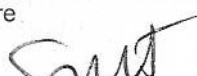


(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) <b>4/27/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>		APR 30 2012					
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 #7 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b> Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library</b> Street Address <b>One Washington Road</b> City (5) <b>Princeton</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age Current Use (Prior if being demolished) <b>University Library</b>						
County (6) <b>Mercer</b>		County Code (7)		Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b> Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b> City, State & Zip Code <b>Burlington, NJ 08016</b> Project Manager for Monitoring Firm <b>Mike Keehn</b>					
Name of Abatement Contractor (9) <b>AbateTech, Inc.</b> Street Address <b>PO Box 25</b> City, State & Zip Code <b>Lumberton, NJ 08048</b> Telephone Number <b>609-265-2107</b> License Number <b>00529</b>		ASCM No. Telephone Number <b>609-386-8800</b>		Scheduled Start Date (10) <b>10/17/11</b> Scheduled Completion Date (11) <b>5/31/12</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor <b>EMSL Analytical</b> Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" 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         </div> </div>									
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) Yes    No    N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Level A Elevator Lobby		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Floor tile & Mastic (Full Containment)	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Shaft		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Pipe Insulation (Full Containment)	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
<b>AbateTech, Inc.</b>		<b>18750</b>		<b>4</b>	<b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/31/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>		Signature 			Date <b>4/27/12</b>		



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

ETS JOB # 3802/12

CHECK # 42512

AMENDMENT # 4

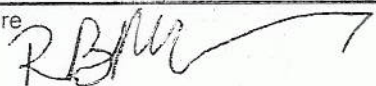
Date of Notification (1) <b>04/25/2012</b>		Name of Building Owner / Operator (2) <b>Bed, Bath and Beyond</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address <b>650 Liberty Avenue</b>
			City, State & Zip Code <b>Union, NJ 07083</b>
			Name of Contact <b>Mr. John Purcell</b>
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bed, Bath and Beyond Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>650 Liberty Avenue</b>			Square Feet <b>200,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50+</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial Office</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>			Name of Abatement Contractor (9) <b>ETS Contracting, Inc.</b>		
Street Address <b>1090 King Georges Post Road, Suite 706</b>			Street Address <b>160 Clay Street</b>		
City, State & Zip Code <b>Edison, NJ 08837</b>			City, State & Zip Code <b>Brooklyn, NY 11222</b>		
Project Manager for Monitoring Firm <b>Pat Sisk</b>		Telephone Number <b>(732) 771-0051</b>	Telephone Number <b>718-706-6300</b>		License Number <b>00511</b>
Scheduled Start Date (10) <b>4/25/2012</b>		Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>Environmental Tactics, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Vacated: - Working Hours from 5:00pm - 1:30am</b>			Street Address <b>64 Broad Street</b>		
			City, State & Zip Code <b>Matawan, NJ 0774</b>		

Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input type="checkbox"/> Other: <b>Non Friable Electric Cable</b>	

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

Name of Registered Waste Hauler <b>Tri State Transfer</b>		NJDEP Waste Hauler ID # <b>19551</b>		Cu. Yds. of Waste <b>3</b>		Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>	
City, State <b>Bronx, NY</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>			
Completed By (Print or Type) <b>ROY JOHNSON</b>		Title <b>PROJECT EXECUTIVE</b>		Signature 		Date <b>04/25/12</b>	



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

Ch# 2277

Date of Notification (1) <b>4/26/12</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>Patrick Torre Administration Bldg, County Route 516</b> City, State & Zip Code <b>Matawan, NJ 07747</b> Name of Contact <b>Mr. Frank Frazzitta</b>	
		<div style="text-align: right;">Telephone Number</div> <div style="text-align: center;">ASBESTOS CONT LICENSING</div>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Walter Schirra ES</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>1 Awn Street</b>			Square Feet <b>50000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
City (5) <b>Old Bridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, NJ 08010</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>5/7/12</b>	Scheduled Completion Date (11) <b>5/9/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
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 Hours – 7am to 3pm Describe: <b>4 PM to 12:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf ≥260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>All Purpose Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>325 SF</b>	<input type="checkbox"/>	<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"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/2 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>5/9/12</b>	City, State <b>Waynesburg, Ohio</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>4/26/12</b>



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

*OK # 2272*

Date of Notification (1) <b>4 / 26 / 12</b>		Name of Building Owner/Operator (2) <b>Rutgers University</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>APR 30 2012</b> </div>					
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>#27 Road 1 Bldg 4086</b>			
		City, State, Zip Code <b>Piscataway, NJ 08854</b>				Name of Contact <b>Mike Smith</b>			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Armitage Hall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>311 N. 5<sup>th</sup> Street Bldg 7036</b>									
City (5) <b>Camden</b>				Square Feet <b>46000</b>	# of Floors <b>4</b>				
County (6) <b>Camden</b>				Bldg. Age <b>30+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>University</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>3 Terri Lane</b>			Street Address <b>1123 BEAVER STREET</b>						
City, State, Zip Code <b>Burlington Township, NJ 08016</b>			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>Brian Kearney</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>		License No. <b>00509</b>				
Start Date (10) <b>5 / 5 / 12</b>		Scheduled Completion Date (11) <b>5 / 7 / 12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>12AM- PM/ PM-5:00AM</b>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input 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) <b>TO BE ABATED</b> 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) <b>8 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Suite 146</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TSI</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>30 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>4/26/12</b>		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>General Manager</b>		Signature <i>Gino Pizzigoni / jl</i>			Date <b>4/26/12</b>		



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

CHECK#21845

Date of Notification (1) <b>4/26/2012</b>		Name of Building Owner/Operator (2) <b>PENNINGTON PRESBYTERIAN CHURCH</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>13 SOUTH MAIN STREET</b>	
		City, State, Zip Code <b>PENNINGTON, NJ</b>	
		Name of Contact <b>ANTHONY P. LOVERO, SR.</b>	
		Telephone Number <b>ASBESTOS CONSULTING</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PENNINGTON PRESBYTERIAN CHURCH CORNER HOUSE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>13 SOUTH MAIN STREET</b>		Square Feet	# of Floors/Bldg. Age
City (5) <b>PENNINGTON, NJ</b>		Current Use (Prior if being demolished)	
County <b>MERCER</b>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH SERVICES</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address <b>78 E. ATLANTIC WAY</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>LAVALLETTE, NJ 08735</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>4/27/2012</b>	Scheduled Completion Date (11) <b>5/1/2012</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)
	Yes	No	
BASEMENT		<input checked="" type="checkbox"/>	PIPE INSULATION/DEBRIS
VAT		<input checked="" type="checkbox"/>	KITCHEN & BATHROOM
BASEMENT		<input checked="" type="checkbox"/>	FLUE PACKING
BASEMENT		<input checked="" type="checkbox"/>	TRANSITE PANELS
Name of Registered Waste Hauler <b>LUCAS DEMOLITION</b>	NJDEP Waste Hauler ID No. <b>22384</b>	Cubic Yards of Waste <b>4 YD</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>HIGHTSTOWN, NJ</b>	Disposal Date <b>5/3/2012</b>	City, State <b>MORRISVILLE, PA</b>	
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature 27-Mar <i>David D'Andrea</i>	Date <b>4/26/2012</b>

ASB-41

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

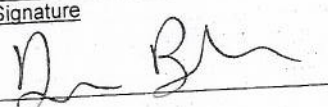


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>04/27/2012</b>		Name of Building Owner/Operator (2) <b>720 Washington Ave. LLC.</b>							
Agencies Notified	Type Notification	Street Address <b>720 Washington Ave.</b>							
<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 <b>Carlstadt, NJ</b>							
		Name of Contact <b>Dominick Tucci</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Wonder Bread</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>720 Washington Ave.</b>		Square Feet <b>15,000</b>	# of Floors <b>1</b>						
City (5) <b>Carlstadt, NJ</b>		Bldg. Age <b>50+</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Former Wonder Bread Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>J &amp; S Environmental Laboratories</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>						
Street Address <b>2333 Rt 22 West</b>		Street Address <b>145 Mill Street</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Project Manager for Monitoring Firm <b>Sherry Gelsomino</b>		Telephone No. <b>908-206-0073</b>	License No. <b>01108</b>						
Start Date (10) <b>05/07/2012</b>	Scheduled Completion Date (11) <b>05/21/2012</b>	Name of OSHA Monitor <b>Valiant Associates, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>145 Mill Street</b>							
		City, State, Zip Code <b>Paterson, NJ 07501</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
Office Areas, Conf. RM			X	Multi-Layer Floor Tile	3,480 SF	X			
Roof (upper/lower)			X	Roof Flashing	800 SF	X			
Exterior Window Caulk			X	Caulk Around Window	500 LF	X			
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 CY</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle DE</b>		Disposal Date <b>05/21/2012</b>	City, State <b>Waynesburgh, OH</b>						
Completed By <b>Miodrag Stamenovic</b>		Title <b>Project Manager</b>	Signature <i>Miodrag Stamenovic</i>				Date <b>04/27/2012</b>		



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

<b>Date of Notification (1)</b> <div style="text-align: center; font-weight: bold;">4/25/2012</div>		<b>Name of Building Owner/Operator (2)</b> <b>Hercules</b>	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> (X) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	
<b>Street Address</b> <b>500 Hercules Road</b>		<b>City, State, Zip Code</b> <b>Wilmington, DE, 19808</b>	
<b>Name of Contact</b> <b>Joe Keller</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Hercules Former Facility</b>		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> <b>145 oakdale road</b>		<b>Sq. Feet</b> <u>6000</u> <b># of Floors</b> <u>3</u>	
<b>City (5)</b> <b>CHESTER</b>	<b>County (6)</b> <b>MORRIS</b>	<b>Bldg. Age</b> <u>30+</u> <b>Current Use (prior if being demolished)</b> <u>RESIDENCES</u>	
<b>Name of Monitoring Firm</b> <b>EHS INC</b>		<b>Name of Contractor (9)</b> <b>Alliance Environmental Systems</b>	
<b>Street Address</b> <b>9 MAIN STREET</b>		<b>Street Address</b> <b>550 East Union Street</b>	
<b>City, State, Zip Code</b> <b>MULLICA HILL, NJ</b>		<b>City, State, Zip Code</b> <b>West Chester, PA 19382</b>	
<b>Project Manager for Monitoring Firm</b> <b>JACK CARNEY</b>		<b>Telephone Number</b> <b>8562230080</b>	<b>License Number</b> <b>00508</b>
<b>Scheduled Start Date (10)</b> <b>5/9/2012</b>		<b>Scheduled Completion Date (11)</b> <b>6/29/2012</b>	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Name of OSHA Monitor</b> <b>EHS, INC</b>	
<b>Describe Other -</b>		<b>Street Address</b> <b>9 MAIN STREET</b>	
<b>Source of Work (Check all that apply)</b> (x) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure		<b>City, State, Zip Code</b> <b>MULLICA HILL, NJ</b>	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
<b>ROOF</b>		<b>Roofing</b>	<b>57185sf</b>
<b>1<sup>ST</sup> FLOOR</b>		<b>Vat &amp; mastic</b>	<b>39855sf</b>
<b>1<sup>ST</sup> FLOOR</b>		<b>TRANSITE</b>	<b>60SF</b>
		<b>WINDOW CAULK</b>	<b>8lf</b>
		<b>Duct tar paper</b>	<b>845SF</b>
		<b>JUMPER WIRE</b>	<b>600LF</b>
<b>1<sup>ST</sup> FLOOR</b>		<b>PIPE INSULATION</b>	<b>1435LF</b>
		<b>SEAM TAR</b>	<b>40LF</b>
<b>Name of Reg. Waste Hauler</b> <b>N.E.T.S. / Miners</b>		<b>NJDEP Waste Hauler ID #</b> <b>17235</b>	<b>Cubic Yards of Waste</b> <b>Approx. 100</b>
<b>City, State</b> <b>Hazletton, PA</b>		<b>Name of Reg. Landfill</b> <b>BFI Imperial</b>	
<b>Completed by (Print or Type)</b> <b>DEVIN BLOM</b>		<b>Signature</b> 	<b>Date</b> <b>4/25/2012</b>
<b>Title</b> <b>Estimator</b>		<b>City, State</b> <b>Imperial, PA</b>	

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/18/00



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

Date of Notification (1) 10/14/12 17/11/12		Name of Building Owner/Operator (2) Cartus Financial	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 40 Apple Ridge Road		City, State, Zip Code Danbury, Connecticut, 06810	
Name of Contact Patricia O'Marra		Telephone Number _____	

## 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 405 Grand Avenue			Square Feet _____		
City (5) Hackettstown			# of Floors _____		
County (6) Warren			Bldg. Age _____		
County Code (7) (State use only)			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 Paterson, NJ 07503	
City, State, Zip Code _____		Telephone Number 973-345-8020		License Number 00159	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 05/8/12		Sched. Completion Date (11) 05/10/12		Street Address 20 California Avenue	
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: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503		_____	

## Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipe Recleaning	17 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/15/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 4/27/12



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

B&S Proj. #: MS 12-148

Date of Notification (1) 04/12/12		Name of Building Owner/Operator (2) CONRAD BLUM	
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 5 CYPRESS AVENUE City, State, Zip Code OAKHURST, NJ 07755	
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 CONRAD BLUM	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CONRAD BLUM			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 5 CYPRESS AVENUE			Square Feet		
City (5) OAKHURST			County (6) OCEAN		# of Floors
			County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		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) 05/07/12		Sched. Completion Date (11) 05/18/12		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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: NORMAL HOURS

Scope of Work (check all that apply)

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

☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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		X		PIPE INSULATION	32 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/08/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 04/25/12	



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

B & G proj. #: 2012-84

Check # 5231

Date of Notification (1) <u>10/14/12</u> <u>17/11/12</u>		Name of Building Owner/Operator (2) Residence Street Address <u>23 North Willow Street</u> City, State, Zip Code <u>Montclair, NJ 07043</u> Name of Contact <u>Loretta DiQuattro</u>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>APR 30 2012</b> </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	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Telephone Number _____		

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) Residence Street Address <u>23 North Willow Street</u> City (5) <u>Montclair, NJ 07043</u> County (6) <u>Essex</u> County Code (7) (State use only) _____				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> Street Address _____ City, State, Zip Code _____		ASCM No. _____		Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u> Telephone Number <u>973-696-6869</u> License Number <u>0378</u>	
Project Manager for Monitoring Firm _____ Phone Number _____		Sched. Start Date (10) <u>5/8/2012</u>		Sched. Completion Date (11) <u>5/8/2012</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

**Scope of Work (check all that apply)**

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

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ 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	160 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 &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>5/9/2012</u>	City, State <u>Tullytown, PA</u>	Date <u>4/27/2012</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>	



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

B & G proj. #: 2012-83

Check # 5230

Date of Notification (1) 10/4/12 17/12/12		Name of Building Owner/Operator (2) Ben Hohmuth	
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 138 Columbus Drive		City, State, Zip Code Tenafly, NJ 07670	
Name of Contact Ben Hohmuth		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ben Hohmuth			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 138 Columbus Drive			Square Feet    # of Floors    Bldg. Age		
City (5) Tenafly, NJ 07670	County (6) Bergen	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		
Sched. Start Date (10) 5/7/2012		Sched. Completion Date (11) 5/7/2012	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)

- ☐ Demolition    ☒ Renovation    ☒ Full Containment w/negative pressure    ☐ Glovebag procedure  
☒ >3 sf or >3 lf    ☐ ≥160 sf or ≥260 lf    ☐ Mini-enclosure    ☐ 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"/>	duct insulation	7 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/8/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 4/27/2012



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

B & G proj. #: 2012-81

Check # 5232

Date of Notification (1) <u>10/14/12</u>		Name of Building Owner/Operator (2) <u>Barbara Tinari</u>	
Agencies Notified	Type Notification	<div style="border: 1px solid black; padding: 5px; text-align: center;">             ASBESTOS CONTROL &amp; TESTING              APR 30 2012              RECEIVED           </div>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Street Address <u>17 Cathedral Avenue</u>	
		City, State, Zip Code <u>Florham Park, NJ 07932</u>	
		Name of Contact <u>Barbara Tinari</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Barbara Tinari</u>			Type of Facility (4)	
Street Address <u>17 Cathedral Avenue</u>			<input type="checkbox"/> School (K - 12)	
			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) <u>Florham Park, NJ 07932</u>			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
			Current Use (Prior if being demolished) <u>residential</u>	
County (6) <u>Morris</u>		County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		Name of Abatement Contractor (9) <u>B &amp; 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 _____		Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Sched. Start Date (10) <u>5/9/2012</u>		Sched. Completion Date (11) <u>5/9/2012</u>		
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input type="checkbox"/> Other-Describe: _____				

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage area			<input checked="" type="checkbox"/>	pipe insulation	36 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 &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>5/10/2012</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>		Date <u>4/27/2012</u>



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

1111-4414 SUB8

Check #

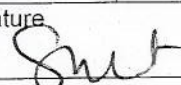
Date of Notification (1) <b>4/27/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #11 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b>		City, State & Zip Code <b>Princeton, NJ 08544</b>	
Name of Contact <b>Robert Ortego, P.E.</b>		Telephone Number	

**RECEIVED**  
 APR 30 2012  
 ASBESTOS CONTROL  
 LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>Washington Road</b>		Square Feet	
<b>Princeton University Main Campus</b>		# of Floors	
City (5) <b>Princeton</b>	County (6) <b>Mercer</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>University</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No.	
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
City, State & Zip Code <b>Burlington, NJ 08016</b>		Street Address <b>PO Box 25</b>	
Project Manager for Monitoring Firm <b>Mike Keehn</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>11/28/11</b>	Scheduled Completion Date (11) <b>5/2/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>WORKING 6AM-3PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input 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"/> Glove Bag Procedures	
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

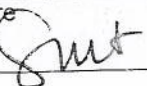
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Lobby				Ceiling Plaster	395 SF				
Work Area #1		<input checked="" type="checkbox"/>		Ceiling Plaster	2,100 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 2)		<input checked="" type="checkbox"/>		Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 2)		<input checked="" type="checkbox"/>		Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 3)		<input checked="" type="checkbox"/>		Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 3)		<input checked="" type="checkbox"/>		Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>			
1 <sup>st</sup> Floor Lobby		<input checked="" type="checkbox"/>		Floor tile & Mastic	395 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/2/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Opps. Coord.	Signature 		Date <b>4/27/12</b>

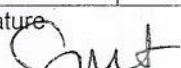


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1111-4414 SUB8  
Check #

Date of Notification (1) <b>4/27/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>							
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 #11 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b>							
		City, State & Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego, P.E.</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>Washington Road Princeton University Main Campus</b>		Square Feet	# of Floors						
City (5) <b>Princeton</b>	County (6) <b>Mercer</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>University</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Burlington, NJ 08016</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Mike Keehn</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00529</b>						
Scheduled Start Date (10) <b>11/28/11</b>	Scheduled Completion Date (11) <b>5/2/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>WORKING 6AM-3PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #369	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #365	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #377	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	324 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #361	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #375	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #359	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	324 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/2/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Opps. Coord.		Signature 			Date <b>4/27/12</b>		

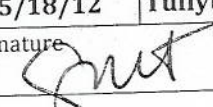


Date of Notification (1) <b>4/27/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>		<div style="text-align: center;">RECEIVED APR 30 2012 ASBESTOS CONTROL &amp; LICENSING</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #11 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b>		Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Jadwin Hall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>Washington Road</b> <b>Princeton University Main Campus</b>				Square Feet	# of Floors	Bldg. Age			
City (5) <b>Princeton</b>		County (6) <b>Mercer</b>		County Code (7)		Current Use (Prior if being demolished) <b>University</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>			ASCN No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>				
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>				Street Address <b>PO Box 25</b>					
City, State & Zip Code <b>Burlington, NJ 08016</b>				City, State & Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>Mike Keehn</b>			Telephone Number <b>609-386-8800</b>		Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>		
Scheduled Start Date (10) <b>11/28/11</b>		Scheduled Completion Date (11) <b>5/2/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>WORKING 6AM-3PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input 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"/> Glove Bag Procedures					
				<input checked="" 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
<b>Room 380 A</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; mastic</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Room 380 B</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>68 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4<sup>th</sup> Floor Stairwell #3</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulk (NF)</b>	<b>40 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>			NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>			
City, State <b>Lumberton, NJ</b>			Disposal Date <b>5/2/12</b>		City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>			Title <b>Opps. Coord.</b>		Signature 		Date <b>4/27/12</b>		



1203-4461 Sub 8  
Check #3945

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

Date of Notification (1) <b>4/26/12</b>		Name of Building Owner / Operator (2) <b>Union Township Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2369 Morris Ave.</b> City, State & Zip Code <b>Union, NJ 07083</b> Name of Contact <b>Tom Wiggins</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Central Five Jefferson School- Building #2</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>155 Hilton Avenue</b>		Square Feet	# of Floors						
City (5) <b>Union</b>	County (6) <b>Union</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave</b>							
City, State & Zip Code <b>South Hackensack, NJ 07606</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>						
Scheduled Start Date (10) <b>4/16/12</b>	Scheduled Completion Date (11) <b>5/18/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>4/17 &amp; 4/18 7AM-3:30, Double shifts, 7AM-11:30 PM thereafter</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> Glove Bag Procedures <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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/18/12</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 				Date <b>4/26/12</b>		



**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) <b>4/25/12</b>		Name of Building Owner / Operator (2) <b>New Jersey City University</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>APR 30 2012</b>   ASBESTOS CONTROL LICENSING </div>
Agencies Notified	Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>2039 Kennedy Boulevard</b>		
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	City, State & Zip Code		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Jersey City, NJ 07305</b>		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact		Telephone Number
<input type="checkbox"/> DCA		<b>Andrew Christ</b>		

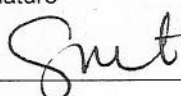
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>NJ City University</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
<b>2039 Kennedy Boulevard</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
<b>Jersey City</b>			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
<b>Hudson</b>			<b>University</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address			Street Address		
<b>464 Valley Brook Ave.</b>			<b>PO Box 25</b>		
City, State & Zip Code			City, State & Zip Code		
<b>Lyndhurst, NJ 07071</b>			<b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
<b>Jim Ruff</b>		<b>201-438-4839</b>	<b>609-265-2107</b>		<b>00529</b>
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
<b>5/15/12</b>	<b>5/25/12</b>		<b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>108 Haddon Ave.</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe:			<b>Westmont, NJ 08108</b>		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Rossey Hall (7) Bathrooms</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>300 SF total</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Science Building (6) Bathrooms</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>564 SF total</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

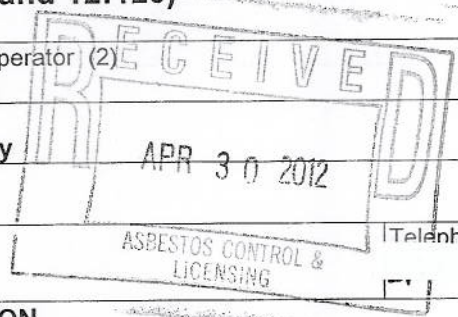
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/25/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>4/25/12</b>



**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) <b>4/27/12</b>		Name of Building Owner / Operator (2) <b>Livingston Mall Venture</b>	
Agencies Notified	Type Notification	Street Address <b>112 Eisenhower Parkway</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Livingston, NJ 07039</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	Name of Contact <b>Jack Aprile</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Livingston Mall Space #2033C</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>112 Eisenhower Parkway</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Livingston</b>	County (6)	County Code (7)	Current Use (Prior if being demolished) <b>Mall</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Hammonton, NJ 08037</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone Number <b>609-704-8850</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>4/30/12</b>	Scheduled Completion Date (11) <b>5/2/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>3 PM - 11PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf  $\geq 260$  lf

- ☒ Renovation  
☐ Demolition

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glove Bag Procedures **wrap & cut**  
☐ 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
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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>5/2/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Office Coord.</b>	Signature 	Date <b>4/27/12</b>



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

1109-4387

Check #3947

Date of Notification (1) <b>4/27/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #7 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b>		City, State & Zip Code <b>Princeton, NJ 08544</b>	
Name of Contact <b>Robert Ortego, P.E.</b>		Telephone Number	


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>One Washington Road</b>			Square Feet		
City (5) <b>Princeton</b>			County (6) <b>Mercer</b>		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>			ASCM No.		
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
City, State & Zip Code <b>Burlington, NJ 08016</b>			Street Address <b>PO Box 25</b>		
Project Manager for Monitoring Firm <b>Mike Keehn</b>			Telephone Number <b>609-386-8800</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>10/17/11</b>		Scheduled Completion Date (11) <b>5/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

## Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input 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"/> 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
Work Area #1 Level A				Floor tile & Mastic (NF Removal)	400 SF				
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	39,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	4,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound & drywall	8,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #3 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #4 Level B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	1,780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 Level 1A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	1,063 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>14</b>		Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/31/12</b>		City, State <b>Tullytown, PA</b>			
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>		Signature 		Date <b>4/27/12</b>	

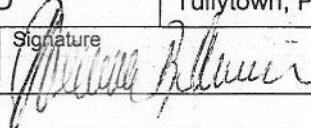


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/27/2012		Name of Building Owner/Operator (2) RIC DEVELOPMENT LLC						
Agencies Notified	Type Notification	Street Address 676 HIGH MOUNTAIN ROAD						
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FRANKLIN LAKES, NJ 07417						
		Name of Contact RICHARD HARRISON	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 26 WESTMORELAND AVENUE		Square Feet	# of Floors					
City (5) MONTVALE		Bldg. Age						
County (6) BERGEN	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) TWO BROTHERS CONTRACTING					
Street Address		Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 5/8/2012	Scheduled Completion Date (11) 5/11/2012	Name of OSHA Monitor SAME AS (9) ABOVE						
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: VACANT		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
BASEMENT		X		PIPE INSULATION	120 LF	X		
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ		Disposal Date 5/11/2012		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>	Date 4/27/2012				



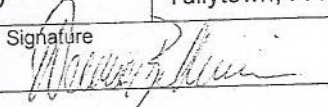
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) April 26, 2012		Name of Building Owner/Operator (2) Frank Salfi							
Agencies Notified	Type Notification	Street Address 586 Mountain Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code North Caldwell, NJ 07006							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Frank Salfi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 586 Mountain 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) North Caldwell		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 5/09/12		Scheduled Completion Date (11) 5/10/12	License No. #00675						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage		X		pipe insulation	30 LF	X			
basement		X		pipe insulation	86 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project manager	Signature 	Date 4/26/12					



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

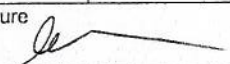
2423392

Date of Notification (1) April 26, 2012		Name of Building Owner/Operator (2) Carl Eckert							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 Tonawanda Road						
			City, State, Zip Code Glen Rock, NJ 07452						
		Name of Contact Carl Eckert	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 18 Tonawanda Road		Square Feet N/A	# of Floors N/A						
City (5) Glen Rock		Bldg. Age N/A							
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.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 5/09/12	Scheduled Completion Date (11) 5/10/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
boiler room		X		pipe insulation	30 LF	X			
laundry room		X		pipe insulation	9 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusani		Title Project manager	Signature 			Date 4/26/12			



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

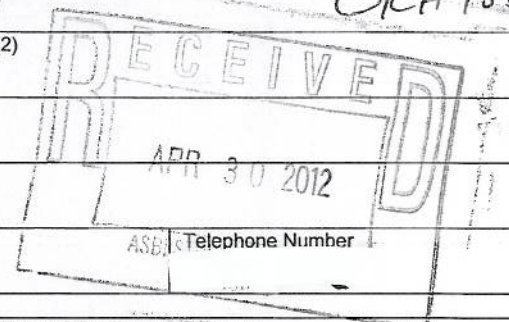
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Date of Notification (1) 4/27/12		Name of Building Owner/Operator (2) Sean							
Agencies Notified	Type Notification	Street Address 201 St. Paul Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Englewood, NJ 07631							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Sean	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 225 St. Paul's Avenue		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) Jersey City	Square Feet 1000	# of Floors 1	Bldg. Age 50						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/9/12	Scheduled Completion Date (11) 6/9/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement - various storage areas			x	pipe insulation	600 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20	Name of Registered Landfill IESI					
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 4/27/12			



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

CIC#1884



Date of Notification (1) 04/25/12		Name of Building Owner/Operator (2) Fenwick B. Grant Jr.							
Agencies Notified	Type Notification	Street Address 227 Orange Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Fenwick B. Grant Jr.							
Telephone Number									
<b>FACILITY INFORMATION</b>									
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 (i.e. private & commercial buildings, homes, etc.)							
Street Address 227 Orange Road		Square Feet 2,100	# of Floors 2						
City (5) Montclair		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 05/05/12	Scheduled Completion Date (11) 05/05/12	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	75 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 05/07/12		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 04/25/12			



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

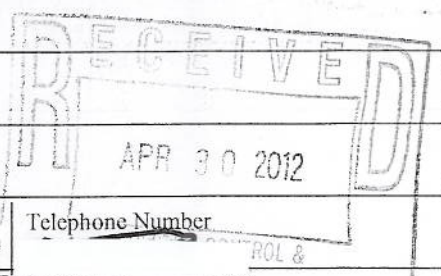
Date of Notification (1) 04/25/12 Ck# 2051 \$200		Name of Building Owner/Operator (2) Atlantic Health Systems							
Agencies Notified	Type Notification	Street Address 100 Madison Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Morristown, New Jersey 07962							
		Name of Contact Thomas Walsh							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Newton Medical Center		Type of Facility (4)							
Street Address 175 High Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newton, New Jersey 07962		Square Feet 20,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Medical Center							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 05/07/12	Scheduled Completion Date (11) 05/08/12	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 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
Medical Records Room		X		TSI	100 LF	X			
Hallway		X		TSI	6 LF				
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 05/09/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 04/25/12		



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

**U 8408**

Date of Notification (1) [ 04 ] [ 25 ] / [ 12 ]		Name of Building Owner/Operator (2) <b>Hoffmann-LaRoche</b>	
Agencies Notified (x) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA	Type Notification (x) Initial Notification ( ) Amended Notification ( ) Cancellation	Street Address <b>340 Kingsland Street</b>	
		City, State, Zip Code <b>Nutley, NJ 07110</b>	
		Name of Contact <b>Mike Meechan</b>	Telephone Number <b>ROL 8</b>



Name of Facility Where Abatement is taking Place (3) <b>Building 76</b>		Type of Facility (4) { } School (K-12) { } Subchapter 8 (other than K-12) { X } Other (i.e., private & commercial buildings, homes, etc.)
Street Address "same as above"		

City (5)	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors <b>15</b>	Bldg. Age
			Current use (Prior if being demolished) labs & offices.		

Name of Monitoring Firm Hired by Building Owner (8) <b>ASC M. No. E.H.I</b>		Name of Abatement Contractor (9) <b>Pow/R/Save Inc.</b>	
Street Address <b>655 W. Shore Trail</b>		Street Address <b>27 West Street</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
Project Manager for Monitoring Firm Telephone Number <b>973-729-5649</b>		Telephone Number <b>(973) 680-0088</b>	License Number <b>357</b>
Scheduled Start Date (10) [ 05 ] / [ 14 ] / [ 12 ] Month Day Year		Sched. Completion Date (11) [ 05 ] / [ 23 ] / [ 12 ] Month Day Year	
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: _____ [ x ] Other - Describe: <b>7 am - 230 pm</b>			
Name of OSHA Monitor		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

[ ] Demolition	[ x ] Renovation	[ x ] Full Containment with Negative Pressure
[ ] ≥ 3 sf or ≥ 3 lf		[ ] Mini-Enclosure with remote deco n
[ ] ≥ 160 sf or ≥ 260 lf		[ x ] Glovebag Procedure
		[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
basement				pipng Duct	50 lf 1100 sf	x			

Name of Registered Waste Hauler <b>Waste Management</b>	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill <b>Tullytown Resource Recovery &amp; Grand Central</b>
City, State <b>Morrisville PA</b>	Disposal Date	City, State <b>Tullytown, PA, Pen Argyl PA</b>	
Completed By (Print or Type) <b>Sharon Hendee</b>	Title <b>Owner</b>	Signature <i>[Signature]</i>	Date <b>4/25/12</b>



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

Date of Notification (1) <b>4 / 24 / 12</b>		Name of Building Owner/Operator (2) <b>Rutgers University</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>APR 30 2012</b>   ASBESTOS CONTROL &amp;  Telephone Number </div>					
Agencies Notified <input checked="" 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>#27 Road 1 Bldg 4086</b>							
		City, State, Zip Code <b>Piscataway, NJ 08854</b>							
		Name of Contact <b>Mike Smith</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Miller House</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>857 Hoes Lane</b>									
City (5) <b>Piscataway</b>				Square Feet <b>5000</b>	# of Floors <b>3</b>				
				Bldg. Age <b>80+</b>					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington Township, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Kearney</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <b>5 / 7 / 12</b>		Scheduled Completion Date (11) <b>5 / 11 / 12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM - ____ AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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/Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation, Furnace Insulation	575 LF, 48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>5 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>5/11/12</b>		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>General Manager</b>		Signature <i>Gino Pizzigoni</i>		Date <b>4/24/12</b>			



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

*CR #2268*

Date of Notification (1) <b>4 / 24 / 12</b>		Name of Building Owner/Operator (2) <b>Rutgers University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>#27 Road 1 Bldg 4086</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
		Name of Contact <b>Mike Smith</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Livingston Recreational CTR #4154</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>62 Road 3</b>		Square Feet <b>18000</b>	# of Floors <b>1</b>
City (5) <b>Piscataway</b>		Bldg. Age <b>60+</b>	
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>University GYM</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington Township, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Brian Kearney</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>5 / 21 / 12</b>	Scheduled Completion Date (11) <b>5 / 25 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM <b>3:00PM-5:00AM</b>		Street Address <b>1123 BEAVER STREET</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <b>TO BE ABATED IN Facility (13)</b>	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)
	Yes	No	
<b>121 MER - Mechanical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>121 MER - Mechanical</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5 Cu Yds</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>5/25/12</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>WAYNESBURG, OH 44688</b>			
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>General Manager</b>	Signature <i>Gino Pizzigoni / jl</i>	Date <b>4/24/12</b>



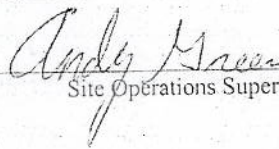
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) <b>04/25/2012</b>		Name of Building Owner/Operator (2) <b>JAYNE HURST</b>							
Agencies Notified	Type Notification	Street Address <b>18 TAYLOR STREET</b>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>HILLSDALE N.J. 07642</b>							
		Name of Contact <b>JAYNE HURST</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>18 TAYLOR STREET</b>		Square Feet <b>1800</b>	# of Floors <b>2 STORIES</b>						
City (5) <b>HILLSDALE N.J. 07642</b>		Bldg. Age <b>62 YEARS</b>							
County (6)	County Code (7) <b>(STATE USE ONLY)</b>	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>SHARON QUALITY CONSTRUCTION LLC</b>							
Street Address		Street Address <b>22 VAN ORDEN PLACE</b>							
City, State, Zip Code		City, State, Zip Code <b>HACKENSACK N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-708-4270</b>	License No. <b>01135</b>						
Start Date (10) <b>04/25/2012</b>	Scheduled Completion Date (11) <b>04/26/2012</b>	Name of OSHA Monitor <b>J&amp;S ENVIRONMENTAL SERVICES</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>2333 ROUTE 22 WEST</b>							
		City, State, Zip Code <b>UNION N.J. 07083</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
SECOND FLOOR		X		VAT FLOOR TILE DEBRIS	160 SF				
				CLEAN UP					
Name of Registered Waste Hauler <b>SHARON QUALITY CONSTRUCTION LLC</b>		NJDEP Waste Hauler ID No. <b>0033967</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRI -STATE TRANSFER SERVICES</b>					
City, State <b>HACKENSACK N.J. 07601</b>		Disposal Date <b>05/01/2012</b>		City, State <b>BRONX N.Y. 10474</b>					
Completed by <b>XIOMARA GOMEZ C.</b>		Title <b>PRESIDENT</b>	Signature <i>Xiomara Gomez C.</i>				Date <b>04/25/2012</b>		



NO  
check

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<b>Date of Notification (1)</b> 3/29/2012 REV - 4/25/12		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b>  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Notification Type</b>  <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	<b>Street Address</b> 800 Billingsport Rd  <b>City, State, Zip Code</b> Paulsboro, NJ 08066  <b>Name of Contact</b> Ravi Jarecha <b>Tel. Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> N/A <b>Current Use</b> (prior if being demolished) Oil Refinery
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Kenny Atlantic Industrial Services LLC
<b>Street Address</b>		<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 4/12/2012	<b>Scheduled Completion Date (11)</b> 5/4/2012	<b>Name of OSHA Monitor</b> Kenny Atlantic Industrial Services, LLC	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -  Other - Describe - Removal within restricted work area in outside areas		<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro NJ 08066	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
CU 7 Heater Transfer Line	X	TSI - Large OD Pipe	~10 LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.	<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> < 1 CY	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ
<b>Completed by (Print or Type)</b>  ANDREW GREEN	<b>Title</b>  MANAGER - KENNY ATLANTIC	<b>Signature</b>   Site Operations Supervisor	<b>Date</b>  4/25/2012

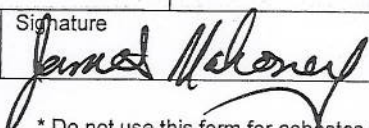
Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED APR 30 2012 ASBESTOS CONTROL &amp; </div>					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> Emergency (including justification) Cancellation	Street Address 1 West State St. P.O. Box 991							
		City, State, Zip Code Trenton N.J. 08625							
		Name of Contact Paul Mock							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Caruso Elementary School				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 81 Frances Place				Square Feet 48000	# of Floors 2				
City (5) Keansburg, N.J. 07734				Bldg. Age 35+					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No. 00140		Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 27 Bleeker St.		Street Address 322 Beers St							
City, State, Zip Code Millburn N.J. 07041		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Kevin Herrigthy		Telephone No. 973-912-2480		Telephone No. 732-739-1200	License No. 01095				
Start Date (10) 4/30/12	Scheduled Completion Date (11) 8/30/12		Name of OSHA Monitor n/a						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure 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
SEE ATTACHED				SEE ATTACHED		X			
						X			
						X			
						X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill				
City, State 235 Gibbs Ave Trenton N.J.				Disposal Date	City, State New Burg P.A.				
Completed by James Mahoney		Title Project manager		Signature 		Date 4/23/12			



[illegible]



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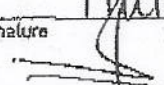
APR 19 2012 2:12 PM  
**EMERGENCY**

Fax:

Apr 19 2012 02:14pm P001/001

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

**APPROVED**  
NJ Dept. of Health & Senior Services

Date of Notification (1) <b>4, 19, 12</b>		Name of Building Owner/Operator (2) <b>Christopher Kelly</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6)	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 <b>761 West Inman Ave</b> City, State, Zip Code <b>Rahway, NJ 07065</b> Name of Contact <b>Christopher Kelly</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Private Home</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>761 West Inman Ave</b>		Square Feet	# of Floors						
City (5) <b>Rahway</b>		Bldg. Age							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Global Safety Contracting</b>						
Street Address		Street Address <b>131 Forest Ave</b>							
City, State, Zip Code		City, State, Zip Code <b>Lindhurst, NJ 07071</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973 1085-10025</b>	License No. <b>01038</b>						
Start Date (10) <b>4, 20, 12</b>	Scheduled Completion Date (11) <b>4, 21, 12</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM ____ PM ____ PM ____ AM		Street Address  City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$ 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ACM Duct Insulation</b>	<b>5sf</b>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <b>Global Safety Contracting</b>		NJDEP Waste Hauler ID No. <b>32104</b>	Cubic Yards of Waste	Name of Registered Landfill <b>T.R.R.F</b>					
City, State <b>Lindhurst, NJ 07071</b>		Disposal Date	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Degan Antic</b>		Title <b>President</b>	Signature 	Date <b>4/19/12</b>					

ASB-10  
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 12:120)

Date of Notification (1) 04-25-12		Name of Building Owner/Operator (2) BR Orpheum Urban Renewal Company, 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"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Washington Blvd., Suite 200							
		City, State, Zip Code Stamford, CT 06902							
		Name of Contact John Dolan							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Orpheum 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 24 Beacon Way		Square Feet 250,000	# of Floors 22						
City (5) Jersey City		Bldg. Age 50+-							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address 134 Bennington Pkwy		Street Address 27 Edsall Drive							
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm Kris Lis		Telephone No. 732-940-6207	Telephone No. 973-864-2022						
Start Date (10) 05-08-12		Scheduled Completion Date (11) 06-22-12	License No. 01137						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor AmeriSci							
		Street Address 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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)	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
All Floors		X		Window Caulking	892 windows	X			
2nd & 19th Floors		X		Pipe Insulation	275 L.F.	X			
17th Floor		X		Paper insulation board	390 S.F.	X			
Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill					
City, State New Haven, CT		Disposal Date on completion		City, State Waynesburg, OH					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>		Date 04-25-12				



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

Date of Notification (1) 04-25-12		Name of Building Owner/Operator (2) BR Beacon Parking Urban Renewal Company, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Washington Blvd., Suite 200	
		City, State, Zip Code Stamford, CT 06902	
		Name of Contact John Dolan	
		Telephone Number	

RECEIVED  
APR 30 2012

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Beacon Powerhouse		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 44 Beacon Place		Square Feet 21,000	# of Floors 3						
City (5) Jersey City		Bldg. Age 50+-							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address 134 Bennington Pkwy		Street Address 27 Edsall Drive							
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm Kris Lis		Telephone No. 732-940-6207	Telephone No. 973-864-2022						
		License No. 01137							
Start Date (10) 04-17-12	Scheduled Completion Date (11) 05-20-12	Name of OSHA Monitor AmeriSci							
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 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Powerhouse		x		Pipe Insulation	4,050 L.F.	x			
Throughout Powerhouse		x		Boiler & Breeching Insulation	16,000 S.F.	x			
3rd Floor North Rooms		x		Floor Tiles	550 S.F.	x			
Roof		x		Roofing & Flashing	3,000 S.F.	x			
Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill				
City, State New Haven, CT				Disposal Date on completion	City, State Waynesburg, OH				
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>	Date 04-25-12				



State of New Jersey

Check #10089

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

Date of Notification (1)

4/20/12

Agencies Notified

☐ IEPA☐ DEP☒ DOL☒ DOS☐ DCA

Type Notification

☒ Initial  
Notification☐ Amended  
Notification☒ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Elizabeth Machala

Street Address

41 Lexington Ave

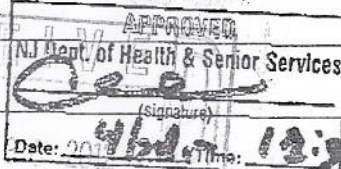
City, State, Zip Code

Bloomfield, NJ 07003

Name of Contact

Marie Tellini

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private

Street Address

41 Lexington Ave

City (5)

Bloomfield

County (6)

Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

1800

# of Floors

2

Bldg. Age

100

Current Use (Prior if being demolished)

Residence

Name of Monitoring Firm hired by Building

Owner (8)

N/A

ASCM No.

67

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

4/23/12

Sched. Completion Date (11)

4/24/12

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Descript☐ Other - Describe: Other Occupancy Descript

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf☐  $\geq 160$  sf or  $\geq 260$  lf☒ Renovation☐ Demolition☒ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify sf or lf)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	130 lf	X			
Basement			X	Boiler Insulation	25 sf	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards of Waste 2.0

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

4/25/12

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

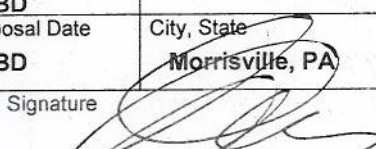
Date

4/20/12



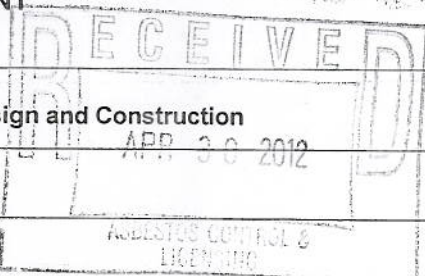
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PD \$ 200.00

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

Date of Notification (1) <div style="text-align: center;">04 / 25 / 12</div>		Name of Building Owner/Operator (2) <b>David Stepper</b>							
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>186 N. Gaston Ave</b>							
		City, State, Zip Code <b>Somerville, NJ</b>							
		Name of Contact <b>David Stepper</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Private House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>186 North Gaston Ave</b>		Square Feet <b>2000 SF</b>	# of Floors <b>1</b>						
City (5) <b>Somerville</b>		Bldg. Age <b>50+</b>							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Genesis Contracting Corp</b>							
Street Address <b>N/A</b>		Street Address <b>106 Gold St</b>							
City, State, Zip Code <b>N/A</b>		City, State, Zip Code <b>Green Brook, NJ 08812</b>							
Project Manager for Monitoring Firm <b>N/A</b>	Telephone No. <b>N/A</b>	Telephone No. <b>908-809-0315</b>	License No. <b>01090</b>						
Start Date (10) <div style="text-align: center;">05 / 05 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">05 / 07 / 12</div>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>N/A</b>							
		City, State, Zip Code <b>N/A</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
<b>Basement- Boiler</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TSI</b>	<b>60 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Genesis Contracting Corp</b>		NJDEP Waste Hauler ID No. <b>32980</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>G.R.O.W.S Landfill</b>				
City, State <b>Green Brook, NJ</b>				Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Eli Brito</b>		Title <b>Manager</b>		Signature 		Date <b>4/25/12</b>			



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



Date of Notification (1) <b>4 / 4 / 12</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
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 # <b>1-4/24/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr</b>	
		City, State, Zip Code <b>Princeton, NJ 08544</b>	
		Name of Contact <b>Robert Ortega</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University- Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Washington Rd</b>			
City (5) <b>Princeton</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>Bromley Corporate Center-Three Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <b>4 / 14 / 12</b>	Scheduled Completion Date (11) <b>12 / 4 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>B-Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>12,212 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stair towers #2, #3, #4 &amp; #5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>1,755 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stair towers #2, #3, #4 &amp; #5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window caulk and glazing</b>	<b>1,094 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>	
Completed By (Print or Type) <b>Brian Scaffiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scaffiro</i>		Date <b>4/24/12</b>	

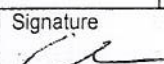


RECEIVED  
and Construction  
APR 30 2012  
ASBESTOS CONTROL &  
ENFORCEMENT

ASB-41  
MAY 11



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

Date of Notification (1) 4/26/12		Name of Building Owner/Operator (2) Mike Walsh /Residence							
Agencies Notified	Type Notification	Street Address 11 West Harrington							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Township NJ 08008							
		Name of Contact Mike	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Walsh /Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 West Harrington		Square Feet 1000 +	# of Floors 1.5						
City (5) Long Beach Township NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/7/12	Scheduled Completion Date (11) 5/11/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location, Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/11/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/26/12		



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<b>Date of Notification (1)</b> 2/06/12		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b>  (X) EPA (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b>  ( ) Initial Notification (X) Amended Certification Rev. #1 ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Powerhouse Building No. 4			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 1 James Street			<b>Sq. Feet</b> 15000 <b># of Floors</b> 2 + partial mezz	
<b>City (5)</b> Belvidere	<b>County (6)</b> Warren	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 60 +/- <b>Current Use (prior if being demolished)</b> Powerhouse	

<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.	<b>ASCM No.</b> 00104	<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP
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<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street	
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821	
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066

<b>Scheduled Start Date (10)</b> 2/21/2012	<b>Scheduled Completion Date (11)</b> 6/01/2012	<b>Name of OSHA Monitor</b> Testor Tech
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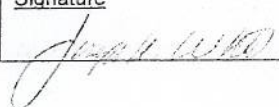
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.	
<b>Describe Vacant Bldg. To Be Demolished</b> 15,000 sf building to be demolished in its entirety Other - Describe		<b>City, State, Zip Code</b> L.I.C. New York, 11101	

**Source of Work (Check all that apply)**

(X) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
 (X) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure ( ) Non-Friable Outdoor Work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Throughout Interior & Exterior Pipe Racks	X			Pipe Insulation	2,700 lf	X			
Windows	X			Glazing on Windows	150 each	X			
Throughout	X			Debris on Floor	500 sf	X			
Mezzanine Deck	X			Tank Insulation	800 sf	X			
Top Tier & @ Boilers	X			Wire Wrap	150 lf	X			
Boilers	X			Block Insulation	18,000 sf	X			
South Side & Elec. Switch	X			Transite & Black Panels	1,500 sf	X			
Roof	X			Flat & Flashings	13,000 sf	X			

<b>Name of Reg. Waste Hauler</b> Service Transport Group	<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 120	<b>Name of Reg. Landfill</b> Minerva Enterprises
<b>City, State</b> 58 Pyles Lane - New Castle, DE		<b>Disp. Date</b> 5/04/12	<b>City, State</b> Waynesburg, OH

<b>Completed by (Print or Type)</b> Joseph K. White	<b>Title</b> Project Manager	<b>Signature</b> 	<b>Date</b> 4/26/12
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**Notification of Demolition or Renovation.....(continued)**

APR 30 2012

**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site:**

Full negative air containments for interior abatement. Wet removal methods. Vacumms will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking. Exterior piping utilizing glovebag methods.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 Service Transport Group, Inc.**

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**  
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).**

(Signature of Owner/Operator)

(Date) 4/26/12

**XVIII. I Certify that the Above Information is Correct**

(Signature of Owner/Operator)

(Date) 4/26/12



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

*Check # 6418*

Date of Notification (1) <b>April 25, 2012</b>		Name of Building Owner / Operator (2) <b>JP Morgan Chase &amp; Co.</b>	
Agencies Notified	Type Notification <b>EMERGENCY</b>	Street Address <b>53 North Beverwyck Road</b>	
<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"/> Cancellation	City, State & Zip Code <b>Lake Hiawatha (Parsippany-Troy Hills), NJ 07034</b>	
		Name of Contact <b>Damiano Albanese</b>	Telephone Number <b>APR 30 2012</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>JP Morgan Chase Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>53 North Beverwyck Road</b>		Square Feet <b>4,000</b>	# of Floors <b>1</b>
City (5) <b>Lake Hiawatha</b>		Bldg. Age <b>46</b>	
County (6) <b>Morris</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis US Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>35 Columbia Road</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>William Mener</b>		Telephone Number <b>908-526-1000</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>April 27, 2012</b>	Scheduled Completion Date (11) <b>April 28, 2012</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mechanical/Storage Room</b>			<b>x</b>	<b>Duct Insulation / debris</b>	<b>40 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>.5</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>April 30, 2012</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>April 25, 2012</b>	