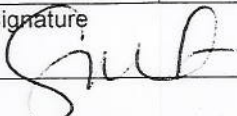


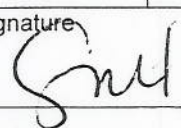
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1112-4429 Check # 3696

Date of Notification (1) 12/6/11		Name of Building Owner / Operator (2) Kennedy Health Facilities							
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	<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 12 2011 ASBESTOS CONTROL & LICENSING </div> Street Address 2 Regulus Drive City, State & Zip Code Turnersville, NJ 08012 Name of Contact George Lodish							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial 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 18 East Laurel Rd.		Square Feet	# of Floors						
City (5) Stratford	County (6) Camden	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3370 Progress Drive		Street Address PO Box 25							
City, State & Zip Code Bensalem, PA 19020		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300	License Number 00529						
Scheduled Start Date (10) 12/7/11	Scheduled Completion Date (11) 12/16/11	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
Canopy associated with Pathology Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprayed on Fireproofing	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 10	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 12/16/11		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 12/6/11			

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

1112-4428 Check #3582

Date of Notification (1) 12/7/11		Name of Building Owner / Operator (2) Seton Hall University		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 12 2011 ASBESTOS CONTROL & LICENSING </div>					
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 400 South Orange Ave.			
						City, State & Zip Code South Orange, NJ 07079			
		Name of Contact Michael Marconi		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Seton Hall University			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 400 South Orange Ave.			Square Feet 10,000						
City (5) South Orange		County (6) Essex	County Code (7)	# of Floors 2	Bldg. Age 90				
			Current Use (Prior if being demolished) University						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc. 00529						
Street Address 280 Huyler Street		Street Address PO Box 25							
City, State & Zip Code South Hackensack, NJ 07606		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8700	Telephone Number 609-265-3207	License Number 00529					
Scheduled Start Date (10) 12/7/11	Scheduled Completion Date (11) 12/8/11		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 8 PM Start <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"/> ≥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) <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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Fireproofing	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 12/30/11		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 12/7/11			

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

Date of Notification (1) 12/08/2011		Name of Building Owner/Operator (2) Township of Lake wood	
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 212 4th St.	
		City, State, Zip Code Lake Wood, NJ 08701	
		Name of Contact Dave Mango	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Office Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 314 5th St.		Square Feet 5,000 SF	# of Floors 2
City (5) Lake Wood		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Office Building	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Valiant Associates, LLC	
Street Address		Street Address 145 Mill Street	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-553-5374	License No. 01108
Start Date (10) 12/19/2011	Scheduled Completion Date (11) 12/20/2011	Name of OSHA Monitor Valiant Associates, LLC	
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 145 Mill Street	
		City, State, Zip Code Paterson, NJ 07501	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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	
Basement			X
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1
City, State New Castle, DE		Name of Registered Landfill Minerva Landfill	
Disposal Date 12/20/2011		City, State Waynesburgh, OH	
Completed By Miodrag Stamenovic	Title President	Signature <i>Miodrag Stamenovic</i>	Date 12/08/2011

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

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Check # 1442

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/07/2011		Name of Building Owner/Operator (2) East Orange Board Of Education							
Agencies Notified	Type Notification	Street Address 715 Park Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07017-1026							
		Name of Contact Dario Lambkin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ecole Troussaint Louverture School		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 330 Central Ave		Square Feet 60,000	# of Floors 2						
City (5) East Orange		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 116 Tices Lane, Unit B-1		Street Address 140 Hamburg Tpke							
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 12/23/2011	Scheduled Completion Date (11) 12/28/2011	Name of OSHA Monitor GL Group, 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 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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
Classroom 15		X		Ceiling Plaster	80SF	X			
Classroom 15		X		Wall Plaster	20 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Newburg, Pa					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 12/07/2011			

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

Date of Notification (1) 11/16/11 Month/Day/Year		Name of Building Owner/Operator (2) Virtua Health, Inc.	
Agency Notified	Type Notification	Street Address	
X EPA	Initial	175 Madison Avenue	
X DEP	Notification	City, State, Zip Code	
X DCA	x Amended	Mt. Holly, NJ 08060	
X DOH	Notification	Name of Contact	
	Cancellation	Pat Giordano	

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Virtua Health, Inc.		Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)
Street Address 175 Madison Avenue		Square Feet 50,000 # of Floors 4 Bldg. Age 60 Current Use (Prior if being demolished) Hospital
City (5) Mt. Holly	County (6) Burlington	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.		ASCM No.
Street Address 28 N Pennell Road		Name of Abatement Contractor (9) Associated Specialty Contracting Inc
City, State, Zip Code Media, PA 19063		Street Address 98 LaCruce Avenue
Project Manager of Monitoring Firm Tom Adams		City, State, Zip Code Glen Mills, PA 19342
Telephone Number 610-891-0114		Telephone Number 610-364-9622
Sched. Start Date (10) 11/21/11 Month/Day/Year		Licence Number 1103
Sched. Completion Date (11) 12/30/11 Month/Day/Year		Name of OSHA Monitor Criterion Labs
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: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30 AM		Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020

Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
>3 sf or >3 if		Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		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) (ie. 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
Ground Floor Hallway			x	Pipe Fittings	8 LF	x			
1st floor cafeteria hallway			x	Pipe Fittings	18 LF	x			
1st floor cafeteria hallway			x	VAT & Mastic	480 SF	x			
1st floor cafeteria			x	Mastic	2400 SF	x			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Associated Specialty Contracting			40	Tullytown Recourse Recovery	
City, State Glen Mills, PA		Disposal Date As req.		City, State Tullytown, PA	
Completed By (Print or Type) David Kovalevich		Title Project Manager		Signature <i>David Kovalevich</i>	Date 12-9-11

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ASBESTOS

Telephone Number

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Type of Facility (4)		
School (K12)		
Subchapter 8 (Other than K12)		
x Other (i. e. Private & commercial buildings, homes, etc.)		
Square Feet	# of Floors	Bldg. Age
50,000	4	60
Current Use (Prior if being demolished)		
Hospital		
Name of Abatement Contractor (9)		
Associated Specialty Contracting Inc		
Street Address		
98 LaCru Avenue		
City, State, Zip Code		
Glen Mills, PA 19342		
Telephone Number	Licence Number	
610-364-9622	1103	
Name of OSHA Monitor		
Criterion Labs		
Street Address		
3370 Progress Dr		
City, State, Zip Code		
Bensalem, PA 19020		

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			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
Ground Floor Hallway			x	VAT & Mastic	900 SF	x			
Ground Floor hallway			x	VAT & Mastic	60 SF	x			
						x			
						x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Associated Specialty Contracting		40	Tullytown Recourse Recovery
City, State Glen Mills, PA		Disposal Date As req.	City, State Tullytown, PA
Completed By (Print or Type) David Kovalevich	Title Project Manager	Signature <i>David Kovalevich</i>	Date 12-9-11

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

Date of Notification (1) 11/16/11 Month/Day/Year		Name of Building Owner/Operator (2) Virtua Health, Inc.	
Agency Notified X EPA X DEP X DCA X DOH	Type Notification	Street Address	<div style="text-align: center; font-size: 2em; opacity: 0.5;">DECEIVED</div> <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">DEC 12 2011</div>
	Initial Notification	175 Madison Avenue	
	x Amended Notification	City, State, Zip Code Mt. Holly, NJ 08060	
	Cancellation	Name of Contact Pat Giordano	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Virtua Health, Inc.			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 175 Madison Avenue			Square Feet 50,000		
City (5) Mt. Holly			County (6) Burlinton	County Code (7) (STATE USE ONLY)	# of Floors 4
			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 28 N Pennell Road			Street Address 98 LaCrue Avenue		
City, State, Zip Code Media, PA 19063			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Tom Adams		Telephone Number 610-891-0114	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 11/30/11 Month/Day/Year		Sched. Completion Date (11) 12/30/11 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30 AM			Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
>3 sf or >3 if		Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		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) (ie. 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
Basement crawl space			x	pipe fittings	4 LF	x			
1st Fl inside construction zone			x	pipe fittings	10 LF	x			
1st Fl hallway			x	pipe fittings	8 LF	x			
Ground floor kitchen in walls			x	pipe insulation	35 LF	x			

Name of Registered Waste Hauler Associated Specialty Contracting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill Tullytown Recourse Recovery	
City, State Glen Mills, PA		Disposal Date As req.		City, State Tullytown, PA		
Completed By (Print or Type) David Kovalevich		Title Project Manager		Signature <i>David Kovalevich</i>		Date 12-9-11

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

Job #: 1112-1607

Check #: 2507

Date of Notification (1) 12/8/11		Name of Building Owner / Operator Mr. Frank Verdade	
Agencies Notified	Type Notification	Street Address 99 Hand Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Cape May Court House, NJ 08210	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Frank Verdade	
<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) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 349 Route 47			Square Feet 4,000	# of Floors 2	Bldg. Age
City (5) Goshen	County (6) Cape May	County Code (7)	Current Use (Prior if being demolished) Vacant		
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) 12/21/11		Scheduled Completion Date (11) 12/23/11		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

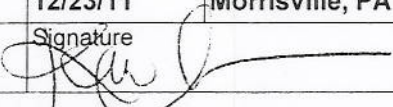
Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf ≥ 260 lf

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation and assoc. debris	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Floor Tiles	Under 2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 4	Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date 12/23/11		City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 12/8/11

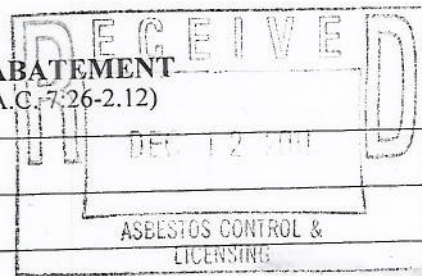
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

Check # 1444

Date of Notification (1) 12/07/2011		Name of Building Owner/Operator (2) East Orange Board Of Education							
Agencies Notified	Type Notification	Street Address 715 Park Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07017-1026							
		Name of Contact Dario Lambkin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Johnnie L. Cochran, Jr. Academy		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 190 Midland		Square Feet 60,000	# of Floors 2						
City (5) East Orange		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 116 Tices Lane, Unit B-1		Street Address 140 Hamburg Tpke							
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. (201)710-9725						
Start Date (10) 12/23/2011		Scheduled Completion Date (11) 12/29/2012	License No. 01084						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor GL Group, Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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
Boiler Room	X			Breeching & Stack Insulation	250 SF	X			
Boiler Room	X			Pipe Insulation & Fittings	260 LF	X			
Boiler Room	X			Interior Boiler Components	140 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Newburg, Pa					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 12/07/2011			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 11/30/11		Name of Building Owner/Operator (2): Newark Public School	
Agencies Notified	Type Notification	Street Address: 2 Cedar Street	Telephone Number:
<input checked="" type="checkbox"/> SEPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07102	
		Name of Contact: Benjamin T. Olagade	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): IVY Hill Elementary School			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: 107 Ivy Street			Square Feet: _____ # of Floors: _____	
City/ (5): Newark	County (6): Essex	County Code (7): 07108	Bldg. Age _____ Current Use : School	
Name of Monitoring Firm Hired by Building Owner: TTI Environmental Incorporated		ASCM No.: _____	Name of Abatement Contractor (9): Envirocare Enterprises, Inc	
Street Address: 1253 North Church Street			Street Address: 358 Broadway	
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: James A. Guilardi		Telephone No.: 856-840-8800	Telephone No.: (973) 485-4000	License No.: 01017
Start Date (10): 12/09/11	Scheduled Completion Date (11): 12/14/11		Name of OSHA Monitor: AmeriSci	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	

Scope of Work (Check all that apply):

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulat	Enclosure
1st floor by stairwell # 3		X		Pipe Insulation	70 LF	X			

Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility	
City, State: Newark NJ 07102 / Envirocare		Disposal Date:		City, State: Tullytown, PA	
Completed By: Uju Obiorah		Title: President	Signature: 		Date: 11/30/11

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1) 12/6/11		Name of Building Owner/Operator (2) Garth Kravits	
Agencies Notified	Type Notification	Street Address 276 Gregory Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ 07052	
<input type="checkbox"/> DER	<input type="checkbox"/> Amended Notification	Name of Contact Garth Kravits	
<input checked="" type="checkbox"/> DOJ	<input checked="" type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOE	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

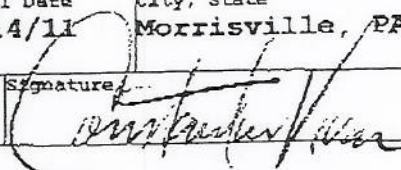
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than R-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 276 Gregory Avenue			Square Feet 2300		
City (5) West Orange			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 100		
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A			ASCM No. 67		
Street Address			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
City, State, Zip Code			Street Address 86 Christopher St.		
			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 12/10/11			Sched. Completion Date (11) 12/13/11		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	105 lf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NUDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 12/14/11	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 12/6/11

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

CH# 3348

Date of Notification (1) 12-6-2011		Name of Building Owner/Operator (2) Daniel Trager							
Agencies Notified	Type Notification	Street Address 48 Burnett Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ							
		Name of Contact Daniel Trager							
<div style="text-align: right;"> </div>									
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 48 Burnet Street		<input 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.)							
City (5) Maplewood		Square Feet 2000	# of Floors 2						
County (6) Essex		Bldg. Age 50+							
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							
Street Address n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC							
City, State, Zip Code n/a		Street Address 22 Troy Lane							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Telephone No. n/a		Telephone No. 973-706-7950	License No. 01088						
Start Date (10) 12/7/2011	Scheduled Completion Date (11) 12/8/2011		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 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) <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			✓	Asbestos Pipe Insulation	50 LF	✓			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature 	Date 12/7/2011					

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

Date of Notification (1) 12/7/11		Name of Building Owner/Operator (2) Tetsuya Fujita	
Agencies Notified	Type Notification	Street Address 67 Whiteoak Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code S. Orange, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Tetsuya Fujita	
<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) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 67 Whiteoak Drive			Square Feet 2800		
City (5) South Orange			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 53		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Sched. Start Date (10) 12/17/11			Sched. Completion Date (11) 12/20/11		
Month Day Year			Month Day Year		
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			Name of OSHA Monitor N/A		
			Street Address		
			City, State, Zip Code		

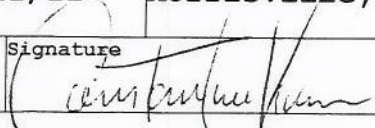
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			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
Basement			X	VAT	450 SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 3.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/21/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/7/11		

RECEIVED
DEC 12 2011
ASBESTOS CONTROL &
LICENSING

12/07/2011

☐ DCA☐ Cancellation

Harry Brennan

DEC 12 2011

ASBESTOS CONTROL &
LICENSING

Telephone Number

☒ Non-Exempted (*) and Non-Friable Procedure

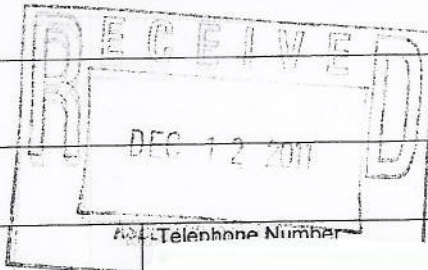
12/07/2011

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

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

Check # 6615

Date of Notification (1) 12/7/11		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address PO Box 5042	
	City, State, Zip Code Woodbridge, NJ 07095		
	Name of Contact Gregory Soska		
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJT Interchange 8A Facility			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address NJ Turnpike Interchange 8A			Square Feet 4000		
City (5) Monroe Township			# of Floors 2		
County (6) Middlesex			Bldg. Age ~50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) offices		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1			Street Address 3 Lynn Court		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 12/19/11		Sched. Completion Date (11) 12/31/11	Name of OSHA Monitor J & S Environmental Laboratories, 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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

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

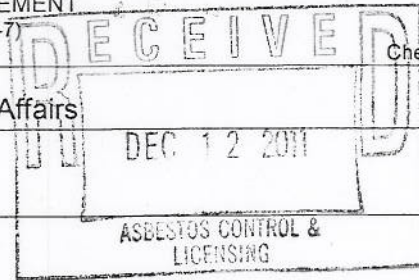
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	E	N
Boiler room		x		TSI	9 LF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 12/30/11		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 12/7/11

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

Check # 6614

Date of Notification (1) 12/7/11		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified	Type of Notification	Street Address 101 Eggerts Crossing Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact William McBride	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

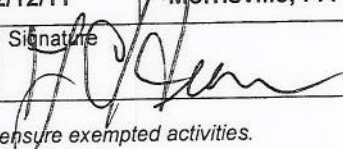
Name of Facility Where Abatement is Taking Place (3) Sea Girt NGTC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 381 Sea Girt Avenue			Square Feet	# of Floors	Bldg. Age ~50
City (5) Sea Girt	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices, training center		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1		Street Address 3 Lynn Court			
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 12/20/11	Sched. Completion Date (11) 12/31/11		Name of OSHA Monitor J & S Environmental Laboratories, 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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

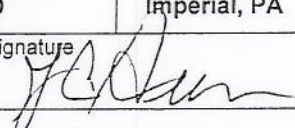
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |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

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Building 7 mechanical room	x			TSI elbows	8 LF	x			
Quarters 1 basement	x			Abandoned boiler	36 SF	x			
Quarters 1 basement	x			Transite panels	48 SF	x			
Armory classroom and offices		x		VAT and mastic	1240 SF	x			
Museum		x		VAT and mastic	150 SF	x			
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill				
City, State Lincoln Park, NJ		Disposal Date 12/30/11		City, State Waynesburg, OH					
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 			Date 12/7/11		

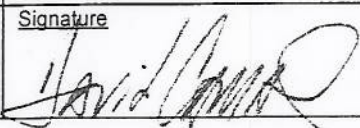
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 12 / 8 / 11		Name of Building Owner/Operator (2) ABC Supply		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 12 2011 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 ABC Pkwy							
		City, State, Zip Code Beloit, WI 53511							
		Name of Contact Anthony Martino							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Aamco Roofing				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 1125 Capital Highway				Square Feet 5000					
City (5) Pennsauken, NJ				# of Floors 1					
County (6) Camden				Bldg. Age 60					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Road				Street Address 550 East Union Street					
City, State, Zip Code Media, PA 19063				City, State, Zip Code West Chester, PA 129382					
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238		Telephone No. 610-701-9000					
				License No. 00508					
Start Date (10) 12 / 6 / 11		Scheduled Completion Date (11) 12 / 9 / 11		Name of OSHA Monitor AET					
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: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM				Street Address 28 N. Pennell Road					
				City, State, Zip Code Media, PA 19063					
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
Tar Storage Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tar Storage Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation debris on floor	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tar Storage Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar cover on Tank Bottom (non-Fri)	300 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"/>
Name of Registered Waste Hauler Robinsons Waste Disposal Service		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 5	Name of Registered Landfill WMI GROWS Landfill				
City, State Voorhees, NJ		Disposal Date 12/12/11		City, State Morrisville, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 12/8/11		

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

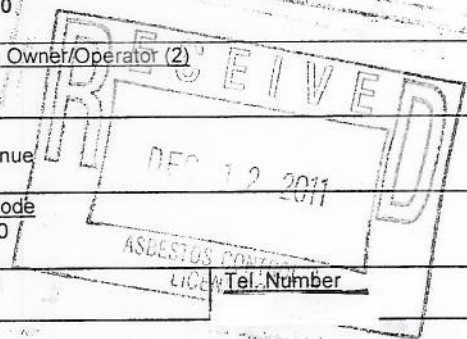
Date of Notification (1) 11 / 21 / 11		Name of Building Owner/Operator (2) ABC Supply		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 12 2011 ASBESTOS CONTROL & </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1 ABC Pkwy			
		City, State, Zip Code Beloit, WI 53511				Name of Contact Anthony Martino			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Aamco Roofing				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 1125 Capital Highway				Square Feet 5000					
City (5) Pennsauken, NJ				# of Floors 1					
County (6) Camden				Bldg. Age 60					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238		License No. 00508					
Start Date (10) 12 / 6 / 11		Scheduled Completion Date (11) 12 / 9 / 11		Name of OSHA Monitor AET					
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: 7AM-3:30PM - 3:30PM-7AM				Street Address 28 N. Pennell Road					
				City, State, Zip Code Media, PA 19063					
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
Tar Storage Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tar Storage Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation debris on floor	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tar Storage Tank Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar cover on Tank Bottom (non-Fri)	300 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"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 5	Name of Registered Landfill BFI Imperial				
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 11/21/11		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 12/07/2011			Name of Building Owner/Operator (2) Jefferson Township Board of Education		
Agencies Notified () USEPA () NJDEP (X) NJ DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification (X) Emergency Notification (including justification) () Cancelled		Street Address 28 Bowling Green Parkway City, State, Zip Code Lake Hopatcong, NJ 07849	
				Name of Contact Dora Zena	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NJ State Owned Property			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 31 Route 181			Sq. Feet: 3500 # of Floors 1 Bldg. Age 50		
City (5) Lake Hopatcong	County (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Garden State Environmental, Inc.		ASCM No. N/A	Name of Contractor (9) ISES, Inc.		
Street Address 555 Broad St, Suite K		Street Address 3300 Hudson Avenue			
City, State, Zip Code Glen Rock, NJ 07452		City, State, Zip Code Union City, NJ			
Project Manager for Monitoring Firm Bruce Wolf		Telephone Number 201-652-1119	Telephone Number (201)325-0055		License Number 01124
Scheduled Start Date (10) 12/10/2011		Scheduled Completion Date (11) 12/27/2011		Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Facility is currently not in use and is being renovated for use by township.			Street Address 3300 Hudson Avenue		
			City, State, Zip Code Union City, NJ 07087		
Source 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) 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 miscous.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
Exterior Windows	X	Caulking	137 SQ FT	X	
Name of Reg. Waste Hauler Vision Transport	NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 1	Name of Reg. Landfill Cumberland County Landfill		
City, State 2 Fish House Road, Kearny, NJ 07032		Disp. Date 12/27/2011	City, State Newburg, PA 17242		
Completed by (Print or Type) David Camacho Walsh	Title General Manager	Signature 	Date 12/07/2011		

21250

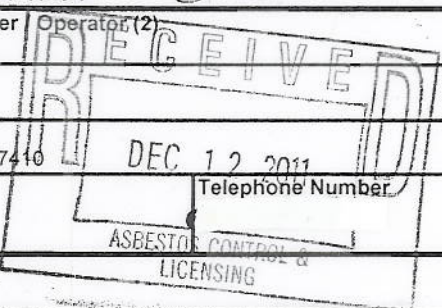
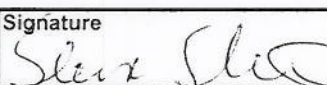
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)**



<u>Date of Notification (1)</u> 12/9/2011			<u>Name of Building Owner/Operator (2)</u> Albie Corp.		
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Type Notification</u> (X) Initial Notification () Amended Certification () Emergency (including Justification) () Cancellation		<u>Street Address</u> 559 Franklin Avenue	
				<u>City, State, Zip Code</u> Nutley, NJ 07110	
				<u>Name of Contact</u> Dan Albiziti	
				<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Burgess Pharmacy			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial buildings, homes, etc)		
<u>Street Address</u> 559 Franklin Avenue			<u>Square Feet: 1680 # of Floors 1 Bldg. Age Approx 50+</u>		
<u>City (5)</u> Nutley	<u>County (6)</u> Essex	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished)</u>		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ESS Environmental		<u>ASCM No.</u> 41819	<u>Name of Contractor (9)</u> JVN RESTORATION INC.		
<u>Street Address</u> 8913 Riverside Drive			<u>Street Address</u> 47 Foster Road		
<u>City, State, Zip Code</u> North Bergen, NJ 07047			<u>City State, Zip Code</u> Staten Island, New York 10309		
<u>Project Manager for Monitoring Firm</u> Dennis Rivera		<u>Telephone Number</u> 718-213-1431	<u>Telephone Number</u> 718-605-6256		<u>License Number</u> NJ 00774
<u>Scheduled Start Date (10)</u> 12/19/2011		<u>Scheduled Completion Date (11)</u> 12/23/2011		<u>Name of OSHA Monitor</u> ESS Environmental	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours Other - Describe			<u>Street Address</u> 8913 Riverside Drive		
			<u>City, State, Zip Code</u> North Bergen, NJ 07047		
<u>Source of Work (Check all that apply)</u> (X) ≥ 3 sf or ≥ 3 lf () Demolition (X) ≥ 160 sf or ≥ 260 lf (X) Renovation () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-Exempted (X) and Non Friable Procedure					
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance./Custodial Staff? (12)</u> Yes No N/A	<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	
Roof	X	Perimeter Base Flashing	80 LF	X	
Floor	X	VAT	600 SF	X	
<u>Name of Reg. Waste Hauler</u> Express Waste LLC		<u>NJDEP Waste Hauler ID #</u> NJ-804	<u>Cubic Yards of Waste</u> 5		<u>Name of Reg. Landfill</u> Cumberland County Landfill
<u>City, State</u> Newark, N.J.			<u>Disp. Date</u> 12/23/2011	<u>City, State</u> Newburg, PA	
<u>Completed by (Print or Type)</u> John Tardy		<u>Title</u> Senior Project Manager	<u>Signature</u> 		<u>Date</u> 12/9/2011

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2530

Date of Notification (1) 12 / 09 / 11		Name of Building Owner / Operator (2) Kraft Foods			
Agencies Notified		Street Address 2211 Route 208 North			
Type of Notification		City, State, Zip Code Fairlawn, New Jersey, 07410			
		Name of Contact PRANAV DESAI			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Kraft Foods			Type of Facility (4)		
Street Address 2211 Route 208			<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.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
Current Use (Prior if being demolished) Bakery/WAREHOUSE					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO			
Street Address 907 Doolittle Drive		LVI Environmental Services Inc.			
City, State, Zip Code Bridgewater, NJ 08807		Street Address 462 Getty Avenue			
Project Mngr. For Monitoring Firm Eric Houseknecht		City, State, Zip Code Clifton, NJ 07011			
Telephone Number 908-218-1108		Telephone Number 973-772-3660		License Number 00117	
Schedul Start Date (10) 12 / 27 / 11		Sched. Completion Date (11) 12 / 29 / 11			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Environmental Services Inc.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: __ MON-FRI <input checked="" type="checkbox"/> Other - Describe: __ 7:00AM - 3:30PM			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <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 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 A L	R E P A I R
				E N C A P S U L	E N C L O S U R
BAKERY	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAKERY/G20	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 12/09/11