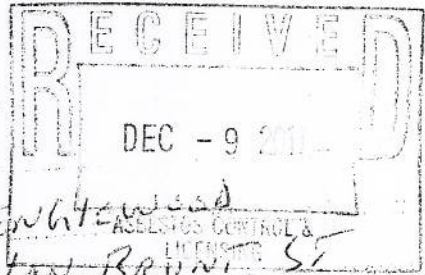


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1)

12-7-11

Agencies Notified

☒ EPA
☒ NJ DEP
☒ NJ OH
☒ DOH
☐ LHA

Type of Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

CITY OF ENHLEWOOD

Street Address

2-10 N. VAN BRUNT ST

City, State, Zip Code

ENHLEWOOD NJ

Name of Contact

KORAL

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

CITY OF ENHLEWOOD

Street Address

500 LIBERTY RD

City (5)

ENHLEWOOD

County (6)

County Code (7) (STATE USE ONLY)

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

12-19-11

Scheduled Completion Date (11)

12-30-11

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 7 AM - 7 PM

Scope of Work (Check all that apply)

☐ 3 sf or 3 ft
☐ 160 sf or 260 ft

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			20 or less	21 or more	100 or more	1000 or more
Basement				PIPE COVERING	200 LF				
				FLOOR COVERING	350 SF				
				SIDING	350				
				ROOF	300 SF				

Name of Registered Waste Hauler

ACE INSULATION CO

City, State

CORTS Neck NJ 07722

Completed By

Sally Hall

Title

OPS MGR

Waste Hauler ID No.

12086

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

GROW'S

City, State

Fullerton PA

Date

Signature

Sally Hall

Check #: 4539

Date of Notification (1) 1 2 / 0 6 / 1 1		Name of Building Owner/Operator (2) The Newark Public Schools	
Agencies Notified <input type="checkbox"/> JEPA <input checked="" 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Benjamin Olagadeyo		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lafayette Street Annex			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 212 Lafayette Street			Square Feet 25000		
City (5) Newark			# of Floors 2		
County (6) Essex			Bldg. Age 70		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00003			Street Address 180 Sargeant Avenue		
Street Address 1253 North Church Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Moorestown, NJ 08057			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm James A. Guillard			License Number 00807		
Telephone Number 856-840-8800			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 1 2 / 1 6 / 1 1			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 1 2 / 1 9 / 1 1			City, State, Zip Code Clifton, NJ 07013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: _____					

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C I O S U R E	
Main Entrance	<input checked="" type="checkbox"/>	Plaster Ceiling	70 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Nevenko Zivkovic	Title President	Signature 	Date 12/6/11

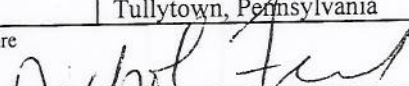
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 6, 2011		Name of Building Owner/Operator (2) Bacorp Building Group	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	1044 Lacey Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Forked River, NJ 08731	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Alan	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 948 Newark Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k12)		
City Forked River			Square feet 1500 sf		
			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 12/19/11			License Number 00624		
Scheduled Completion Date (11) 12/20/11			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Piscataway, New Jersey 08854		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

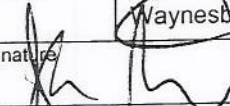
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/21/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/6/11

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

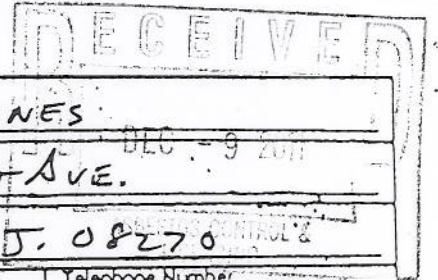
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 18068

Date of Notification (1) 12-05-11		Name of Building Owner/Operator (2) Holy Name Hospital							
Agencies Notified	Type Notification	Street Address 718 Teaneck Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Wayne Kinder	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Name Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 718 Teaneck Road		Square Feet 8,000	# of Floors 2						
City (5) Teaneck		Bldg. Age 3							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) GZA Geo Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 55 Lane Road, Suite 407		Street Address 200 Broad Street							
City, State, Zip Code Fairfield, NJ 07004		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Benjamin M. Sallemi		Telephone No. (973) 774-3311	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 12-15-11	Scheduled Completion Date (11) 03-01-12	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) <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
Emergency Room - 2nd Floor			x	ACM Gasket Material	50	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688						
Completed by Joseph Patrick	Title Project Manager	Signature 	Date 12-05-11						

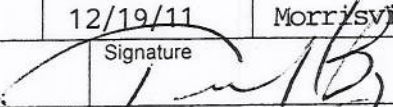
CHECK #
2144

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

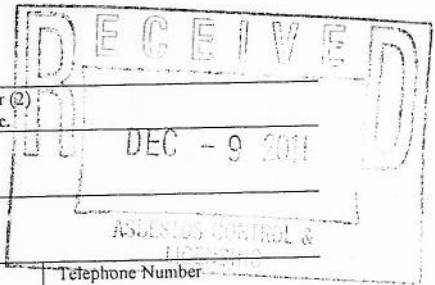


Date of Notification (1) <u>12/7/11</u>		Name of Building Owner/Operator (2) <u>MEN & MACHINES</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE.</u>					
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>					
		Name of Contact <u>LISA FISHER</u>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>110 100TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>STONE HARBOR</u>		Bldg Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	Country Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>12/19/11</u>	Scheduled Completion Date (11) <u>12/26/11</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF & LF) <u>3500#</u>	Abatement Type			
				Removal	Repair	Encapsulate	Exhaust
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/7/11</u>				

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

Date of Notification (1) 12-5-11		Name of Building Owner/Operator (2) St. Gregory the Great							
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 4620 Nottingham Way							
		City, State, Zip Code Hamilton Square, NJ 08690							
		Name of Contact Jessica Perrini							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Gregory the Great 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 4680 Nottingham Way									
City (5) Hamilton Square, NJ		Square Feet 24,600	# of Floors 2						
		Bldg. Age 47yrs							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 500 Horizon Drive, Suite 540		Street Address 923 Haws Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jessica Perrini		Telephone No. 609-890-7277	Telephone No. 610-239-9920						
		License No. 00398							
Start Date (10) 12/17/11	Scheduled Completion Date (11) 12/19/11	Name of OSHA Monitor Plymouth Environmental Co., 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 <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Music room		X		debris clean-up	768 SF	X			
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill GROWS, Inc.					
City, State Bellmawr, NJ		Disposal Date 12/19/11		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 				Date 12-5-11	

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



Date of Notification (1) November 30, 2011		Name of Building Owner/Operator (2) Johnson & Johnson Services, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Notification w/Justification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 1003 Route 202	
		City, State, Zip Code Raritan NJ 08869	
		Name of Contact Hugh Symonds	
		Telephone Number	

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) NCS		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 1003 Route 202	Square Feet 100000	# of Floors 4
	Bldg. Age 80+	
City (5) Raritan	County (6) Middlesex	County Code (7) (State Use Only)
Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No.
Street Address 655 West Shore Trail		Name of Abatement Contractor (9) LVI Demolition Services, Inc.
City, State, Zip Code Sparta NJ 07871		Street Address 32 Williams Parkway
Project Manager for Monitoring Firm		City, State, Zip Code East Hanover, NJ 07936
Telephone Number 973-729-5649	Telephone Number 973-884-8682	License Number 00860
Scheduled Start Date (10) 12/12/11 Month / Day / Year	Sched. Completion Date (11) 12/13/11 Month / Day / Year	Name of OSHA Monitor Jose Moya
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Hours - Describe: 4:00 pm to 6:00 am <input type="checkbox"/> Other - Describe:		Street Address 32 Williams Parkway
		City, State, Zip Code East Hanover NJ 07936

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ceiling of North Restrooms	X	Pipe Fittings	20 LF	X			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania			
City, State East Hanover, NJ 07936		Disposal Date 12/23/11	City, State Morrisville, Pa				
Completed By (Print or Type) Ed King		Title President	Date November 30, 2011				