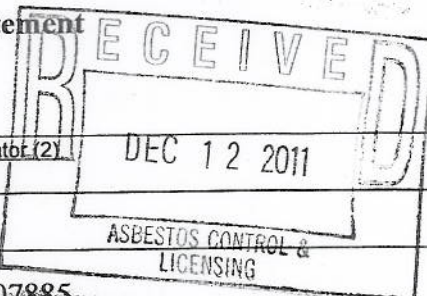


**State of New Jersey - Notification of Asbestos Abatement**

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



Date of Notification (1) <b>December 7, 2011</b>			Name of Building Owner/Operator (2) <b>Tilcon New York Inc.</b>		
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>625 Mount Hope Road</b> City, State, Zip Code <b>Wharton, New Jersey 07885</b>	
		Name of Contact <b>Mr. Richard Trynoski</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Tilcon New York - Mount Hope Quarry</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b></b> Bldg. Age: <b>years</b>		
Street Address <b>625 Mount Hope Road</b>			Current Use (prior if being demolished):		
City (5) <b>Wharton</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>S &amp; S Environmental inc.</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>98 Sand Park Road</b>		Street Address <b>268 MAIN STREET</b>			
City, State, Zip Code <b>Cedar Grove, NJ 07009</b>		City, State, Zip Code <b>Butler, NJ 07405</b>			
Project Manager for Monitoring Firm <b>Kamil Sor, Ph.D.</b>		Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>	
Scheduled Start Date (10) <b>December 1, 2011</b>		Scheduled Completion Date (11) <b>December 31, 2011</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:			Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>		
Source of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation <input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
<b>Silo Building</b>		<input checked="" type="checkbox"/> <b>Transite Panels</b>	<b>10,000sf</b>	<input checked="" type="checkbox"/>	
<b>Roof</b>		<input checked="" type="checkbox"/> <b>TSI Flashing</b>	<b>10lf</b> <b>700 SF</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>100</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561			Disposal Date <b>December 31, 2011</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #2) <b>Newark Carting Inc., Newark, NJ 04509, NJ DEP # 19551</b>					
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>December 7, 2011</b>		

GAC # 2011-300

Note: Additional asbestos quantities 700 sgft of roof flashing



# State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) <b>November 14, 2011</b>		Name of Building Owner/Operator (2) <b>Tilcon New York Inc.</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>625 Mount Hope Road</b> City, State, Zip Code <b>Wharton, New Jersey 07885</b> Name of Contact <b>Mr. Richard Trynoski</b> Telephone Number [REDACTED]
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) <b>Tilcon New York - Mount Hope Quarry</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b></b> Bldg. Age: <b>years</b>	
Street Address <b>625 Mount Hope Road</b>		Current Use (prior if being demolished):	
City (5) <b>Wharton</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>S &amp; S Environmental inc.</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>98 Sand Park Road</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Cedar Grove, NJ 07009</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Kamil Sor, Ph.D.</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 1, 2011</b>	Scheduled Completion Date (11) <b>December 31, 2011</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Silo Building</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Transite Panels TSI</b>	Amount (Specify SF or LF) <b>10,000sf 10lf</b> Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>80</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date <b>December 31, 2011</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting Inc., Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>November 14, 2011</b>

GAC # 2011-300



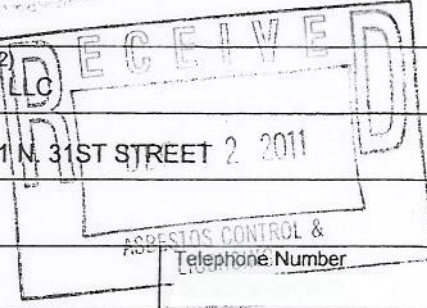
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

7024 no check

Date of Notification (1) 12/9/11 AMENDMENT 1 9/27/11		Name of Building Owner/Operator (2) PENNROSE PROPERTIES, LLC							
Agencies Notified	Type Notification	Street Address ONE BREWERY PARK 1301 N. 31ST STREET							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PHILADELPHIA, PA 19121							
		Name of Contact HARRY MOODY							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HOFFMAN PAVILION		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 75 NIELSON STREET									
City (5) NEW BRUNSWICK, NJ 08901		Square Feet >50,000	# of Floors 10						
		Bldg. Age 60							
County (6) MIDDLESEX COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 411 SOUTHGATE COURT		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON, NJ 08056		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856 224-0080	Telephone No. 215 322-2900						
		License No. 00783							
Start Date (10) 8/23/11	Scheduled Completion Date (11) 3/31/2012	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 <input checked="" type="checkbox"/> Other - Describe: 7AM-5:30PM MON-SAT.		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM, PA 19020							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
THRU OUT BUILDING		X		FLOORTILE/MASTIC	50,000 SF	X			
THRU OUT BUILDING		X		PIPE INSULATION	400 LF	X			
THRU OUT BUILDING		X		WINDOW CAULKING	6,000 LF	X			
THRU OUT BUILDING		X		ROOF FLASHING	6,000 LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE, NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed by DAMIAN LAVELLE		Title PROJECT MGR.		Signature <i>Damian Lavelle</i>	Date 12/9/11				

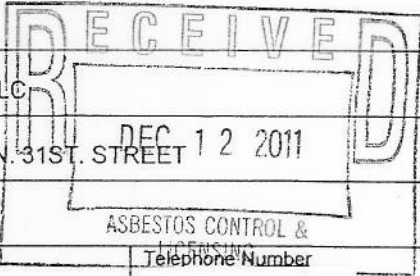


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/9/2011 amended 9/27/11		Name of Building Owner/Operator (2) PENNROSE PROPERTIES, LLC							
Agencies Notified	Type Notification	Street Address ONE BREWERY PARK 1301 N. 31ST STREET 2 2011							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code PHILADELPHIA, PA 19121							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact HARRY MOODY							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HOFFMAN PAVILION		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 75 NIELSON STREET		Square Feet >50,000	# of Floors 10						
City (5) NEW BRUNSWICK, NJ 08901		Bldg. Age 60							
County (6) MIDDLESEX COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 9 SOUTH MAIN STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MULLICA HILL, NJ 08062		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856 223-0080	Telephone No. 215 322-2900						
Start Date (10) 8/23/11		Scheduled Completion Date (11) 12/31/11	License No. 00783						
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 checked="" type="checkbox"/> Other - Describe: 7AM-5:30PM MON-SAT		Name of OSHA Monitor CRITERION LABS							
		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM, PA 19020							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THRU OUT BUILDING		X		FLOORTILE/MASTIC	50,000 SF	X			
THRU OUT BUILDING		X		PIPE INSULATION	400 LF	X			
THRU OUT BUILDING		X		WINDOW CAULKING	6,000 LF	X			
THRU OUT BUILDING		X		ROOF FLASHING	6,000 SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE, NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed by DAMIAN LAVELLE/CDV		Title PROJECT MGR.		Signature <i>Damian Lavelle</i>		Date 9/27/11			

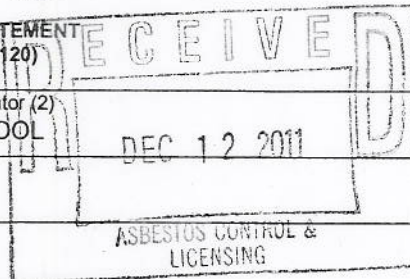


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/9/11		Name of Building Owner/Operator (2) PENNROSE PROPERTIES, LLC							
Agencies Notified	Type Notification	Street Address ONE BREWERY PARK 1301 N. 31ST. STREET							
<input checked="" type="checkbox"/> EPA <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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PHILADELPHIA, PA 19121							
		Name of Contact HARRY MOODY							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HOFFMAN PAVILION		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 75 NIELSON STREET		Square Feet >50,000	# of Floors 10						
City (5) NEW BRUNSWICK, NJ 08901		Bldg. Age 60							
County (6) MIDDLESEX COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 9 SOUTH MAIN STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MULLICA HILL, NJ 08062		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856 223-0080	Telephone No. 215 322-2900						
License No. 00783									
Start Date (10) 8/23/11	Scheduled Completion Date (11) 5/31/11	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 <input checked="" type="checkbox"/> Other - Describe: 7AM-5:30PM MON-SAT.		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM, PA 19020							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THRU OUT BUILDING		X		FLOORTILE/MASTIC	50,000 SF	X			
THRU OUT BUILDING		X		PIPE INSULATION	400 LF	X			
THRU OUT BUILDING		X		WINDOW CAULKING	6,000 LF	X			
THRU OUT BUILDING		X		ROOF FLASHING	5,000 SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE, NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed by DAMIAN LAVELLE/CDV		Title PROJECT MGR.		Signature <i>Damian Lavelle</i>	Date 8/9/11				



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

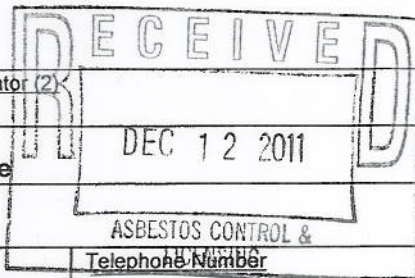


Date of Notification (1) 12/9/11		Name of Building Owner/Operator (2) PRINCETON DAY SCHOOL							
Agencies Notified	Type Notification	Street Address 650 GREAT ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 PRINCETON, NJ 08540							
		Name of Contact PAUL BENNETT	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRINCETON DAY SCHOOL PROJECT		Type of Facility (4)							
Street Address 650 GREAT ROAD		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) PRINCETON		Square Feet <5,000	# of Floors 2						
County (6) MERCER		Bldg. Age 65							
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) DELTA/BJDS, INC						
Street Address 28 PENNELL ROAD		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm		Telephone No. 610 891-0114	Telephone No. 215 322-2900						
License No. 00783									
Start Date (10) 12/23/11	Scheduled Completion Date (11) 2/24/11		Name of OSHA Monitor EHS						
Occupancy Status During Abatement (Check Only One)			Street Address 411 SOUTHGATE COURT SUITE E						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: MON-SUN HRS.-7AM-11PM			City, State, Zip Code MICKLETON, NJ 08056						
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TUNNEL AREA		X		FITTINGS	8LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed by DAMIAN LAVELLE		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>	Date 12/9/11					



# State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) <b>December 7, 2011</b>		Name of Building Owner/Operator (2) <b>BES, Inc.</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input type="checkbox"/> DEP <input type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>64 East Midland Avenue</b>
			City, State, Zip Code <b>Paramus, NJ 07652</b>
		Name of Contact <b>Mr. Tomas Alessandrello</b>	Telephone Number <b>ASBESTOS CONTROL &amp; REMEDIATION</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Berkeley College Building # 4</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>50 years</b>	
Street Address <b>44 Rifle Camp Road</b>		Current Use (prior if being demolished):	
City (5) <b>Woodland Park</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 Wagaraw Road, Bldg # 34A</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 22, 2011</b>	Scheduled Completion Date (11) <b>December 28, 2011</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Occupied Sub-Chapter 8</b>		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Wrap & Cut	
Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Basement-Admin Office</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Pipe &amp; Fitting</b>	Amount (Specify SF or LF) <b>300 lf</b>
		Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>30</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Disposal Date <b>December 28, 2011</b>	City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>December 7, 2011</b>

GAC # 2011- 302



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

Date of Notification (1) <b>12-6-2011</b>		Name of Building Owner/Operator (2) <b>FREIT</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  DEC 12 2011  ASBESTOS CONTROL &amp; </div>					
Agencies Notified	Type Notification	Street Address <b>505 MAIN STREET</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>HACKENSACK, NJ 07601</b>							
		Name of Contact <b>A. SLAMIAR</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PALISADES MANOR</b>			Type of Facility (4)						
Street Address <b>8288 PALISADES BOULEVARD</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>PALISADE PARK</b>			Square Feet <b>3800</b>	# of Floors <b>2</b>	Bldg. Age <b>62 YRS</b>				
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Best Removal Inc						
City, State, Zip Code			Street Address <b>450 South River St</b>						
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Start Date (10) <b>12-19-2011</b>		Scheduled Completion Date (11) <b>12-21-2011</b>	Telephone No. <b>201-329-7444</b>						
Occupancy Status During Abatement (Check Only One)			License No. <b>00388</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM - 5AM</b>			Name of OSHA Monitor <b>Omega Environmental Services</b>						
Scope of Work (Check All That Apply)			Street Address <b>280 Huyler St</b>						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code <b>South Hackensack, N.J. 07606</b>						
<input 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	In place
<b>BASEMENT STORAGE #1</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>62 LF</b>	<b>X</b>			
<b>BASEMENT BOILER ROOM</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>62 LF</b>	<b>X</b>			
<b>BASEMENT METER ROOM</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>53 LF</b>	<b>X</b>			
<b>BASEMENT STORAGE #2</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>80 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>		Cubic Yards of Waste <b>340S</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>				
City, State <b>South Kearny N.J. 07032</b>				Disposal Date <b>12-21-2011</b>	City, State <b>Newburgh PA, 17242</b>				
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>		Signature <i>R. Veldran</i>		Date <b>12-6-2011</b>			

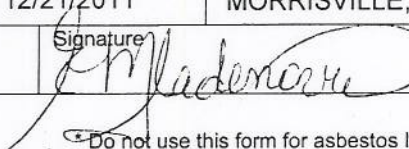


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) <b>12-7-2011</b>		Name of Building Owner/Operator (2) <b>K. TROY</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification	Street Address	City, State, Zip Code						
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>26 OXBOW LANE</b>	<b>SUMMIT, NJ 07901</b>						
		Name of Contact	Telephone Number						
		<b>K. TROY</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>K. TROY</b>		Type of Facility (4)							
Street Address <b>26 OXBOW LANE</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>SUMMIT</b>		Square Feet <b>3600</b>	# of Floors <b>2</b>						
County (6) <b>UNION</b>		Bldg. Age <b>61 YRS</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			<b>Best Removal Inc</b>						
City, State, Zip Code		Street Address <b>450 South River St</b>	City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Project Manager for Monitoring Firm		Telephone No.	License No.						
		<b>201-329-7444</b>	<b>00388</b>						
Start Date (10) <b>12-20-2011</b>	Scheduled Completion Date (11) <b>12-21-2011</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler St</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM 5 PM</b>		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT BOILER EXHAUST RM</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>65 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>3/4 yd</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>		Disposal Date <b>12-21-2011</b>		City, State <b>Newburgh PA, 17242</b>					
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>		Date <b>12-7-2011</b>				

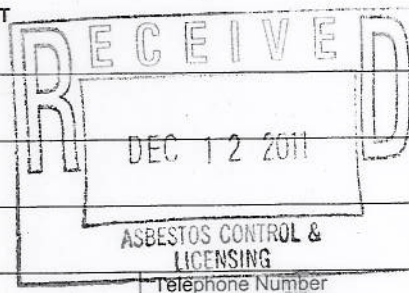


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/8/11		Name of Building Owner/Operator (2) CARL & MARGARET FREDERICK		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 12 2011   ASBESTOS CONTROL &amp;  LICENSING  Telephone Number _____ </div>					
Agencies Notified	Type Notification	Street Address 59 CEDAR STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NUTLEY, NJ 07110							
		Name of Contact MARGARET FREDERICK							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				Type of Facility (4)					
Street Address 59 CEDAR STREET				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) NUTLEY				Square Feet	# of Floors				
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address			Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code			City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 12/19/11		Scheduled Completion Date (11) 12/21/11		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: BASEMENT WORK - UNOCCUPIED				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT (3 AREAS)		X		PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ				Disposal Date 12/21/2011	City, State MORRISVILLE, PA				
Completed by ELIZABETH MLADENOVIC		Title SECRETARY		Signature 		Date 12/8/11			



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



Date of Notification (1) 12/8/11		Name of Building Owner/Operator (2) CAMILLE COSTANZA	
Agencies Notified	Type Notification	Street Address 316 CASINO AVENUE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code CRANFORD, NJ 07016	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact CAMILLE COSTANZA	
		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 316 CASINO AVENUE		Square Feet 1500	# of Floors 2
City (5) CRANFORD		Bldg. Age 50 +/-	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
City, State, Zip Code		Street Address 250 RUTHERFORD BLVD.	
Project Manager for Monitoring Firm		City, State, Zip Code CLIFTON, NJ 07014	
Telephone No.		Telephone No. 973-956-8700	License No. 00494
Start Date (10) 12/9/2011	Scheduled Completion Date (11) 12/12/2011	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

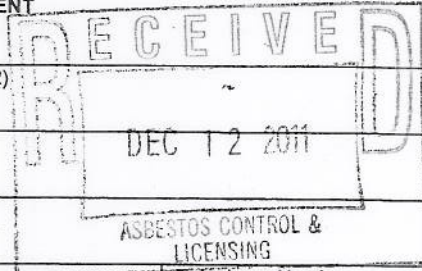
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT	400SF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 12/12/2011		City, State MORRISVILLE, PA	
Completed by MICHELE MLADENOVIC	Title SECRETARY	Signature <i>M. Mladenovic</i>		Date 12/8/11	



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

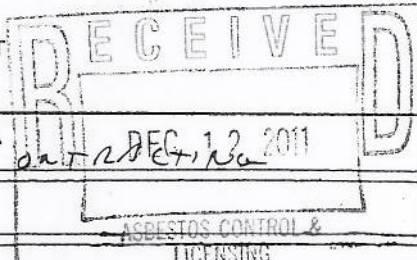


Date of Notification (1) 12/8/11		Name of Building Owner/Operator (2) Richard Tighe / Residence							
Agencies Notified	Type Notification	Street Address 8 Chapel Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pilesgrove NJ 08098							
		Name of Contact Richerd							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richard Tighe		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 8 Chapel Street		Square Feet 1000+	# of Floors 2						
City (5) Pilesgrove NJ 08098		Bldg. Age 35							
County (6) Salem	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.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/19/11	Scheduled Completion Date (11) 12/23/11	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/23/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/8/11		



CHECK #  
2149

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



Date of Notification (1) <u>12/8/11</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" 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>155 RT. 50</u>	City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>
		Name of Contact <u>BRUCE BREUNIG</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>35 E. CHURCH ST.</u>		Square Feet	# of Floors
City (5) <u>BLACKWOOD</u>		Bldg Age	
County (6) <u>CAMDEN</u>	County 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>KLEMMCO 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.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>

Start Date (10) <u>12/20/11</u>	Scheduled Completion Date (11) <u>12/27/11</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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>3000 lb</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>		<u>X</u>			

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill
City, State	Disposal Date	City, State	

Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/8/11</u>
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 30 / 11		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-12/6/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.							
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		Street Address 1123 BEAVER STREET							
Street Address Bromley Corporate Center-Three Terri Lane		City, State, Zip Code BRISTOL, PA 19007							
City, State, Zip Code Burlington, NJ 08016		Telephone No. 215-788-6040							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 10 / 10 / 11	Scheduled Completion Date (11) 12 / 30 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/___PM-___AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 <sup>rd</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Shop A-Level Room A-12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Caulk	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEW CASTLE DE 19720			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scaffiro		Title Estimator	Signature Brian Scaffiro / jf			Date			

ASB-41  
MAY 11 0511096-B

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



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

Date of Notification (1) 9 / 30 / 11		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-11/23/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
Start Date (10) 10 / 10 / 11		Scheduled Completion Date (11) 12 / 30 / 11	License No. 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 <sup>rd</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEW CASTLE DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 11/23/11			

ASB-41  
MAY 11

B511096-B

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



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

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>9 / 30 / 11</span> </div>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-10/26/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr</b>	City, State, Zip Code <b>Princeton, NJ 08544</b>
		Name of Contact <b>Robert Ortega</b>	Telephone Number 

**FACILITY INFORMATION**

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

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc</b>		ASC No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>Bromley Corporate Center-Three Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>10 / 10 / 11</b>	Scheduled Completion Date (11) <b>11 / 25 / 11</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM- AM <b>REV#3-10/26-10/28 ONLY-5:30AM-1:30 PM</b>		Street Address <b>1123 BEAVER STREET</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>3<sup>rd</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ACM Window frame caulk &amp; glazing</b>	<b>6,527 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>NEW CASTLE DE 19720</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>	

Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	Date <b>10/26/11</b>
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>9</u> / <u>30</u> / <u>11</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-10/21/11</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr</b>	City, State, Zip Code <b>Princeton, NJ 08544</b>						
		Name of Contact <b>Robert Ortega</b>	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University- Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Rd</b>		Square Feet	# of Floors						
City (5) <b>Princeton</b>		Bldg. Age							
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>Bromley Corporate Center-Three Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>						
Start Date (10) <u>10</u> / <u>10</u> / <u>11</u>	Scheduled Completion Date (11) <u>11</u> / <u>25</u> / <u>11</u>	License No. <b>00509</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> PM- AM <u>REV#2-10/21/11 ONLY 5AM-1:30PM</u> Scope of Work (Check all that apply)		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>6,527 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>3<sup>rd</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ACM Window frame caulk &amp; glazing</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>NEW CASTLE DE 19720</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>						
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro / jl</i>				Date <b>10/21/11</b>		



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

Date of Notification (1) 9 / 30 / 11		Name of Building Owner/Operator (2) Princeton University Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-10/14/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr	City, State, Zip Code Princeton, NJ 08544						
		Name of Contact Robert Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 10 / 10 / 11	Scheduled Completion Date (11) 11 / 25 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / 10/14 ONLY - 5AM - 1:30 PM PM- AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
3 <sup>rd</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEW CASTLE DE 19720		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 11/1/11			

REV. #1



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

*CL # 2158*

Date of Notification (1) 9 / 30 / 11		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 0790 <input checked="" type="checkbox"/> DHSS C810 <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 200 Elm Dr	City, State, Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortega	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509	
Start Date (10) 10 / 10 / 11	Scheduled Completion Date (11) 11 / 25 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET
		City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

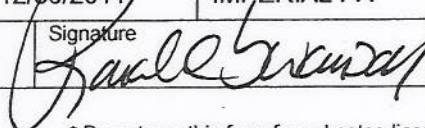
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 <sup>rd</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window frame caulk & glazing	6,527 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State NEW CASTLE DE 19720		Disposal Date	City, State MORRISVILLE, PA 19067		
Completed By (Print or Type) Brian Scaffaro	Title Estimator	Signature <i>[Signature]</i>	Date		

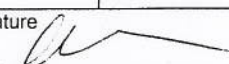


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/07/2011		Name of Building Owner/Operator (2) DIOCESE OF CAMDEN							
Agencies Notified	Type Notification	Street Address 631 MARKET STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN NJ 08102							
		Name of Contact TOM BECHARD							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SAINT MARY'S RECTORY		Type of Facility (4)							
Street Address 256 OLD DUTCH MILL ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MALAGA		Square Feet 1200	# of Floors 1						
		Bldg. Age 45							
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____							
		Current Use (Prior if being demolished) RECTORY							
Name of Monitoring Firm Hired by Building Owner (8) MDG ENVIRONMENTAL		ASCM No. _____							
		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 1000 MAPLE WOOD DR. SUITE 207		Street Address 570 CLEMS RUN							
City, State, Zip Code MAPLE SHADE NJ 08052		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm TONY ESPOSITO		Telephone No. 609-760-1540	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 12/19/2011	Scheduled Completion Date (11) 12/24/2011		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: rectory basement/non-friable floor tile/mastic			City, State, Zip Code CINNAMINSON, NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
RECTORY BASEMENT			X	FLOOR TILE/NON-FRIABLE	954 SF	X			
RECTORY BASEMENT			X	MASTIC/NON-FRIABLE	954 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL					
City, State HAZLETON		Disposal Date 12/30/2011		City, State IMPERIAL PA					
Completed by RONALD SWANSON		Title PROJECT MANAGER		Signature 		Date 12/07/2011			



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

Date of Notification (1) 12/8/11		Name of Building Owner/Operator (2) Harry Hahn		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  10073  DEC 12 2011  ASBESTOS CONTROL &amp; ABATEMENT  Telephone Number </div>					
Agencies Notified		Type Notification				Street Address 350 Engle Street			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Englewood NJ 07631			
						Name of Contact Harry Hahn			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 350 Engle Street  City (5) Englewood				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.)					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Square Feet	# of Floors				
				Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental Group		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address 1600 Route 22 E				Street Address 4 E Gate Drive, PO Box 483					
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No. 908-688-7800		Telephone No. 973-583-8500	License No. 703				
Start Date (10) 12/17/11		Scheduled Completion Date (11) 1/17/11		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Second floor, southside			x	elbow valves, t's	80 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill				
City, State Newark NJ		Disposal Date TBD		City, State Newburg PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 12/8/11		



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

STEVENS ENVIRONMENTAL  
SERVICES INC  
CHECK # 24515  
RECEIVED

Date of Notification (1) <u>12/6/11</u>		Name of Building Owner/Operator (2) <u>Elizabeth Ackerman</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>32 Hawthorne Ave.</u>					
		City, State, Zip Code <u>Princeton, NJ 08542</u>					
		Name of Contact <u>Elizabeth Ackerman</u>					
Telephone Number _____							
<b>FACILITY INFORMATION</b>							
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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>32 Hawthorne Ave.</u>		Square Feet	# of Floors				
City (5) <u>Princeton</u>		Bldg. Age					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>				
Start Date (10) <u>12/19/11</u>	Scheduled Completion Date (11) <u>12/20/11</u>	Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 AM-4:30 PM</u>		Street Address <u>PO Box 341</u>					
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>basement</u>		<u>pipe insulation</u>	<u>240 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/20/11</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>12/6/11</u>				



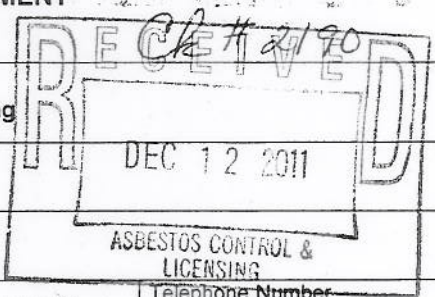
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

STEVENS ENVIRONMENTAL SERVICES, INC.  
CHECK # 24579  
**RECEIVED**  
DEC 12 2011  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>12/7/11</u>		Name of Building Owner/Operator (2) <u>Connie Martin</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>22 South Shirley Ave.</u>						
		City, State, Zip Code <u>Moorestown, NJ 08057</u>						
		Name of Contact <u>Bill Alber (Alber Services)</u>						
Telephone Number _____								
<b>FACILITY INFORMATION</b>								
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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>22 South Shirley Ave.</u>		Square Feet    # of Floors    Bldg. Age						
City (5) <u>Moorestown</u>		Current Use (Prior if being demolished) <u>residence</u>						
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>12/16/11</u>	Scheduled Completion Date (11) <u>12/19/11</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>attic knee wall</u>			<u>pipe insulation</u>	<u>50 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/19/11</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>12/7/11</u>					



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

Date of Notification (1) <b>12 / 5 / 12</b>		Name of Building Owner/Operator (2) <b>East Orange Municipal Building</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>221 Freeway Dr. East</b>							
		City, State, Zip Code <b>East Orange, NJ 07018</b>							
		Name of Contact <b>Ira Fishkin</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>East Orange Court House</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>221 Freeway Dr. East</b>									
City (5) <b>East Orange</b>				Square Feet <b>25,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>50+</b>					
County (6) <b>Essex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc.</b>		ASCM No. <b>00003</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>1253 N. Church St</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-840-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <b>12 / 16 / 11</b>		Scheduled Completion Date (11) <b>12 / 18 / 11</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM <b>5:00PM-2:30AM</b>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
<b>Basement-Court # 3</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Plaster</b>	<b>140 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>				Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro / jgl</i>		Date <b>12/5/11</b>			



5982

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

Date of Notification (1) <b>11/8/2011</b>		Name of Building Owner/Operator (2) <b>Hercules</b>	
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		Notification Type ( ) Initial Notification (x) Amended Notification Amendment # <b>2</b> ( ) Emergency (including justification) ( ) Cancellation	
Street Address <b>500 Hercules Road</b> City, State, Zip Code <b>Wilmington, DE, 19808</b>		Name of Contact <b>Joe Keller</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Hercules Former Facility</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>45, 41, AND 51 HERCULES RD</b>		Sq. Feet <b>6000</b> # of Floors <b>3</b>	
City (5) <b>KENVIL</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm <b>EHS INC</b>		ASCM No.	
Street Address <b>9 MAIN STREET</b>		Bldg. Age <b>30+</b> Current Use (prior if being demolished) <b>RESIDENCES</b>	
City, State, Zip Code <b>MULLICA HILL, NJ</b>		Name of Contractor (9) <b>Alliance Environmental Systems</b>	
Project Manager for Monitoring Firm <b>JACK CARNEY</b>		Telephone Number <b>8562230080</b>	License Number <b>00508</b>
Scheduled Start Date (10) <b>12/5/2011</b>		Scheduled Completion Date (11) <b>12/9/2011</b>	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		Name of OSHA Monitor <b>EHS, INC</b>	
Describe Other -		Street Address <b>9 MAIN STREET</b>	
Source of Work (Check all that apply) ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure		City, State, Zip Code <b>MULLICA HILL, NJ</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>41 HERCULES RD HOUSE</b>		<b>TRANSITE SHINGLES</b>	<b>1600SF</b>
<b>51 HERCULES RD GARAGE</b>		<b>TRANSITE SHINGLES</b>	<b>550SF</b>
<b>45 HERCULES RD</b>	X	<b>TRANSITE SHINGLES</b> <b>WINDOW CAULK</b> <b>VAT</b> <b>Flooring kitchen</b> <b>Debris top of foundation</b>	<b>2900SF</b> <b>21 EA</b> <b>700SF</b> <b>240 sf</b> <b>10 sf</b>
Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>		NJDEP Waste Hauler ID # <b>17235</b>	Cubic Yards of Waste <b>Approx. 100</b>
City, State <b>Hazleton, PA</b>		Disp. Date <b>TBD</b>	Name of Reg. Landfill <b>BFI Imperial</b>
Completed by (Print or Type) <b>DEVIN BLOM</b>		Title <b>Estimator</b>	Date <b>12/6/2011</b>


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

Telephone 609-984-6620

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9/18/00



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

<b>Date of Notification (1)</b> <p align="center"><b>11/8/2011</b></p>			<b>Name of Building Owner/Operator (2)</b> <b>Hercules</b>	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> ( ) Initial Notification (x) Amended Notification Amendment # <u>1</u> ( ) Emergency (including justification) ( ) Cancellation		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 12 2011   <b>ASBESTOS CONTROL &amp; LICENSING</b>  <b>TAF NUMBER</b> </div>
<b>Street Address</b> <b>500 Hercules Road</b>		<b>City, State, Zip Code</b> <b>Wilmington, DE 19808</b>		
<b>Name of Contact</b> <b>Joe Keller</b>		<b>License Number</b>		
<b>FACILITY INFORMATION</b>				
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Hercules Former Facility</b>			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> <b>45, 41, AND 51 HERCULES RD</b>			<b>Sq. Feet</b> <u>6000</u> <b># of Floors</b> <u>3</u>	
<b>City (5)</b> <b>KENVIL</b>	<b>County (6)</b> <b>MORRIS</b>	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> <u>30+</u> <b>Current Use (prior if being demolished)</b> <u>RESIDENCES</u>	
<b>Name of Monitoring Firm</b> <b>EHS INC</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> <b>Alliance Environmental Systems</b>	
<b>Street Address</b> <b>9 MAIN STREET</b>		<b>Street Address</b> <b>550 East Union Street</b>		
<b>City, State, Zip Code</b> <b>MULLICA HILL, NJ</b>		<b>City, State, Zip Code</b> <b>West Chester, PA 19382</b>		
<b>Project Manager for Monitoring Firm</b> <b>JACK CARNEY</b>		<b>Telephone Number</b> <b>8562230080</b>	<b>Telephone Number</b> <b>610-701-9000</b>	<b>License Number</b> <b>00508</b>
<b>Scheduled Start Date (10)</b> <b>12/5/2011</b>		<b>Scheduled Completion Date (11)</b> <b>12/9/2011</b>		<b>Name of OSHA Monitor</b> <b>EHS, INC</b>
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____ Other - _____			<b>Street Address</b> <b>9 MAIN STREET</b>	
			<b>City, State, Zip Code</b> <b>MULLICA HILL, NJ</b>	
<b>Source of Work (Check all that apply)</b> ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure				
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> Rem. Rep. Encap Enclose
41 HERCULES RD HOUSE		TRANSITE SHINGLES	1600SF	X
51 HERCULES RD GARAGE		TRANSITE SHINGLES	550SF	X
45 HERCULES RD	X	TRANSITE SHINGLES WINDOW CAULK VAT	2900SF 21 EA 700SF	X X X
<b>Name of Reg. Waste Hauler</b> <b>N.E.T.S. / Miners</b>		<b>NJDEP Waste Hauler ID #</b> <b>17235</b>	<b>Cubic Yards of Waste</b> <b>Approx. 100</b>	<b>Name of Reg. Landfill</b> <b>BFI Imperial</b>
<b>City, State</b> <b>Hazleton, PA</b>		<b>Disp. Date</b> <b>TBD</b>		<b>City, State</b> <b>Imperial, PA</b>
<b>Completed by (Print or Type)</b> <b>DEVIN BLOM</b>	<b>Title</b> <b>Estimator</b>	<b>Signature</b> 		<b>Date</b> <b>11/22/2011</b>

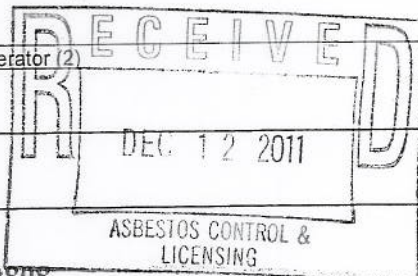
Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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



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



<b>Date of Notification (1)</b> <p align="center"><b>11/8/2011</b></p>			<b>Name of Building Owner/Operator (2)</b> <b>Hercules</b>		
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> (X) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation		<b>Street Address</b> <b>500 Hercules Road</b> <b>City, State, Zip Code</b> <b>Wilmington, DE, 19808</b>	
				<b>Name of Contact</b> Joe Keller	
				<b>Tel. Number</b>	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Hercules Former Facility</b>			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<b>Street Address</b> <b>45, 41, AND 51 HERCULES RD</b>			<b>Sq. Feet</b> 6000 <b># of Floors</b> 3		
<b>City (5)</b> <b>KENVIL</b>	<b>County (6)</b> <b>MORRIS</b>	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 30+ <b>Current Use (prior if being demolished)</b> RESIDENCES		
<b>Name of Monitoring Firm</b> <b>EHS INC</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> <b>Alliance Environmental Systems</b>		
<b>Street Address</b> <b>9 MAIN STREET</b>		<b>Street Address</b> <b>550 East Union Street</b>			
<b>City, State, Zip Code</b> <b>MULLICA HILL, NJ</b>		<b>City, State, Zip Code</b> <b>West Chester, PA 19382</b>			
<b>Project Manager for Monitoring Firm</b> <b>JACK CARNEY</b>		<b>Telephone Number</b> <b>8562230080</b>	<b>Telephone Number</b> <b>610-701-9000</b>		<b>License Number</b> <b>00508</b>
<b>Scheduled Start Date (10)</b> <b>11/28/2011</b>		<b>Scheduled Completion Date (11)</b> <b>12/9/2011</b>		<b>Name of OSHA Monitor</b> <b>EHS, INC</b>	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____ Other - _____			<b>Street Address</b> <b>9 MAIN STREET</b>  <b>City, State, Zip Code</b> <b>MULLICA HILL, NJ</b>		
<b>Source of Work (Check all that apply)</b> ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> Rem. Rep. Encap Enclose	
41 HERCULES RD HOUSE		TRANSITE SHINGLES	1600SF	X	
51 HERCULES RD GARAGE		TRANSITE SHINGLES	550SF	X	
45 HERCULES RD	X	TRANSITE SHINGLES WINDOW CAULK VAT	2900SF 21 EA 700SF	X X X	
<b>Name of Reg. Waste Hauler</b> <b>N.E.T.S. / Miners</b>		<b>NJDEP Waste Hauler ID #</b> <b>17235</b>	<b>Cubic Yards of Waste</b> <b>Approx. 100</b>		<b>Name of Reg. Landfill</b> <b>BFI Imperial</b>
<b>City, State</b> <b>Hazleton, PA</b>		<b>Disp. Date</b> <b>TBD</b>		<b>City, State</b> <b>Imperial, PA</b>	
<b>Completed by (Print or Type)</b> <b>DEVIN BLOM</b>	<b>Title</b> <b>Estimator</b>	<b>Signature</b> 		<b>Date</b> <b>11/8/2011</b>	

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

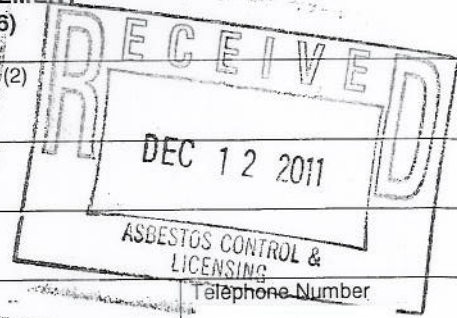
Telephone 609-984-6620

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



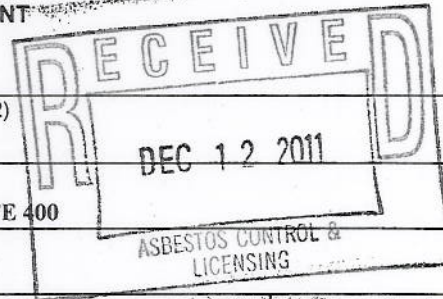
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <b>12 / 07 / 11</b>		Name of Building Owner/Operator (2) <b>Town of Wyckoff</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Woodland Ave.</b> City, State, Zip Code <b>Wyckoff, NJ 07481</b> Name of Contact <b>Chris Romney</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Wyckoff Public Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>200 Woodland Ave</b>		Square Feet <b>30,000</b>	# of Floors <b>2 Floors</b>						
City (5) <b>Wyckoff</b>		Bldg. Age <b>1970</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Brinkerhoff Environmental Services, Inc.</b>		ASCM No. <b>00100</b>	Name of Abatement Contractor (9) <b>SMAC Corp.</b>						
Street Address <b>1805 Atlantic Avenue</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>							
City, State, Zip Code <b>Manasquan, NJ 08736</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>							
Project Manager for Monitoring Firm <b>Jason P. Hooper</b>		Telephone No. <b>732-223-2225</b>	License No. <b>01110</b>						
Start Date (10) <b>12 / 16 / 11</b>	Scheduled Completion Date (11) <b>12 / 23 / 11</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 SHELTON AVE</b> City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tiles</b>	<b>400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>First Floor Offices</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tiles</b>	<b>850 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>	Cubic Yards of Waste <b>5 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>			Disposal Date <b>12/23/2011</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>	Signature <i>Borce Gjorsoski</i>			Date <b>12/07/2011</b>			





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



Date of Notification (1) <b>12/7/2011</b>		Name of Building Owner/Operator (2) <b>HILTON REALTY GROUP</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amende 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>902 CARNEGIE CENTER, SUITE 400</b>	
		City, State, Zip Code <b>PRINCETON, NJ 08540</b>	
		Name of Contact <b>MATT LUCAS (agent for Sharbell)</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>COMMERCIAL PROPERTY (VACANT)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>2517 WHITEHORSE-MERCERVILLE</b>		Square Feet	
CITY <b>HAMILTON, NJ</b>		# of Floors Bldg. Age	
County <b>MERCER</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
Street Address <b>78 E. ATLANTIC WAY</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>LAVALLETTE, NEW JERSEY</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>12/20/2011</b>	Scheduled Completion Date (11) <b>12/20/2011</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>BASEMENT</b>			<b>PIPE INSULATION</b>
<b>1ST FLR. CORRIDOR</b>			<b>LINOLEUM</b>
Name of Registered Waste Hauler <b>LUCAS DEMOLITION</b>		NJDEP Waste Hauler ID No. <b>22384</b>	Cubic Yards of Waste <b>1</b>
City, State <b>HIGHTSTOWN, NJ</b>		Disposal Date <b>12/22/2011</b>	Name of Registered Landfill <b>GROWS</b>
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>
			Date <b>12/7/2011</b>

ASB-41

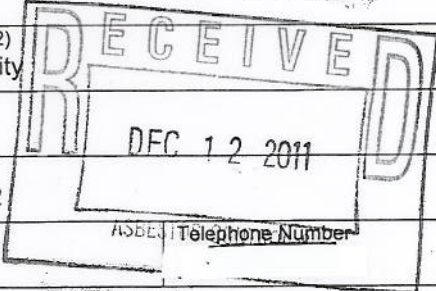
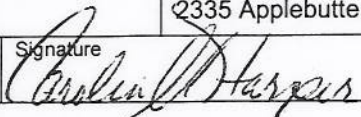
\* Do not use this form for asbestos licensure exempted activities



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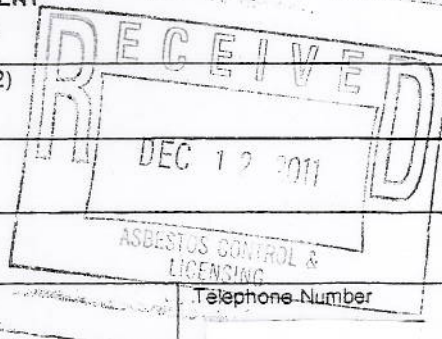
Print Form

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

Date of Notification (1) 12/8/11		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified	Type Notification	Street Address P.O. Box 5042							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095-5042							
		Name of Contact Richard J. Kraczynski		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Newark Bay Bridge (Vincent R. Casciano Memorial Bridge)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address Connection spanning Newark & Bayonne				Square Feet					
City (5) Jersey City				# of Floors					
County (6) Hudson				Bldg. Age					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Public Bridge							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Mattiola Services, LLC					
Street Address		Street Address 2082 B Lucon Road							
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 610.539.5634					
Start Date (10) 12/12/11		Scheduled Completion Date (11) 02/28/11		License No. 01077					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Not occupied: Outside work on bridge deck over water				Name of OSHA Monitor Mattiola Services, LLC					
				Street Address 2082 B Lucon Road					
				City, State, Zip Code Skippack, PA 19474					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Beneath/within sidewalk			X	Transite pipe	1200 LF	X			
Name of Registered Waste Hauler Rovic trucking		NJDEP Waste Hauler ID No. SW 2099		Cubic Yards of Waste 50CY		Name of Registered Landfill IESI -PA Bethlehem Landfill			
City, State 100 Valleybrook Ave, Lynhurst, NJ 07071				Disposal Date		City, State 2335 Applebutter Rd, Bethlehem, PA			
Completed by Caroline M. Harper		Title Project Manager		Signature 		Date 12/8/11			



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



Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11 (5) 11-18-11 (6) 12-9-11		Name of Building Owner/Operator (2) Town of Kearny	
Agencies Notified	Type Notification	Street Address 402 Kearny Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6	City, State, Zip Code Kearney, NJ 07032	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Michael Martello	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached	# of Floors see attached
City (5) Kearney		Bldg. Age 50+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical plant	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		Name of Abatement Contractor (9) Precision Environmental Co.	
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131	
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	License No. 01143
Start Date (10) 10-25-11 (JOB ON HOLD)	Scheduled Completion Date (11) 02-10-12	Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street	
		City, State, Zip Code Matawan, NJ 07747	

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

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

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio	
City, State Freehold, New Jersey		Disposal Date 10/25-12/09/11		City, State Oregon, Ohio	
Completed by John E. Savage	Title Vice President	Signature <i>John E. Savage</i>		Date 12-09-11	

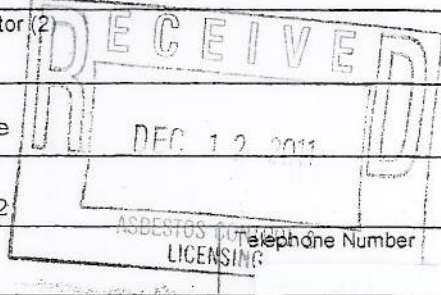
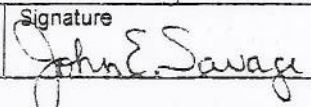


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)9-22-11 (1)9-26-11(2)10-3-11(3)10-6-11(4)10-14-11 (5) 11-18-11		Name of Building Owner/Operator (2) Town of Kearny							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 402 Kearny Avenue						
			City, State, Zip Code Kearney, NJ 07032						
			Name of Contact Michael Martello						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached	# of Floors see attached						
City (5) Kearney		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Precision Environmental Co.						
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 216-642-6040						
License No. 01143									
Start Date (10) 10-25-11	Scheduled Completion Date (11) 12-09-11	Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street							
		City, State, Zip Code Matawan, NJ 07747							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio					
City, State Freehold, New Jersey		Disposal Date 10/25-12/09/11		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>			Date 11-18-11		



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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11 (4) 10-14-11		Name of Building Owner/Operator (2) Town of Kearny							
Agencies Notified		Street Address 402 Kearny Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Kearney, NJ 07032  Name of Contact Michael Martello							
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				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 1015-1035 Belleville Turnpike				Square Feet See attached					
City (5) Kearney				# of Floors see attached					
County (6) Hudson				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.					
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040 License No. 01143					
Start Date (10) 10-25-11		Scheduled Completion Date (11) 11-22-11		Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street City, State, Zip Code Matawan, NJ 07747					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio				
City, State Freehold, New Jersey				Disposal Date 10/25-11/22/11	City, State Oregon, Ohio				
Completed by John E. Savage		Title Vice President		Signature 		Date 10-14-11			



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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-3-11 (3) 10-6-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 12 2011   ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 402 Kearny Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearney, NJ 07032  Name of Contact Michael Martello							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.			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 1015-1035 Belleville Turnpike			Square Feet See attached						
City (5) Kearney			# of Floors see attached						
County (6) Hudson			Bldg. Age 50+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.					
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040 License No. 01143					
Start Date (10) 10-18-11		Scheduled Completion Date (11) 11-18-11		Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street					
				City, State, Zip Code Matawan, NJ 07747					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974		Name of Registered Landfill Envirosafe Services of Ohio			
City, State Freehold, New Jersey				Disposal Date 10-18/11-18-11		City, State Oregon, Ohio			
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 10-06-11			



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

Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-03-11		Name of Building Owner/Operator (2) Town of Kearny		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 12 2011   ASBESTOS CONTROL &amp;  LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 402 Kearny Avenue			
City, State, Zip Code Kearney, NJ 07032		Name of Contact Michael Martello				Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.				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 1015-1035 Belleville Turnpike				Square Feet See attached					
City (5) Kearney				# of Floors see attached					
County (6) Hudson				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		Name of Abatement Contractor (9) Precision Environmental Co.					
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217		Telephone No. 216-642-6040					
License No. 01143									
Start Date (10) 10-11-11		Scheduled Completion Date (11) 11-18-11		Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street					
				City, State, Zip Code Matawan, NJ 07747					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974		Name of Registered Landfill Envirosafe Services of Ohio			
City, State Freehold, New Jersey		Disposal Date 10-10/11-18-11		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 10-03-11			



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

Date of Notification (1) 9-22-11 (1) 9-26-11		Name of Building Owner/Operator (2) Standard Chlorine Chemical Co., Inc							
Agencies Notified	Type Notification	Street Address 1025-1035 Belleville Turnpike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>	City, State, Zip Code Kearney, NJ 07302							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Margaret Kelly							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike									
City (5) Kearney	Square Feet See attached	# of Floors see attached	Bldg. Age 50+						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		Name of Abatement Contractor (9) Precision Environmental Co.							
Street Address 64 Broad Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	License No. 01143						
Start Date (10) 10-10-11	Scheduled Completion Date (11) 11-18-11	Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street							
		City, State, Zip Code Matawan, NJ 07747							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio					
City, State Freehold, New Jersey			Disposal Date 10-10/11-18-11	City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President	Signature <i>John E. Savage</i>			Date 09-26-11			



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

Date of Notification (1) 09-22-11		Name of Building Owner/Operator (2) Envirosafe Services of Ohio							
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 876 Otter Creek Road							
		City, State, Zip Code Oregon, Ohio 43616							
		Name of Contact Lisa Humphrey							
		Telephone Number LHQ							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached	# of Floors see attached						
City (5) Kearney		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. N/A	Name of Abatement Contractor (9) Precision Environmental Co.						
Street Address 280 Huyler Street		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code South Hackensack, New Jersey 07606		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-480-8700	License No. 01143						
Start Date (10) 10-10-11	Scheduled Completion Date (11) 11-18-11	Name of OSHA Monitor Geiser Fajardo							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street							
		City, State, Zip Code S. Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached		X		See attached	See attached	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio					
City, State Freehold, New Jersey		Disposal Date 10-10/11-18-11		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>			Date 09-22-11		