30/2012		Scheduled Completion Date (11) 05/03/2012		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
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"/> 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) 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
1st Floor			x	VAT	688 SF	x			
Boiler Room			x	Boiler packing	15 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Newark NJ				Disposal Date	City, State Morrisville, PA				
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>		Date 04/19/2012			

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

STEVENS ENVIRONMENTAL
SERVICES INC.
check # 24751

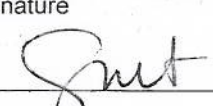


Date of Notification (1) <u>4/19/12</u>		Name of Building Owner/Operator (2) <u>Jacobus Pharmaceutical Company, Inc.</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 <u>P.O. Box 5290</u> City, State, Zip Code <u>Princeton, NJ 08540</u>						
		Name of Contact <u>Robert Warman</u>	Telephone Number <u>ASB</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Jacobus Pharmaceutical Company Inc.</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>31 Schalks Crossing Road</u>								
City (5) <u>Plainsboro</u>		Square Feet	# of Floors					
County (6) <u>Middlesex</u>		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>research lab</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>4/30/12</u>	Scheduled Completion Date (11) <u>5/4/12</u>	Name of OSHA Monitor <u>MECS</u>						
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>7AM - 3:30PM</u>		Street Address <u>P.O. Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
<u>outside storage building</u>			<u>pipe insulation</u>	<u>130 LF</u>	<input checked="" type="checkbox"/>			
<u>2nd floor Mech.Rm-Main Bldg</u>			<u>pipe insulation</u>	<u>110 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R. F. Landfill.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/4/12</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>		Signature <u>[Signature]</u>	Date <u>4/19/12</u>				

Noted

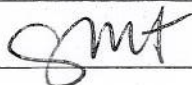
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1204-4465
Check #4020

Date of Notification (1) 4/18/12		Name of Building Owner / Operator (2) New Jersey City University							
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 #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2039 Kennedy Boulevard City, State & Zip Code Jersey City, NJ 07305 Name of Contact Andrew Christ							
		Telephone Number							
RECEIVED APR 24 2012									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ City University		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 2039 Kennedy Boulevard		Square Feet	# of Floors Bldg. Age						
City (5) Jersey City	County (6) Hudson	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.							
Street Address 464 Valley Brook Ave.		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code Lyndhurst, NJ 07071		Street Address PO Box 25							
Project Manager for Monitoring Firm Jim Ruff		City, State & Zip Code Lumberton, NJ 08048							
Telephone Number 201-438-4839		Telephone Number 609-265-2107	License Number 00529						
Scheduled Start Date (10) 5/15/12	Scheduled Completion Date (11) 5/25/12	Name of OSHA Monitor EMSL Analytical							
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Rossey Hall (7) Bathrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	300 SF total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science Building (6) Bathrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	564 SF total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 5/25/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.		Signature 			Date 4/18/12		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #3945
(Pursuant to N.J.A.C. 8:60 and 12:120)

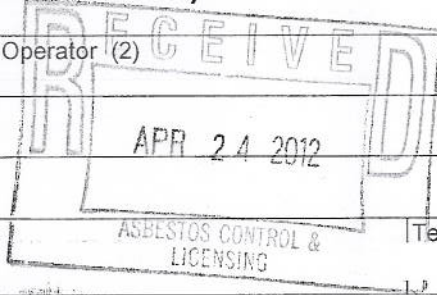
1203-4461 Sub 8

Date of Notification (1) 4/17/12		Name of Building Owner / Operator (2) Union Township Board of Education							
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 #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2369 Morris Ave.							
		City, State & Zip Code Union, NJ 07083							
		Name of Contact Tom Wiggins							
		Telephone Number APR 24 2012							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Five Jefferson School- Building #2		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 155 Hilton Avenue		Square Feet	# of Floors						
City (5) Union	County (6) Union	County Code (7)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 280 Huyler Street		Street Address 30 Maple Ave							
City, State & Zip Code South Hackensack, NJ 07606		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8700	License Number 00529						
Scheduled Start Date (10) 4/16/12	Scheduled Completion Date (11) 4/27/12	Name of OSHA Monitor EMSL Analytical							
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 Describe: 4/17 & 4/18 7AM-3:30, Double shifts, 7AM-11:30 PM thereafter <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
	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
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Weight Concrete	1,276 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Weight Concrete	1,108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 4/27/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature 			Date 4/17/12		

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

1203-4455
Check #4021

Date of Notification (1) 4/20/12		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 80 Park Plaza
			City, State & Zip Code Newark, NJ 07101
			Name of Contact Bob Cacamese
			Telephone Number



FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) PSE&G Exterior		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 Devlin Ave. & West Broad Street		Square Feet # of Floors Bldg. Age
City (5) Burlington	County (6) Burlington	County Code (7)
Current Use (Prior if being demolished) Exterior		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.
Street Address 318 12th Street		Name of Abatement Contractor (9) AbateTech, Inc.
City, State & Zip Code Hammonton, NJ 08037		Street Address PO Box 25
Project Manager for Monitoring Firm James Proctor		City, State & Zip Code Lumberton, NJ 08048
Telephone Number	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 5/14/12	Scheduled Completion Date (11) 6/8/12	Name of OSHA Monitor EMSL Analytical
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 Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.
		City, State & Zip Code Westmont, NJ 08108

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 ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

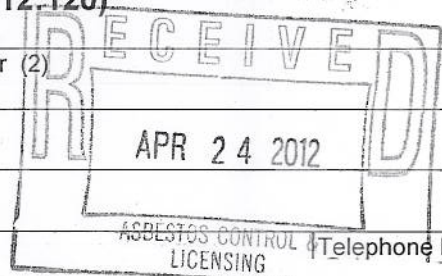
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Conduit	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 950	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 6/8/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Office Coord.	Signature 	Date 4/20/12

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

1204-4473
Check #4022

Date of Notification (1) 4/20/12		Name of Building Owner / Operator (2) Livingston Mall Venture	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 112 Eisenhower Parkway	
	City, State & Zip Code Livingston, NJ 07039		
	Name of Contact Jack Aprile		
	Telephone Number		



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Livingston Mall Space #2033C		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 112 Eisenhower Parkway		Square Feet	# of Floors
City (5) Livingston		County (6)	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	
Street Address 318 12th Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Hammonton, NJ 08037		Street Address PO Box 25	
Project Manager for Monitoring Firm James Proctor		Telephone Number 609-704-8850	License Number 00529
Scheduled Start Date (10) 4/30/12	Scheduled Completion Date (11) 5/1/12	Name of OSHA Monitor EMSL Analytical	
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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

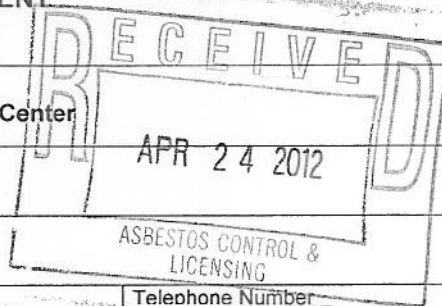
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space #2033C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	35 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space #2033C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 5/1/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 4/20/12

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



Date of Notification (1) 03 / 02 / 12		Name of Building Owner/Operator (2) Hackensack University Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-4/19/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Prospect Avenue	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact Facilities Dept	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		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 250 Old Hook Road			
City (5) Westwood		Square Feet 100,000	# of Floors 3
		Bldg. Age 40+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 515 Grove Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 3 / 13 / 12	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / PM - AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	45,945 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	45,945 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 350 Cu Yd	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date 4/13/12	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>		Date 4/19/12	

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

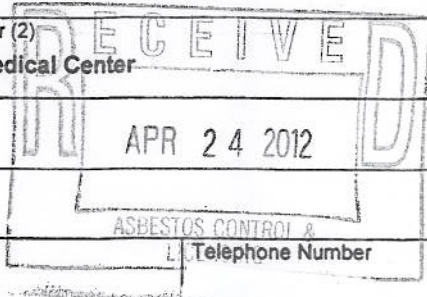
Date of Notification (1) <u>03</u> / <u>02</u> / <u>12</u>		Name of Building Owner/Operator (2) Hackensack University Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-4/12/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Prospect Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Facilities Dept							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		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 250 Old Hook Road		Square Feet 100,000							
City (5) Westwood		# of Floors 3							
County (6) Bergen		Bldg. Age 40+							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.							
Street Address 515 Grove Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 856-547-0505		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) <u>3</u> / <u>13</u> / <u>12</u>		Scheduled Completion Date (11) <u>4</u> / <u>20</u> / <u>12</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> PM- <u> </u> AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	45,945 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	45,945 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 350 Cu Yd	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 4/13/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 4/12/12			

CE # 2242

ASB-41
MAY 11

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

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



Date of Notification (1) <u>03</u> / <u>02</u> / <u>12</u>		Name of Building Owner/Operator (2) Hackensack University Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-3/8/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Prospect Avenue City, State, Zip Code Hackensack, NJ 07601 Name of Contact Facilities Dept Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		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 250 Old Hook Road		Square Feet 100,000	# of Floors 3 Bldg. Age 40+						
City (5) Westwood	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 515 Grove Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) "ON HOLD"	Scheduled Completion Date (11) 4 / 13 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM- AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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) 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	Enclose
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	45,945 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	45,945 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 350 Cu Yd	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 4/13/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 3/8/12			

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

CR # 2238

Date of Notification (1) 03 / 02 / 12		Name of Building Owner/Operator (2) Hackensack University Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <i>5744</i> <input checked="" type="checkbox"/> DHSS <i>8314</i> <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 20 Prospect Avenue		City, State, Zip Code Hackensack, NJ 07601							
Name of Contact Facilities Dept		Telephone Number ASBESTOS LICEN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		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 250 Old Hook Road		Square Feet 100,000							
City (5) Westwood		# of Floors 3							
County (6) Bergen		Bidg. Age 40+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.							
Street Address 515 Grove Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 856-547-0505		Telephone No. 215-788-6040							
Start Date (10) 3 / 12 / 12		License No. 00509							
Scheduled Completion Date (11) 4 / 13 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM- AM		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	45,945 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	45,945 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 350 Cu Yd		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE 19720		Disposal Date 4/13/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 3/2/12			