

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

RECEIVED CHECK #: 7965

Date of Notification (1) 8-21-12		Name of Building Owner/Operator (2) KARISEN		APPROVED 2012 AUG 21 11:04 AM NJ Dept. of Health & Senior Services Jewell C. Polinga (signature) Date: 8/21/12 Time: 11:00 AM								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8 MILL LANE City, State, Zip Code BRANCHBURG, NJ 08876 Name of Contact WILLIAM KARISEN Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) KARISEN			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 8 MILL LANE			Square Feet 1400		# of Floors 1							
City (5) BRANCHBURG			Edg. Age 62									
County (6) SOMERSET		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc								
Street Address		Street Address 105 Lowell Road										
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452										
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841								
Start Date (10) 8-21-12		Scheduled Completion Date (11) 8-23-12		License No. 00156								
Name of OSHA Monitor Omega Environmental Services Inc.			Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:												
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
kitchen				X	flooring		140 SF		X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State, Zip Code Riverdale, NJ 07457				Disposal Date 8-21-12		City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald			Title President		Signature Randy McDonald			Date 8-21-12				

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

Job #: 1208-1669
Check #: 2707

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2012 AUG 27 PM 10:58

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8/21/12		Name of Building Owner / Operator (2) St. Peter's United Methodist Church	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 501 East Eighth Street	
		City, State & Zip Code Ocean City, NJ 08226	
		Name of Contact Mr. Bill Bateson (Trustee, President)	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Peter's United Methodist Church			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 501 East Eighth Street			Square Feet 41,161	# of Floors 3	Bldg. Age 1908, last addition 1973
City (5) Ocean City	County (6) Cape May	County Code (7)	Current Use (Prior if being demolished) Church		

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address PO Box 316		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862	

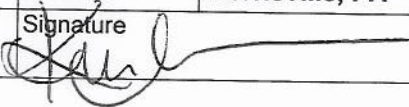
Scheduled Start Date (10) 9/4/12	Scheduled Completion Date (11) 9/10/12	Name of OSHA Monitor EMSL Analytical			
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input 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 checked="" 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
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	468 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date 9/12/12		City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 	Date 8/21/12	

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

Date of Notification (1) 8/22/2012		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 940 Park Avenue	
		City, State, Zip Code Lakewood, New Jersey 08701	
		Name of Contact Irving Perlstein	Telephone Number _____

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 2012 AUG 27 PM 10:55

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 357 Hope Chapel Road			Square feet 1500 sf		
City Lakewood		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 9/04/12		Scheduled Completion Date (11) 9/05/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Exterior		X		Asbestos siding	1300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 9/06/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 8/22/2012

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

CK
1279

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

RECEIVED

Date of Notification (8/21/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority	
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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 West State St. P.O. Box 991	
		City, State, Zip Code Trenton N.J. 08625	
		Name of Contact Jorge Alfonso	Telephone Number

2012 AUG 27 PM 10:53

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

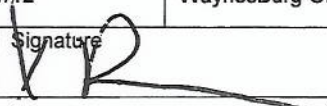
name of Facility Where Abatement is Taking Place (3) Warminster Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 6400 Broadway		Square Feet 48000	# of Floors 4	Bldg. Age 50
City (5) West New York N.J.		Current Use (Prior if being demolished) factory		
County (6) Hudson	County Code (7) (STATE USE ONLY) _____			

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 26 Columbia Turnpike		Street Address 322 Beers St		
City, State, Zip Code Florham Park N.J. 07932		City, State, Zip Code Keyport N.J. 07735		
Project Manager for Monitoring Firm Eric Gibson	Telephone No. 973-204-8382	Telephone No. 732-739-1200	License No. 01095	

Start Date (10) 9/10/12	Scheduled Completion Date (11) 11/30/12	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 type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
		<input type="checkbox"/> Glovebag Procedure		
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

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

Name of Registered Waste Hauler B Brothers Disposal		NJDEP Waste Hauler ID No. 30241	Cubic Yards of Waste 100	Name of Registered Landfill Manerva	
City, State 174 Blanchard St Newark N.J..			Disposal Date 12/1/12	City, State Waynesburg Oh..	
Completed by Scott Rubin	Title Project manager	Signature 		Date 8/21/12	

2012 AUG 27 PM 10: 54

<u>MATERIAL</u>	<u>ASBESTOS</u>	<u>LOCATION(S)</u>	<u>QUANTITY</u>
Block Insul	40% Chry.	Throughout	355 lf
Aircell Insul	30-40% Chry	Throughout	6350 sf
12" x 12" Cream Floor Tile	8-10% Chry	First Floor	60 sf
9" x 9" Green Floor Tile	8% Chry	Second Floor	150 sf
9" x 9" Tan Floor Tile	3% Chry	Second Floor	1,700 sf
Window Glazing	2-3% Chry	Throughout	4,000 sf
Roof Parapet Sealant	20-30% Chry	Roof	29,000 sf
Roof Membrane	2% Chry	Roof	500 sf
Roof Flashing	30% Chry	Roof	

ASBESTOS CONTROL & LICENSING

(CODE: Chry – Chrysotile / Amos – Amosite / Trem – Tremolite / Croc – Crocidolite)

G 1.2 Lead Based Paint Survey

During the building inspection samples of paint were collected from representative painted substrates found on interior surfaces of the structure. The samples were delivered to EMSL Analytical, Inc. in Westmont, NJ for analysis by flame atomic absorption spectroscopy (AAS) to determine the lead content of the paint.

Following is a summary of the results of the analysis of the lead content of the paint films sampled from the stated representative substrates:

Green Wall Paint – 2.5% lead By Weight

Gray Wall Paint – 17% Lead By Weight

Blue Wall Paint - .55% Lead By Weight

The US Environmental Protection Agency (USEPA) and the US Department of Housing and Urban Development (US HUD) have defined a level of 1.0 milligram of lead per centimeter squared of paint film surface (1.0 mg/cm²) or 0.5 % lead by weight as being lead-based paint (LBP). This defined limit is used to evaluate the potential risk to human health in residential settings where the paint is in poor condition, or where renovation activities may cause disturbance of the paint that could result in human exposure.

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

Check # 8303

RECEIVED

Date of Notification (1) 8-23-12		Name of Building Owner/Operator (2) James Horvath	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 Springtown Road	
		City, State, Zip Code Whitehouse Station NJ 08889	
		Name of Contact James Horvath	Telephone Number 08889
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 35 Springtown Road		Square Feet	
City (5) Whitehouse Station NJ		# of Floors 2	Bldg. Age 100+
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609758-3365	License No. 00394
Start Date (10) 9-5-12	Scheduled Completion Date (11) 9-5-12	Name of OSHA Monitor EPC Technologies	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input 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)
		Yes No N/A	Amount (Specify SF or LF)
Boiler Room		X	Card board TSI 32 SF
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1
City, State NE NJ		Name of Registered Landfill Waste Management	Disposal Date 9-6-12
		City, State Moansville PA	Signature Steve Schenker
Completed by Steve Schenker		Title President	Date 8-23-12

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

Check # 8304

RECEIVED

Date of Notification (1) 8-23-12		Name of Building Owner/Operator (2) Mary Helen Davis							
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 216 Centac AVE		City, State, Zip Code Delanco, NJ					
		Name of Contact Tom Ward (Contractor)		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 216 Centac AVE			Square Feet	# of Floors 2	Bldg. Age 80+-				
City (5) Delanco NJ 0		County (6) Burlington		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies						
Street Address P.O. Box 337		Street Address P.O. Box 337	Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533	City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609758-3365	Telephone No. 609758-3365	License No. 00394					
Start Date (10) 9-4-12		Scheduled Completion Date (11) 9-8-12		Name of OSHA Monitor EPC Technologies					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address P.O. Box 337						
			City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement (Boiler Rm)	X			Cardboard TSI	20 SF	X			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date 9-9-12	City, State Moonsville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 8-23-12				

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

APPROVED
 NJ Dept of Health & Senior Services
[Signature]
 Date: 8/20/12 Time: 8:31 AM

CK
 4096

Date of Notification (1) 8-17-12		Name of Building Owner/operator (2) Montgomery Township BOE					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1014 Route 601 ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Skillman, NJ 08558					
		Name of Contact Joe	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Kay Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 100 Main Blvd East		Square Feet 15,000	# of Floors 3				
City (5) Skillman		Bldg. Age 50 +					
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational Facility for Demolition					
Name of Monitoring Firm Hired by Building Owner (8) Biggs Associates	ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC					
Street Address n/a		Street Address 22 Troy Lane					
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-706-7950	License No. 1088				
Start Date (10) 8-20-12	Scheduled Completion Date (11) 8-31-12	Name of OSHA Monitor Jadar Contracting LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Scheduled for Demolition		Street Address 22 Troy Lane					
		City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf		<input type="checkbox"/> 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
Exterior			X Roofing Material	5,000 SF	X		
			(Entire Roof will be disposed as ACM)				
Name of Registered Waste Hauler Yannuzzi & Sons		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI			
City, State Hillsborough, NJ		Disposal Date TBD	City, State Bethlehem, PA				
Completed By Lillie Lazarevich	Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 8-17-12				

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

REC# 16#V41098

Date of Notification (1) 8-23-2012		Name of Building Owner/Operator (2) Jane Hering		2012 AUG 27 PM 10:40					
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 164 Colfax Ave.,		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Roselle Park, NJ 07204						
			Name of Contact David Sang			Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4)						
Street Address 164 Colfax Ave.			<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) Roselle Park		Square Feet 1500	# of Floors 2	Bldg. Age 50+					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01088					
Start Date (10) 9-6-2012		Scheduled Completion Date (11) 9-7-2012		Name of OSHA Monitor Jadar Contracting, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm			City, State, Zip Code Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD		City, State Morrisville PA 19067			
Completed by Lillie Lazarevich			Title Secretary		Signature <i>Lillie Lazarevich</i>		Date 8-23-2012		

No check

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

RECEIVED

2012 AUG 27 PM 10:47

ASBESTOS CONTROL & LICENSING

<u>Date of Notification (1)</u> Aug 01, 2012		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u> () Initial Notification (x) Amended Certification () Cancelled	<u>Street Address</u> 80 Park Plaza	
		<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> KEARNY GENERATING Station		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> FOOT OF HACKENSACK AVE		Sq. Feet 1,000,000 # of Floors 8	
<u>City (5)</u> KEARNY	<u>County (6)</u> HUDSON	<u>County Code (7)</u> (State Use Only)	Bldg. Age 75 Current Use (prior if being demolished) Electric Generating Station

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.
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<u>Street Address</u>	<u>Street Address</u> PO BOX 295
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<u>City, State, Zip Code</u>	<u>City State, Zip Code</u> FLORHAM PARK, NJ 07932
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<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225
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<u>Scheduled Start Date (10)</u> Aug 15, 2012	<u>Scheduled Completion Date (11)</u> Aug 15, 2013	<u>Name of OSHA Monitor</u> MECS
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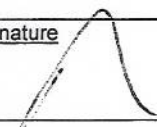
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage	<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690
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Source of Work (Check all that apply)
 Demolition Renovation
 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 Mini-Enclosure Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
BASEMENT TO PENTHOUSE		X		Boiler and pipe insulation	25,000 square feet	X	X	X	X

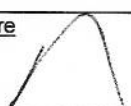
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery
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<u>City, State</u> Elizabeth, NJ 07114-2436	<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007
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<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 	<u>Date</u> 8/01/12
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1) Aug 1, 2012		Name of Building Owner/Operator (2) PSEG Fossil, LLC 2012 AUG 27 PM 10:47					
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 80 Park Plaza ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Newark, NJ 07102-4109					
		Name of Contact Domenic Fiorino		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) HUDSON GENERATING Station		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address DUFFIELD & VAN KUEREN ST		Sq. Feet <u>1,000,000</u> # of Floors <u>8</u>					
City (5) JERSEY CITY	County (6) HUDSON	County Code (7) (State Use Only)		Bldg. Age <u>65</u> Current Use (prior if being demolished) Electric Generating Station			
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) Absolut Ace Inc.			
Street Address		Street Address PO BOX 295					
City, State, Zip Code		City, State, Zip Code FLORHAM PARK, NJ 07932					
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217		License Number 00225			
Scheduled Start Date (10) Aug 15, 2012	Scheduled Completion Date (11) Aug 15, 2013		Name of OSHA Monitor MECS				
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 Two Shifts, 12 hours each, 24 hour plant coverage		Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690					
Source of Work (Check all that apply) () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure							
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Boiler Basement- 11fl	X	Boiler & Pipe insulation	25,000sf	X	X	X	
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273		Cubic Yards of Waste 300		Name of Reg. Landfill Tullytown Resource Recovery	
City, State Elizabeth, NJ 07114-2436				Disp. Date		City, State Tullytown, PA 19007	
Completed by (Print or Type) ROBERT GROGAN		Title VP		Signature 		Date 8/01/12	

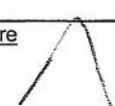
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

<u>Date of Notification (1)</u> Aug 1, 2012		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC				2012 AUG 27 PM 10:47	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled		<u>Street Address</u> 80 Park Plaza			
				<u>City, State, Zip Code</u> Newark, NJ 07102-4109			
				<u>Name of Contact</u> Domenic Fiorinoi			
FACILITY INFORMATION							
<u>Name of Facility Where Abatement is Taking Place (3)</u> LINDEN GENERATING Station				<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
<u>Street Address</u> 4001 S. WOOD AVE				<u>Sq. Feet</u> 8000,000 <u># of Floors</u> 8			
<u>City (5)</u> LINDEN	<u>County (6)</u> UNION	<u>County Code (7)</u> (State Use Only)		<u>Bldg. Age</u> 76 <u>Current Use (prior if being demolished)</u> Electric Generating Station			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>			<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.			
<u>Street Address</u>				<u>Street Address</u> PO BOX 295			
<u>City, State, Zip Code</u>				<u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932			
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>		<u>Telephone Number</u> (973) 410-9217		<u>License Number</u> 00225	
<u>Scheduled Start Date (10)</u> Aug 15, 2012		<u>Scheduled Completion Date (11)</u> Aug 15, 2013		<u>Name of OSHA Monitor</u> MECS			
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage				<u>Street Address</u> 5 Linwood Ct			
				<u>City, State, Zip Code</u> Hamilton, NJ 08690			
<u>Source of Work (Check all that apply)</u> () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure							
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA		<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose		
BASEMENT TO PENTHOUSE		X	Boiler and pipe insulation	25,000 square feet	X	X	X
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey		<u>NJDEP Waste Hauler ID #</u> 17273		<u>Cubic Yards of Waste</u> 200		<u>Name of Reg. Landfill</u> Tullytown Resource Recovery	
<u>City, State</u> Elizabeth, NJ 07114-2436				<u>Disp. Date</u>		<u>City, State</u> Tullytown, PA 19007	
<u>Completed by (Print or Type)</u> ROBERT GROGAN		<u>Title</u> VP		<u>Signature</u> 		<u>Date</u> 8/01/12	

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

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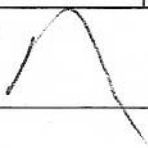
Date of Notification (1) Aug 1, 2012		Name of Building Owner/Operator (2) PSEG Fossil, LLC		
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		Notification Type () Initial Notification (X) Amended Certification () Cancelled		
Street Address 80 Park Plaza		City, State, Zip Code Newark, NJ 07102-4109		
Name of Contact Domenic Florinoi		Tel Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) MERCER GENERATING Station		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address LAMBERTON ROAD		Sq. Feet 1,000,000 # of Floors 10		
City (5) HAMILTON	County (6) MERCER	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolut Ace Inc.	
Street Address		Street Address PO BOX 295		
City, State, Zip Code		City, State, Zip Code FLORHAM PARK, NJ 07932		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225	
Scheduled Start Date (10) Aug 15, 2012	Scheduled Completion Date (11) Aug 15, 2013	Name of OSHA Monitor MECS		
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 Two Shifts, 12 hours each, 24 hour plant coverage		Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690		
Source of Work (Check all that apply) () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose
BASEMENT TO PENTHOUSE	X	Boiler and pipe insulation	25,000 square feet	X X X X
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 200	Name of Reg. Landfill Tullytown Resource Recovery
City, State Elizabeth, NJ 07114-2436		Disp. Date	City, State Tullytown, PA 19007	
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 8/1/12	

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

RECEIVED

2012 AUG 27 PM 10:47

ASBESTOS CONTROL
& LICENSING

<u>Date of Notification (1)</u> Aug 1, 2012		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC			
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 80 Park Plaza		<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino		<u>Tel Number</u>	
		FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Sewaren Generating Station		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
<u>Street Address</u> 751 Cliff Road		Sq. Feet <u>1,000,000</u> # of Floors <u>8</u>			
<u>City (5)</u> Sewaren	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)		Bldg. Age <u>64</u> Current Use (prior if being demolished) Electric Generating Station	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> Absolute Ace Inc.	
<u>Street Address</u>		<u>Street Address</u> PO BOX 295			
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Florham Park, NJ 07932			
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217		<u>License Number</u> 00225	
<u>Scheduled Start Date (10)</u> Aug 15, 2012	<u>Scheduled Completion Date (11)</u> Aug 15, 2013	<u>Name of OSHA Monitor</u> MECS			
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		<u>Street Address</u> 5 Linwood Ct <u>City, State, Zip Code</u> Hamilton, NJ 08690			
<u>Source of Work (Check all that apply)</u> () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
Nos. 1, 2, 3 & 4 Units, Floors 1-8	X	Boiler and pipe insulation	25,000 square feet	X	X X X X
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery	
<u>City, State</u> Elizabeth, NJ 07114-2436			<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007	
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u> 		<u>Date</u> 8/01/12	

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

CHK # 1009.

RECEIVED

2012 AUG 27 PM 10:45

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-23-2012		Name of Building Owner/Operator (2) Christopher Frascino							
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 58 Sterling Ave.							
		City, State, Zip Code Weehawken NJ 07086							
		Name of Contact Christopher F.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 58 Sterling Ave.		Square Feet 3000+	# of Floors 2+						
City (5) Weehawken.		Bldg. Age 60							
County (6) Hudson	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) Green Environmental Services.						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 2013338855	License No. 01174						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Same as 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: <u>Occupied During Abatement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
Attic		x		ACM Plaster	115sf	x			
Name of Registered Waste Hauler Tri-state transfer associate		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises					
City, State Bronx- New York		Disposal Date 9-7-2012		City, State Waynesburg-Ohio					
Completed by Tiffany Nunez		Title Office Manager.		Signature <i>Tiffany Nunez</i>		Date 8-23-2012			

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

B & G proj. #: 2012-158 Emergency

Check # 5433

2012 AUG 27 PM 10:43

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/21/12		Name of Building Owner/Operator (2) Clara Maass Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 Clara Maass Drive	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Belleville, NJ 07109	
		Name of Contact Rachel Byrnes	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Clara Maass Medical Center (Non Sub 8)			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 1 Clara Maass Drive, Kiddie Hall			Square Feet	# of Floors	Bldg. Age
City (5) Belleville, NJ 07109	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) hospital non Sub 8		

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	License Number 0378	
Scheduled Start Date (10) 8/23/2012	Sched. Completion Date (11) 8/24/2012				
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: occupied					
Name of OSHA Monitor B & G Restoration, Inc.		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input 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						
1st floor Finance Office			<input checked="" type="checkbox"/>	ceiling plaster (O&M)	21 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ 07035		Disposal Date 8/24/2012	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 8/21/2012		

REMEMBER - MAIL IN HARD COPY

State of NJ

B & G proj. #: 2012-158 Emergency

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

RECEIVED

Check # 5433

Date of Notification (1)
10/18/12 11/1/12

Name of Building Owner/Operator (2)
Clara Maass Medical Center

2012 AUG 27 PM 10:43

Street Address
1 Clara Maass Drive

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Rachel Byrnes

Agencies Notified

<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	

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

AUG 27 2012

APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Clara Maass Medical Center (Non Sub 8)

Street Address
1 Clara Maass Drive, Kiddie Hall

City (5)
Belleville, NJ 07109

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter B (Other than K-12)
<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc.)

Square Foot # of Floors Bldg. Age

Current Use (Prior if being demolished)
hospital non sub 8

Name of Monitoring Firm Hired by Bldg Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm Phone Number

Scheduled Start Date (10)
8/23/2012

Sched. Completion Date (11)
8/24/2012

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/> Facility closed/vacated during entire period of abatement.
<input type="checkbox"/> Abatement performed outside of normal facility hours.
<input checked="" type="checkbox"/> Other-Describe <u>occupied</u>

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 of or >3 lf	<input type="checkbox"/> ≥160 of or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-fragile 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	R	F	E
	Yes	No	N/A						
1st floor Finance Office			X	ceiling plaster (O&M)	21 sf	X			

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
8/24/2012

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature
Gordana Luna

Date
8/21/2012

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

B & G proj. #: 2012-158 Emergency

Check # 5433

Date of Notification (1)
10 18 1/12 11 1/12 12 1

Name of Building Owner/Operator (2)
Clara Maass Medical Center

Street Address
1 Clara Maass Drive

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Rachel Bymes

Telephone Number

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Binner (signature)
8/21/12 2:36 PM

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Clara Maass Medical Center (Non Sub 8)

Street Address
1 Clara Maass Drive, Kiddie Hall

City (5)
Belleville, NJ 07109

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
hospital non Sub 8

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Phone Number

Scheduled Start Date (10)
8/23/2012

Sched. Completion Date (11)
8/24/2012

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe:
 Other-Describe: occupied

Scope of Work (check all that apply)

Demolition Renovation Full Containment w/negative pressure Glovebag procedure
 >3 sf or >3 lf >160 sf or >280 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						
1st floor Finance Office			X	ceiling plaster (O&M)	21 sf	X			

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
8/24/2012

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature
Gordana Luna

Date
8/21/2012

Date of Notification (1)
 10/18/12 11/1/12

Name of Building Owner/Operator (2)
 Clara Maass Medical Center

Street Address
 1 Clara Maass Drive

City, State, Zip Code
 Belleville, NJ 07109

Name of Contact
 Rachel Byrnes

Telephone Number

2012 AUG 27 PM 10:42

ASBESTOS CONTROL & LICENSING

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 Clara Maass Medical Center (Non Sub 8)

Street Address
 1 Clara Maass Drive, Main Hospital Building

City (5)
 Belleville, NJ 07109

County (6)
 Essex

County Code (7)
 (State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
 hospital non Sub 8

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

ASCM No.

Name of Abatement Contractor (9)
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 973-696-6869

License Number
 0378

Project Manager for Monitoring Firm
 Phone Number

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Scheduled Start Date (10)
 8/22/2012

Sched. Completion Date (11)
 8/22/2012

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe:
 Other-Describe: occupied

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						
boiler room			X	pipe insulation	6 lf	X			
boiler room tunnel			X	pipe insulation	1 lf	X			
boiler room tunnel			X	elbow	3 elbows				

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
 8/23/2012

City, State
 Tullytown, PA

Completed by (Print or Type)
 Gordana Luna

Title
 Treasurer

Signature
Gordana Luna

Date
 8/21/2012

REMEMBER - MAIL IN HARD COPY

State of NJ

Department of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12-120-7)
*** Emergency Non Sub 8 ***

B & G proj. #: 2012-167 Emergency

REGISTRATION APPROVED
Check # 5032
2012 AUG 21 10:45
2012 AUG 21 10:45

Date of Notification (1) 08/11/12 11/12		Name of Building Owner/Operator (2) Clara Maass Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 1 Clara Maass Drive	
		City, State, Zip Code Belleville, NJ 07109	
		Name of Contact Rachel Byrnes	
		Telephone Number	

ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Clara Maass Medical Center (Non Sub 8)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-17) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc)		
Street Address 1 Clara Maass Drive, Main Hospital Building			Square Foot	# of Floors	Bldg Age
City (5) Belleville, NJ 07109	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) hospital non Sub 8		
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	License Number 0378	
Scheduled Start Date (10) 8/22/2012		Sched. Completion Date (11) 8/22/2012			
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: occupied					
Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A						
boiler room			X	pipe insulation	6 lf	X			
boiler room tunnel			X	pipe insulation	1 lf	X			
boiler room tunnel			X	elbow	3 elbows				

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 8/23/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 8/21/2012

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

B & G proj. #: 2012-157 Emergency

Check # 5432 CEIVED

Date of Notification (1) 10/8/12 11/12		Name of Building Owner/Operator (2) Clara Maass Medical Center		APPROVED 2012 AUG 27 PM 10:42 NJ Dept of Health & Senior Services Paul C. Hornor (signature) Date: 8/21/12 Time: 2:35 PM	
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 1 Clara Maass Drive City, State, Zip Code Belleville, NJ 07109	
Name of Contact Rachel Byrnes				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Clara Maass Medical Center (Non Sub 8)			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 1 Clara Maass Drive, Main Hospital Building			Square Feet # of Floors Bldg. Age		
City (5) Belleville, NJ 07109		County (6) Essex	County Code (7) (State use only)		
Current Use (Prior if being demolished) hospital non sub 8					

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		License Number 0378
Scheduled Start Date (10) 8/22/2012		Sched. Completion Date (11) 8/22/2012			
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: occupied					
Name of OSHA Monitor B & G Restoration, Inc.		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

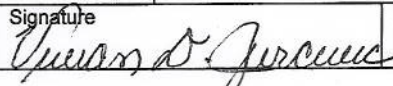
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room tunnel			<input checked="" type="checkbox"/>	pipe insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room tunnel			<input checked="" type="checkbox"/>	elbow	3 elbows	<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 8/23/2012		City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna		Title Treasurer	Signature <i>Gordana Luna</i>			Date 8/21/2012

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

ch # 10168

Date of Notification (1) August 22, 2012		Name of Building Owner/Operator (2) RBH-TRB WEST/URBAN RE NEW AUG 27 PM 10: 29							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 89 Market Street ASBESTOS CONTROL						
	City, State, Zip Code Newark, New Jersey 070102 & LICENSING		Name of Contact Adam Dentinger						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TEACHER VILLAGE PHASE #2		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 31 William Street		Square Feet 50000	# of Floors 2						
City (5) Newark,		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) C S A		ASCM No. _____	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 26 LORENZO COURT		Street Address 164 GETTY AVE.							
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm MICHAEL CHAIN		Telephone No. 732-921-9220	Telephone No. 973-478-4848						
		License No. 00724							
Start Date (10) September 5th, 2012	Scheduled Completion Date (11) September 28, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
3rd Floor			x	Ceiling Plaster	2600SF	x			
Basement			x	Pipe Thermal Insulation	280LF	x			
Roof			x	Misc. Roofing	1730SF	x			
Windows			x	Caulking	160LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title General Mgr.	Signature 			Date August 22, 2012			

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

RECEIVED
Ch #6168

Date of Notification (1) August 22, 2012		Name of Building Owner/Operator (2) RBH-TRB WEST/URBAN RENEWAL		2012 AUG 27 PM 10:29					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 89 Market Street ASBESTOS CONTROL & LICENSING					
City, State, Zip Code Newark, New Jersey 070102		Name of Contact Adam Dentinger		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TEACHER VILLAGE PHASE #2			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 37-39 William Street			Square Feet 50000	# of Floors 4	Bldg. Age 50+				
City (5) Newark,		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Church					
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) C S A		ASCM No.					
Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.		Street Address 26 LORENZO COURT		Street Address 164 GETTY AVE.					
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		Telephone No. 973-478-4848					
Project Manager for Monitoring Firm MICHAEL CHAIN		Telephone No. 732-921-9220		License No. 00724					
Start Date (10) September 5th, 2012		Scheduled Completion Date (11) September 28, 2012		Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm Monday - Friday			Street Address 164 GETTY AVE.						
			City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler			x	Thermal Boiler Insulation	120SF	x			
Basement Piping	+		x	Thermal Pipe Fitting	15LF	x			
Throughout the Bldg.			x	Vat & Mastic	19110SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL				
City, State CLIFTON, NEW JERSEY 07011-1802				Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by Vivian D. Jurcevic			Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>		Date August 22, 2012			

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

RECEIVED
 CH# 6168

2012 AUG 27 PM 10:34

ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) August 22, 2012		Name of Building Owner/Operator (2) RBH-TRB WEST/URBAN RENEWAL ENTITY	
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 89 Market Street	
		City, State, Zip Code Newark, New Jersey 070102	
		Name of Contact Adam Dentinger	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TEACHER VILLAGE PHASE #2		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 46 William Street		Square Feet 720	# of Floors 1	Bldg. Age 50+
City (5) Newark,	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) C S A		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.	
Street Address 26 LORENZO COURT		Street Address 164 GETTY AVE.		
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		
Project Manager for Monitoring Firm MICHAEL CHAIN		Telephone No. 732-921-9220	Telephone No. 973-478-4848	License No. 00724
Start Date (10) September 5th, 2012	Scheduled Completion Date (11) September 28, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.		
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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
Roof			X	Miscellaneous	720SF	X			
Roof			X	Misc. coping stone caulk	84LF	X			
			X						
			X						

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802		Disposal Date TBD	City, State MORRISVILLE, PA		
Completed by Vivian D. Jurcevic	Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date August 22, 2012		

No check

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

RECEIVED

Date of Notification (1) <u>8/23/12</u>		Name of Building Owner/Operator (2) <u>US EPA</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2890 Woodbridge Ave.</u>						
		City, State, Zip Code <u>Edison, NJ 08837</u>						
		Name of Contact <u>Gary Kinery (Chenega Global)</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>US EPA - Building #209</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>2890 Woodbridge Ave.</u>		Square Feet <u>100,000SF</u>	# of Floors <u>1</u>					
City (5) <u>Edison, NJ</u>		Bldg. Age <u>70</u>						
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>offices/labs</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>9/4/12</u>	Scheduled Completion Date (11) <u>9/7/12</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM-3:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<u>Microbiology Lab</u>			<u>floor tile/mastic</u>	<u>2200 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/7/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/23/12</u>					

4403

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #4403
 (Pursuant to N.J.A.C. 8:60 and 12:120)

DOL
RECEIVED

Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg
			City, State & Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortego, P.E.	Telephone Number

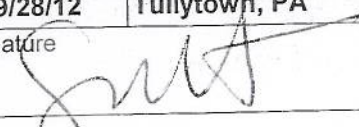
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			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 One Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University Library		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12			Street Address PO Box 25		
City, State & Zip Code Burlington, NJ 08016			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 10/17/11		Scheduled Completion Date (11) 9/28/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 14	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 9/28/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 8/23/12

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

1109-4387

RECEIVED

2012 AUG 27 PM 11:14

ASBESTOS CONTROL & LICENSING

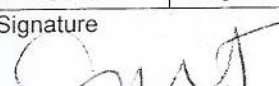
Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified	Type Notification	Street Address Trustees of Princeton University E.A. MacMillan Bldg.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Princeton, NJ 08544	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #14	Name of Contact Robert Ortego, P.E.	
<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) Princeton University – Firestone Library		Type of Facility (4)	
Street Address One Washington Road		<input type="checkbox"/> School (K-12)	
City (5) Princeton		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Mercer	County Code (7)	<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25	
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mike Keehn	Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 10/17/11	Scheduled Completion Date (11) 9/28/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)		Street Address 108 Haddon Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Westmont, NJ 08108	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			
Describe:			
<input checked="" type="checkbox"/> Facility Occupied During Abatement			

Scope of Work (Check all that apply)

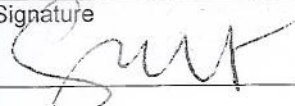
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Level A Elevator Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Full Containment)	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1 – main Stair (WA #7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1- Offices 1-14-D/1-12-D (WA#8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiator Liner	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1- Trustees Reading Room (WA#9, 10 & 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiator Liner	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1- Trustees Reading Room (WA#9, 10 & 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 9/28/12	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 
			Date 8/23/12

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

RECEIVED

Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) Princeton University		2012 AUG 27 PM 11:14					
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 #14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.						
	City, State & Zip Code Princeton, NJ 08544			Telephone Number					
			Name of Contact Robert Ortego, P.E.						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			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 One Washington Road			Square Feet	# of Floors	Bldg. Age				
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University Library						
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12			Street Address PO Box 25						
City, State & Zip Code Burlington, NJ 08016			City, State & Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529					
Scheduled Start Date (10) 10/17/11	Scheduled Completion Date (11) 9/28/12		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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					
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
Level 1- Trustees Reading Room (WA#9, 10 & 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level B- West Core Book Stack Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	885 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3- IAS Room 3-6-D (WA#13)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3- IAS Room 3-6-D (WA#13)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	340 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1- Main Lobby (platform area WA#14)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ			Disposal Date 9/28/12	City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti			Title Opps. Coord.	Signature 			Date 8/23/12		

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

RECEIVED

Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) 2012 AUG 27 PM 11:14 Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg	
		City, State & Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego, P.E.	Telephone Number

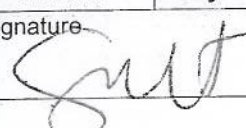
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			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 One Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University Library		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12			Street Address PO Box 25		
City, State & Zip Code Burlington, NJ 08016			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 10/17/11	Scheduled Completion Date (11) 9/28/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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
Level 3- IAS Rooms 3-6-D/3-7-C (WA#13A)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	34 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3- IAS Rooms 3-6-D/3-7-C (WA#13A)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level B- Phase 2B Swing Space (WA#15)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	2,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

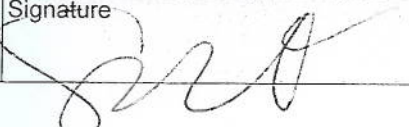
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 9/28/12	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 8/23/12

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

RECEIVED

2012 AUG 27 PM 11:21

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.						
			City, State & Zip Code Princeton, NJ 08544						
		Name of Contact Robert Ortego, P.E.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		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 One Washington Road		Square Feet	# of Floors						
City (5) Princeton		County (6) Mercer	County Code (7)						
		Bldg. Age							
		Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25							
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike Keehn	Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529						
Scheduled Start Date (10) 10/17/11	Scheduled Completion Date (11) 9/28/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprayed on Fireproofing	6,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiator Liner Material	714 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture Barrier Material	714 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 9/28/12	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 8/23/12			

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

Check #4402

RECEIVED

2012 AUG 27 PM 11:45

Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.	
		City, State & Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego, P.E.	
		Telephone Number	

CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		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 One Washington Road		Square Feet	# of Floors
City (5) Princeton		County (6) Mercer	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25	
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mike Keehn	Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 9/7/12	Scheduled Completion Date (11) 9/28/12	Name of OSHA Monitor EMSL Analytical	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement	Street Address 108 Haddon Ave.
	City, State & Zip Code Westmont, NJ 08108

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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) 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 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprayed on Fireproofing	6,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiator Liner Material	714 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1- Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture Barrier Material	714 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 9/28/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 8/23/12

No Check

State of New Jersey **1207-4530**
NOTIFICATION OF ASBESTOS ABATEMENT Check #
(Pursuant to N.J.A.C. 8:60 and 12:120) **RECEIVED**

Date of Notification (1) 8/23/12		Name of Building Owner / Operator (2) 2012 AUG 27 PM 11:45 Yale School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2127 Church Rd.
			City, State & Zip Code Cherry Hill, NJ 08043
			Name of Contact Scott Klenk
		Telephone Number	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Yale School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2127 Church Rd.		Square Feet	# of Floors
City (5) Cherry Hill		Bldg. Age	
County (6) Camden	County Code (7)		
Current Use (Prior if being demolished) School			

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1253 North Church Street		Street Address PO Box 25		
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Guilardi	Telephone Number 856-840-8800	Telephone Number 609-265-3207	License Number 00529	

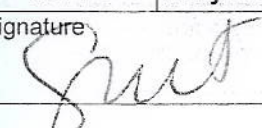
Scheduled Start Date (10) 8/16/12	Scheduled Completion Date (11) 9/7/12	Name of OSHA Monitor EMSL Analytical		
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement :		Street Address 108 Haddon Ave.		
		City, State & Zip Code Westmont, NJ 18108		

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
Rooms 224, 223, 226, 221	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,856 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	336 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Storage Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Stage Foyers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	72 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 9/7/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 8/23/12

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

1208-4542
Check #4404

RECEIVED
2012 AUG 27 PM 11:44

Date of Notification (1) 8/22/12		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 80 Park Plaza	
		City, State & Zip Code Newark, NJ 07101	
		Name of Contact Steve Maginnis	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Exterior Railroad Bridge			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 Main Street & Polhemus Lane			Square Feet	# of Floors	Bldg. Age
City (5) Bridgewater	County (6) Somerset	County Code (7)	Current Use (Prior if being demolished) Railroad Bridge		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 318 12th Street		Street Address PO Box 25			
City, State & Zip Code Hammonton, NJ 08037		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm James Proctor		Telephone Number 609-704-8850	Telephone Number 609-265-2107	License Number 00529	

Scheduled Start Date (10) 8/23/12	Scheduled Completion Date (11) 8/24/12	Name of OSHA Monitor EMSL Analytical			
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Conduit	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS North Landfill	
City, State Camden, NJ		Disposal Date 8/24/12	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature <i>Gwen</i>	Date 8/22/12	

No check

State of New Jersey 1207-4524
NOTIFICATION OF ASBESTOS ABATEMENT Check #
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/22/12		Name of Building Owner / Operator (2) NJ Transit 2012 AUG 27 PM 11:44	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Penn Plaza East	
		City, State & Zip Code Newark, NJ 07105-2246	
		Name of Contact Russell Samaroo	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Penn Station			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 1048 Raymond Blvd.			Square Feet	# of Floors	Bldg. Age
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Train Station		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street		Street Address PO Box 25			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number 609-265-3207	License Number 00529	
Scheduled Start Date (10) 8/16/12	Scheduled Completion Date (11) 9/8/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 18108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Pipe Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 3	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 9/8/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Office Coord.	Signature 	Date 8/22/12

CK
004321

D&S Proj. #: MS 12-294

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

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2012 AUG 27 PM 11:42

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/18/12 11/12		Name of Building Owner/Operator (2) BENNY DEGIACKAMO	
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 147 CHURCH STREET		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact BENNEY DEGIACKAMO		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BENNY DEGIACKAMO			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 147 CHURCH STREET			Square Feet		
City (5) NUTLEY			# of Floors		
County (6) ESSEX		County Code (7) (State use only)			
Current Use (Prior if being demolished)			Bldg. Age		

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	
Start Date (10) 08/31/12		Sched. Completion Date (11) 09/14/12		License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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	95 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/04/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/21/12	

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/17/2012		Name of Building Owner/Operator (2) LODI RAILROAD PLAZA, 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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 LIVINGSTON AVE	
		City, State, Zip Code ROSELAND, NJ 07068	
		Name of Contact DOUGLAS KANTER	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COMMERCIAL 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 150 MAIN STREET		Square Feet 10,132	# of Floors 52
City (5) LODI	County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) SKY ENVIRONMENTAL		ASCM No. _____	Current Use (Prior if being demolished) COMMERCIAL

Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION		Street Address 235 WATCHUNG AVE	
Street Address 140 BOULEVARD		City, State, Zip Code WEST ORANGE NJ 07052	
City, State, Zip Code MOUNTAIN LAKES, NJ 07046		Telephone No. 973-243-9872	License No. 01171
Project Manager for Monitoring Firm LEONID SHERESHEVSKY	Telephone No. 973-769-6946	Name of OSHA Monitor LONG ISLAND ANALYTICAL	

Start Date (10) 09/04/12	Scheduled Completion Date (11) 09/07/12	Name of OSHA Monitor LONG ISLAND ANALYTICAL	
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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 110 COLIN DRIVE
	City, State, Zip Code HOLOBROOK NY 11741

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CLASSROOMS 1&2		X		TRANSITE PANELS	790SF	X			
SELECT CORRIDORS & STORAGE		X		FLOOR TILES	1,600SF	X			
STORAGE ALCOVE		X		FLOOR TILES	30SF	X			
LOBBY, ADJONING OFFICES		X		FLOOR TILES	1,700SF	X			

Name of Registered Waste Hauler CIRCLE RUBBISH	NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY
City, State LINDEN NJ	Disposal Date	City, State MORRISVILLE PA	

Completed by SLAWOMIR KIELCZEWSKI	Title PRESIDENT	Signature <i>Slawomir Kielczewski</i>	Date 08/24/12
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2) *CONTINUATION SHEET	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
		City, State, Zip Code	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 150 MAIN STREET		Square Feet	# of Floors
City (5) LODI		Bldg. Age	
County (6)	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		Street Address		
City, State, Zip Code		City, State, Zip Code		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.

Start Date (10) 09/04/12	Scheduled Completion Date (11) 09/07/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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		BOILER INSULATION	100SF	x			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by SLAWOMIR KIELCZEWSKI		Title PRESIDENT	Signature <i>Slawomir Kielczewski</i>	Date 08/24/12	

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D&S Proj. #: MS 12-296

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/12/12		Name of Building Owner/Operator (2) LACEY RZESZOWSKI	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 ESSEX ROAD	
		City, State, Zip Code SUMMIT, NJ 07901	
		Name of Contact LACEY RZESZOWSKI	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LACEY RZESZOWSKI			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 21 ESSEX ROACE			Square Feet	# of Floors	Bldg. Age
City (5) SUMMIT	County (6) UNION	County Code (7) (State use only)	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) 09/05/12	Sched. Completion Date (11) 09/18/12	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

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 w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	400 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	64 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECOND FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	140 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 6 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/07/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/22/12

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D&S Proj. #: MS 12-295

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

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Date of Notification (1) 10 18 / 12 2 / 1 2		Name of Building Owner/Operator (2) CELIA LEAR	
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 162-164 WASHINGTON PLACE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RIDGEWOOD, NJ 07450	
		Name of Contact CELIA LEAR	Telephone Number

2012 AUG 27 PM 11:39

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CELIA LEAR			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 164-164 WASHINGTON PLACE			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN		County Code (7) (State use only)
			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) 09/04/12		Sched. Completion Date (11) 09/14/12			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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	75 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/05/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/22/12

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

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**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) <u>8</u> / <u>22</u> / <u>12</u>		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC							
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 225 WEST WASHINGTON STREET							
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - JC PENNEYS		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 150 QUAKER BRIDGE MALL		Square Feet	# of Floors						
City (5) LAWRENCEVILLE, NJ		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET							
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm STEVE HILLMANN	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>9</u> / <u>5</u> / <u>12</u>	Scheduled Completion Date (11) <u>9</u> / <u>8</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>10:00</u> AM - <u>8:00</u> PM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
LIZ CLAIBORNE-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	112 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JCP WOMENS-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>			Date 8/22/12				

ASB-41 MAY 11 PD12 058-B

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/22/2012		Name of Building Owner/Operator (2) Private Residence						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 699 Route 47						
		City, State, Zip Code South Dennis, Cape May County, NJ 08210						
		Name of Contact David D'Andrea	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 (i.e., private & commercial buildings)						
Street Address 699 Route 47		Square Feet	# of Floors Bldg. Age					
City (5) South Dennis, Cape May County, NJ 08210								
County Cape May County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Ameritech		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 78 E. Atlantic Way		Street Address 15 BLACK FOREST ROAD						
City, State, Zip Code Lavallette, NJ		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm Rod Morris	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676					
Start Date (10) 8/24/2012	Scheduled Completion Date (11) 8/24/2012	Name of OSHA Monitor AMERITECH						
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		Street Address 78 E. ATLANTIC WAY						
		City, State, Zip Code LAVALLETTE, NJ 08735						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement, Crawl Space & Garage			pipe insulation	70 l.f.	X			
Name of Registered Waste Hauler LUCAS DISPOSAL		NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 1 yds	Name of Registered Landfill GROWS				
City, State HIGHTSTOWN, NJ		Disposal Date 8/27/2012	City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>			Date 8/22/2012			

ASB-41

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08 / 23 / 12		Name of Building Owner/Operator (2) Township of Wayne	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <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 475 Valley Road	
		City, State, Zip Code Wayne NJ 07470	
		Name of Contact Sandy Galacio	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Unoccupied Home		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 22 Brookside Road		Square Feet 1,335	# of Floors 1
City (5) Wayne, NJ 07470		Bldg. Age 1920	
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Serv.	ASCM No. 00079	Name of Abatement Contractor (9) SMAC Corp.	
Street Address 619 River Drive Center 1		Street Address 27 EAST 33 RD STREET	
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code PATERSON NJ 07514	
Project Manager for Monitoring Firm Vijay Patel	Telephone No. 201-398-4544	Telephone No. 973-345-4055	License No. 01110

Start Date (10) 09 / 4 / 12	Scheduled Completion Date (11) 9 / 11 / 12	Name of OSHA Monitor EMSL ANALYTICAL, INC
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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 1056 SHELTON AVE
	City, State, Zip Code PISCATAWAY NJ 08854

Scope of Work (Check all that apply)

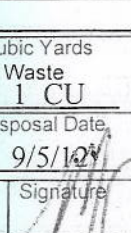
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

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
Kitchen Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Removal	350SF	<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 SMAC Corp	NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Grows Landfill
City, State 27 E 33rd Street, Paterson, NJ - 07514		Disposal Date 09/11/2012	City, State Morrisville, PA
Completed By (Print or Type) Borce Gjorsoski	Title President	Signature <i>Borce Gjorsoski</i>	Date 08/23/2012

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24905
RECEIVED


Date of Notification (1) <u>8/23/12</u>		Name of Building Owner/Operator (2) <u>Chambers Properties, LLC</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>20 Nassau Street Suite 129</u>					
	City, State, Zip Code <u>Princeton, NJ 08542</u>		Name of Contact <u>Jeremiah Obert</u>					
			Telephone Number <u>908-942-1111</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Offices</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>20 Nassau Street</u>		Square Feet <u>30,000</u>	# of Floors <u>3</u>					
City (5) <u>Princeton</u>		Bldg. Age <u>80</u>						
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>offices</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>9/4/12</u>		Scheduled Completion Date (11) <u>9/5/12</u>						
Name of OSHA Monitor <u>MECS</u>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 AM - 4 PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
<u>Suite 221/222</u>		<input checked="" type="checkbox"/>	<u>pipe insulation</u>	<u>70 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/5/12</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>8/23/12</u>		

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520340

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

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2012 AUG 27 PM 11:19
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 08/24/12		Name of Building Owner/Operator (2) E.I. DuPont De Nemours		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address Rt 130	
			City, State, Zip Code Deepwater, NJ 08069	
			Name of Contact Richard Clarke	Tel Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Dupont Chambers Works		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 bldgs., homes, etc.)		
Street Address Route 130		Sq. Feet 3000 # of Floors 2		
City (5) Deepwater	County (6) Salem	County Code (7) (State Use Only)	Bldg. Age 52 Current Use (prior if being demolished) Chemical Manufacturer	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental, Inc.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP	
Street Address 760 Pulaski Highway		Street Address 395 Turner Industrial Way		
City, State, Zip Code New Castle, DE 19720		City, State, Zip Code Aston, PA 19014		
Project Manager for Monitoring Firm Wesley Morrison	Telephone Number 302-326-2333	Telephone Number 484-480-8931	License Number 01006	
Scheduled Start Date (10) 09/10/12	Scheduled Completion Date (11) 12/14/12	Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe _____		Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> M 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose
Thru Out Facility	X	Mastics	6484 SF	X
Thru Out Facility	X	Thermal Insulation	1015 SF	X
Thru Out Facility	X	Pipe Insulation	482 LF	X
Thru Out Facility	X	VAT/Mastic	608 SF	X
Thru Out Facility	X	Galbestos	1579 SF	X
Thru Out Facility	X	Gaskets	814 SF	X
Name of Reg. Waste Hauler DuPont Company	NJDEP Waste Hauler ID#	Cubic Yards of Waste	Name of Reg. Landfill DuPont Chambers Works	
City, State Deepwater, NJ	Disp. Date 12/14/12	City, State Deepwater, NJ		
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature 	Date 08/24/12	

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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT, mastic, and thermal systems insulation. Regulated work area, negative air containments, glovebag procedures, hepa filtration equipment, wet material, and double bag.

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ASBESTOS CONTROL & LICENSING

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, negative air containments, glovebag procedures, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 DuPont Company

Address:			
City: Deepwater	County: Salem	State: NJ	Zip: 08069
Contact:		Telephone:	

Waste Transporter#2 Same as #1

Address			
City	County	State	Zip
Contact		Telephone	

XIII. Waste Disposal Site DuPont Chambers Works

EPA Certification Number: P0104984

Address:			
City: Deepwater	County: Salem	State: NJ	Zip: 08069
Contact:		Telephone:	

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-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, post signs, alert generator

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] (Signature of Owner/Operator) (Date) 08/24/12


XVIII. I Certify that the Above Information is Correct

[Signature] (Signature of Owner/Operator) (Date) 08/24/12

No check

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

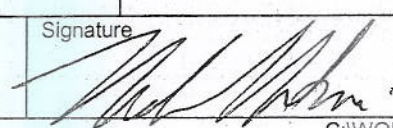
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2012 AUG 27 AM 10:38

Date of Notification (1) 08/02/2012		Name of Building Owner/Operator (2) Home Properties, LP		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled		
Street Address 25 Commerce Drive		City, State, Zip Code Cranford, NJ 07016		
Name of Contact Craig Marschke		Phone		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Pleasure Bay Apartments – Building # 13 (163-180)		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 bldgs., homes, etc.)		
Street Address 245 Atlantic Avenue		Sq. Feet : 16,960 SF No. of Floors: 2		
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc		ASCM No. 00140	Name of Contractor (9) Superior Abatement, Inc.	
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive, Ste A		
City, State, Zip Code Sparta, NJ 07871		City State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm JP Von Doehren	Telephone Number (973) 729-5649	Telephone Number (973) 808-1616	License Number 00411	
Scheduled Start Date (10) 8/15/2012	Scheduled Completion Date (11) 8/21/2012	Name of OSHA Monitor Superior 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: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.		Street Address 2 Henderson Drive, Ste. A		
		City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-friable Procedure for Asbestos Roof Removal.				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose
Boiler Room, Telecom, Bathroom, Hallway & Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,340 LF	X
Boiler Room, Telecom, Bathroom & Hallway, Laundry Room, Storage Room	X	Pipe Elbows	66 Ea.	X
Boiler Room	X	Tank Insulation	80 SF	X
Boiler Room	X	Flue Packing	4 SF	X
Crawlspaces	X	Pipe Insulation Debris	370 SF	X
Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 50	Name of Reg. Landfill Minerva Landfill	
City, State New Castle, DE		Disp. Date 8/21/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 08/13/2012	

- Amendment No. 1: Change of Start and Completion Dates from 8/20/2012 and 8/31/2012 to 8/15/2012 and 8/21/2012.

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

RECEIVED

Date of Notification (1) 08/02/2012		Name of Building Owner/Operator (2) Home Properties, LP 2012 AUG 27 AM 10:38			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled		Street Address 25 Commerce Drive ASPBESTOS CONTROL	
				City, State, Zip Code Cranford, NJ 07016 & LICENSING	
				Name of Contact Craig Marschke Phone	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pleasure Bay Apartments - Building # 13 (163-180)			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 bldgs., homes, etc.)		
Street Address 245 Atlantic Avenue			Sq. Feet : 16,960 SF No. of Floors: 2		
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc		ASCM No. 00140	Name of Contractor (9) Superior Abatement, Inc.		
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive, Ste A			
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006			
Project Manager for Monitoring Firm JP Von Doehren	Telephone Number (973) 729-5649		Telephone Number (973) 808-1616	License Number 00411	
Scheduled Start Date (10) 8/20/2012	Scheduled Completion Date (11) 8/30/2012		Name of OSHA Monitor Superior 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: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.			Street Address 2 Henderson Drive, Ste. A		
			City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Boiler Room, Telecom, Bathroom, Hallway & Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,340 LF	X	
Boiler Room, Telecom, Bathroom & Hallway, Laundry Room, Storage Room	X	Pipe Elbows	66 Ea.	X	
Boiler Room	X	Tank Insulation	80 SF	X	
Boiler Room	X	Flue Packing	4 SF	X	
Crawlspaces	X	Pipe Insulation Debris	370 SF	X	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 50	Name of Reg. Landfill Minerva Landfill	
City, State New Castle, DE			Disp. Date 8/30/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski		Title President	Signature 		Date 08/02/2012