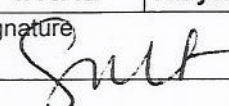


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1112-4431  
Check #3643

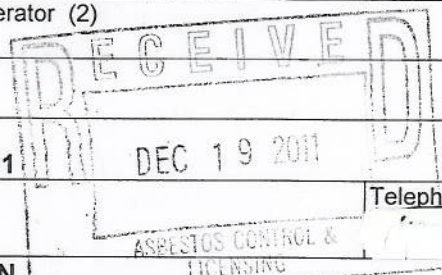
Date of Notification (1) <b>12/14/11</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 034</b> City, State & Zip Code <b>Trenton, NJ 08625-0034</b> Name of Contact <b>Georgette Bunch</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ Executive State 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 & commercial buildings, homes, etc.)							
Street Address <b>125 West State Street</b>		Square Feet	# of Floors						
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>State House Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>344 West State Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Trenton, NJ 08618</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone Number <b>609-656-8101</b>	License Number <b>00529</b>						
Scheduled Start Date (10) <b>1/13/12</b>	Scheduled Completion Date (11) <b>1/16/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>Friday 2<sup>nd</sup> Shift start, Saturday 2 shifts, Sunday 1<sup>st</sup> shift, Mon Breakdown</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Level Treasurer's Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	155 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Level Treasurer's Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	358 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/16/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>		Signature 			Date <b>12/14/11</b>		



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

**1110-4394**  
**Check # 3642**

Date of Notification (1) <b>12/14/11</b>		Name of Building Owner / Operator (2) <b>Frist Energy Service</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #4 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>300 Madison Ave.</b>		City, State & Zip Code <b>Norristown, NJ 07962-1911</b>	
Name of Contact <b>Wayne Jones</b>		Telephone Number	

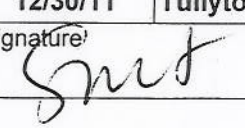


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L/First Energy</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>147 Route 31 North</b>		Square Feet	# of Floors
City (5) <b>Flemington</b>	County (6) <b>Hunterdon</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Utility Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health</b>		ASCM No.	
Street Address <b>140 South Village Ave. Suite 130</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
City, State & Zip Code <b>Exton, PA 19341</b>		Street Address <b>PO Box 25</b>	
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Telephone Number <b>610-524-5525</b>		Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>10/31/11</b>	Scheduled Completion Date (11) <b>12/30/11</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>3:30 PM to Midnight</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

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

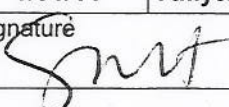
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Laundry Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>344 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hallway leading to Ladies Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>156 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/30/11</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 		Date <b>12/14/11</b>



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

**1110-4394**  
**Check # 3642**

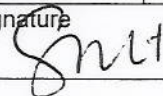
Date of Notification (1) <b>12/14/11</b>		Name of Building Owner / Operator (2) <b>Frist Energy Service</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #5 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>300 Madison Ave.</b>							
		City, State & Zip Code <b>Norristown, NJ 07962-1911</b>							
		Name of Contact <b>Wayne Jones</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L/First Energy</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>147 Route 31 North</b>		Square Feet	# of Floors						
City (5) <b>Flemington</b>	County (6) <b>Hunterdon</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Utility Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>140 South Village Ave. Suite 130</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Exton, PA 19341</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone Number <b>610-524-5525</b>	License Number <b>00529</b>						
Scheduled Start Date (10) <b>10/31/11</b>	Scheduled Completion Date (11) <b>1/31/11</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>3:30 PM to Midnight</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Laundry Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>344 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hallway leading to Ladies Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>156 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/31/11</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>		Signature 			Date <b>12/14/11</b>		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check # 3541  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1111-4422

No  
check

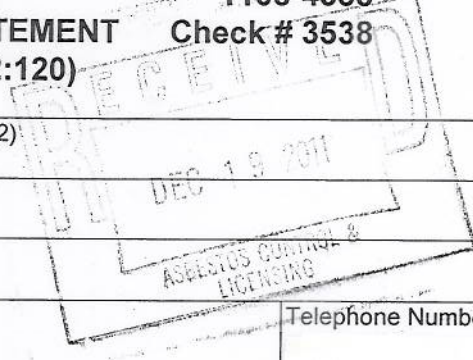
Date of Notification (1) <b>12/15/11</b>		Name of Building Owner / Operator (2) <b>Madison Public Library</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  DEC 19 2011  ASBESTOS CONTROL &amp; LICENSING </div> Street Address <b>39 Keep Street</b> City, State & Zip Code <b>Madison, NJ 07940</b> Name of Contact <b>Nancy Adamczyk</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Madison 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>39 Keep Street</b>		Square Feet	# of Floors					
City (5) <b>Madison</b>	County (6) <b>Morris</b>	Bldg. Age						
County Code (7)		Current Use (Prior if being demolished) <b>Library</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.						
Street Address <b>1253 North Church Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
City, State & Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>PO Box 25</b>						
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone Number <b>856-840-8800</b>	License Number <b>00529</b>					
Scheduled Start Date (10) <b>12/12/11</b>	Scheduled Completion Date (11) <b>12/20/11</b>	Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>2,120 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/20/11</b>		City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Opps. Coord.	Signature 			Date <b>12/15/11</b>		



NO  
check

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

**1108-4358**  
**Check # 3538**



Date of Notification (1) <b>12/15/11</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Health Systems</b>	
Agencies Notified	Type Notification	Street Address <b>1925 Pacific Ave.</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Atlantic City, NJ 08401</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3	Name of Contact <b>Patrick Walsh</b>	
<input type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center</b>		Type of Facility (4)	
Street Address <b>1925 Pacific Ave.</b>		<input type="checkbox"/> School (K-12)	
City (5) <b>Atlantic City</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) <b>Atlantic</b>	County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		Square Feet	
Street Address <b>1253 North Church Street</b>		# of Floors	
City, State & Zip Code <b>Moorestown, NJ 08057</b>		Bldg. Age	
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Current Use (Prior if being demolished) <b>Medical Center</b>	
Telephone Number <b>856-840-8800</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Scheduled Start Date (10) <b>12/2/11</b>		Street Address <b>PO Box 25</b>	
Scheduled Completion Date (11) <b>2/29/12</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Occupancy Status During Abatement (Check only one)		Telephone Number <b>609-265-2107</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		License Number <b>00529</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours		Name of OSHA Monitor <b>EMSL Analytical</b>	
Describe:		Street Address <b>108 Haddon Ave.</b>	
<input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>2/29/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>12/15/11</b>



## NOTIFICATION OF ASBESTOS ABATEMENT

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

No check

Date of Notification (1) <b>12/14/11</b>		Name of Building Owner / Operator (2) <b>Kearny Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>100 Davis Ave.</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Kearny, NJ 07032</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3	Name of Contact <b>Michael Devita</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Kearny High School- PHASE 1</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>336 Devon Street</b>			Square Feet		
City (5) <b>Kearny</b>			County (6) <b>Hudson</b>		Bldg. Age
County Code (7)			Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Briggs Environmental</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>3 Crosswicks Street</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Bordentown, NJ 08505</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Mike Hoodak</b>		Telephone Number <b>609-298-5520</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>7/18/11</b>		Scheduled Completion Date (11) <b>2/29/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

## Scope of Work (Check all that apply)

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

- ☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor				Pipe Insulation (FC)	408 LF				
Second Floor		<input checked="" type="checkbox"/>		Pipe Insulation (FC)	188 LF	<input checked="" type="checkbox"/>			
Second Floor		<input checked="" type="checkbox"/>		Pipe Insulation (Glove Bag)	40 LF	<input checked="" type="checkbox"/>			
Second Floor		<input checked="" type="checkbox"/>		Plaster	2,040 SF	<input checked="" type="checkbox"/>			
Third Floor		<input checked="" type="checkbox"/>		Plaster	1,460 SF	<input checked="" type="checkbox"/>			
Third Floor		<input checked="" type="checkbox"/>		Pipe Insulation (FC)	146 LF	<input checked="" type="checkbox"/>			
Third Floor		<input checked="" type="checkbox"/>		Pipe Insulation (Glove Bag)	30 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/29/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature <i>Gwen Trumbetti</i>		Date <b>12/14/11</b>



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

1107-4333

Date of Notification (1) <b>12/14/11</b>		Name of Building Owner / Operator (2) <b>Kearny Board of Education</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>100 Davis Ave.</b> City, State & Zip Code <b>Kearny, NJ 07032</b> Name of Contact <b>Michael Devita</b>	

RECEIVED  
DEC 19 2011  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Kearny High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>336 Devon Street</b>		Square Feet	# of Floors
City (5) <b>Kearny</b>	County (6) <b>Hudson</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Briggs Environmental</b>		ASCM No.	
Street Address <b>3 Crosswicks Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
City, State & Zip Code <b>Bordentown, NJ 08505</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
Project Manager for Monitoring Firm <b>Mike Hoodak</b>		Telephone Number <b>609-298-5520</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>7/18/11</b>	Scheduled Completion Date (11) <b>2/29/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ 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 $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures (wrap & cut)	
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room 233				Pipe Insulation	25 LF				
Pool Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	13,820 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Core Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Felt	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Core Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

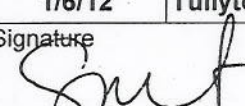
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>2/29/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature <i>Gwen Trumbetti</i>	Date <b>12/14/11</b>



NO check

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

1111-4421 Check #3540

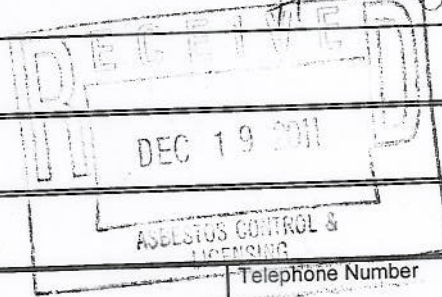
Date of Notification (1) <b>12/15/11</b>		Name of Building Owner / Operator (2) <b>Seton Hall University</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>400 South Orange Ave.</b> City, State & Zip Code <b>South Orange, NJ 07079</b> Name of Contact <b>Michael Marconi</b>						
		Telephone Number						
<b>RECEIVED</b> DEC 19 2011 ASBESTOS CONTROL & LICENSING								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Seton Hall University- Fahy Lecture Hall B7</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>400 South Orange Ave.</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>					
City (5) <b>South Orange</b>	County (6) <b>Essex</b>	Bldg. Age <b>90</b>						
County Code (7)		Current Use (Prior if being demolished) <b>University</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No. <b>00529</b>						
Street Address <b>280 Huyler Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
City, State & Zip Code <b>South Hackensack, NJ 07606</b>		Street Address <b>PO Box 25</b>						
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>						
Telephone Number <b>201-489-8700</b>		Telephone Number <b>609-265-3207</b>	License Number <b>00529</b>					
Scheduled Start Date (10) <b>12/27/11</b>	Scheduled Completion Date (11) <b>1/6/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code <b>Westmont, NJ 08108</b>						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) <b>900 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/6/12</b>		City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>12/15/11</b>			



D&amp;S Proj. #: MS 11-493

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

#-064076



Date of Notification (1) 12/1/11		Name of Building Owner/Operator (2) ANTHONY DASCO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 563 SPRUCE AVENUE City, State, Zip Code GARWOOD, NJ 07027	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact ANTHONY DASCO	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANTHONY DASCO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 563 SPRUCE AVENUE			Square Feet		# of Floors
City (5) GARWOOD			County (6) UNION		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code			Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm Phone Number			Telephone Number 973-345-8020		
Start Date (10) 12/17/11			License Number 00159		
Sched. Completion Date (11) 12/23/11			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/19/11	City, State TULLYTOWN, PA	Date 12/16/11
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

This form for asbestos licensure exempted activities.



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

D&S Proj. #: MS 11-504

664075

Date of Notification (1) 11/21/16		Name of Building Owner/Operator (2) BROCK DUTTON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 737 VALLEY ROAD		City, State, Zip Code WATCHUNG, NJ 07060	
Name of Contact BROCK DUTTON		Telephone Number _____-_____-_____-_____-_____-_____-	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BROCK DUTTON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 737 VALLEY ROAD			Square Feet		
City (5) WATCHUNG			County (6) MIDDLESEX		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159	
Project Manager for Monitoring Firm _____ Phone Number _____		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 12/28/11	Sched. Completion Date (11) 01/06/12			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

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

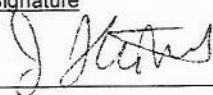
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	204 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES & ELBOWS	50 L FT & 24 ELBOWS	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/29/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____ _____ _____	Date 12/16/11

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



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

<b>Date of Notification (1)</b> 14 DECEMBER 2011		<b>Name of Building Owner/Operator (2)</b> NUSTAR ASPHALT REFINING, LLC	
<b>Agencies Notified</b>  (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b>  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> PAULSBORO REFINERY, 4 PARADISE ROAD	
		<b>City, State, Zip Code</b> PAULSBORO, NJ 08066	
		<b>Name of Contact</b> GILBERTO DIAZ	<b>Tel. Number</b> 609-691-1800
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> NUSTAR ASPHALT REFINING, LLC - PAULSBORO		<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> 4 PARADISE ROAD		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> PAULSBORO	<b>County (6)</b> GLOUCESTER	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> ~50 YEARS <b>Current Use</b> (prior if being demolished) TANKS
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> N/A		<b>ASCM No.</b> N/A	<b>Name of Contractor (9)</b> BRANDENBURG INDUSTRIAL SERVICE COMPANY
<b>Street Address</b> N/A		<b>Street Address</b> 2217 SPILLMAN DRIVE	
<b>City, State, Zip Code</b> N/A		<b>City, State, Zip Code</b> BETHLEHEM, PA 18015	
<b>Project Manager for Monitoring Firm</b> N/A	<b>Telephone Number</b> N/A	<b>Telephone Number</b> (610) 691-1800	<b>License Number</b> 00721
<b>Scheduled Start Date (10)</b> 3 JANUARY 2012	<b>Scheduled Completion Date (11)</b> 27 JANUARY 2012	<b>Name of OSHA Monitor</b> N/A	
<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - ( ) Describe - DEMOLITION OF ABANDONED TANKS AND PIPING ( ) Other - Describe - WORK HOURS, MON-FRI, 07:00 - 15:30		<b>Street Address</b> N/A	
		<b>City, State, Zip Code</b> N/A	
<b>Source of Work (Check all that apply)</b> (x) Demolition ( ) Renovation ( ) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure			
<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 N/A	<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			
NONE			
<b>Name of Reg. Waste Hauler</b> N/A	<b>NJDEP Waste Hauler ID #</b> N/A	<b>Cubic Yards of Waste</b> N/A	<b>Name of Reg. Landfill</b> N/A
<b>City, State</b> N/A	<b>Disp. Date</b> N/A	<b>City, State</b> N/A	
<b>Completed by (Print or Type)</b> Jennifer Strobel	<b>Title</b> Contract Administrator	<b>Signature</b> 	<b>Date</b> 14 DECEMBER 2011

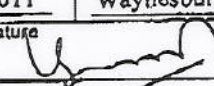


2012

REMEMBER - MAIL IN HARD COPY

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Enacted by NJAC 8:60 and 12:1207)

RECEIVED  
 DEC - 15 2011  
 450 DAY 2011

Date of Notification (1) <b>12/15/2011</b>		Name of Building Owner/Operator (2) <b>YMCA of Easter Union County</b>							
Agencies Notified	Type Notification	Street Address	ASBESTOS ABATEMENT DEC 15 2011 WAIVER APPROVED Telephone Number						
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	135 Madison Ave.,							
		City, State, Zip Code <b>Elizabeth, NJ 07201</b>							
		Name of Contact <b>Ruben Coellar</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>YMCA Building</b>		Type of Facility (4)							
Street Address <b>135 Madison Ave.,</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
City (5) <b>Elizabeth, NJ 07201</b>		Square Feet <b>20,000 SF</b>	# of Floors <b>4</b>						
County (6) <b>Union</b>		Bldg. Age <b>60+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>YMCA</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>DIA General Construction, Inc.</b>						
Street Address <b>1913 Atlantic Ave., Suite R5</b>		Street Address <b>1360 Clifton Avenue, PMB Suite 218</b>							
City, State, Zip Code <b>Manasquan, NJ 08736</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>							
Project Manager for Monitoring Firm <b>Jason Hooper</b>		Telephone No. <b>732-223-2225</b>	License No. <b>00693</b>						
Start Date (10) <b>12/19/2011</b>	Scheduled Completion Date (11) <b>12/23/2011</b>	Name of OSHA Monitor <b>DIA General Construction, Inc.</b>							
Occupancy Status During Abatement (Check only one)		Street Address <b>1360 Clifton Avenue, PMB Suite 218</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>Occupied</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >280 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"/> Govabag 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
2nd floor			x	Pipe/Elbow Insulation	400 LF		X		
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Cubic Yards of Waste <b>80 CY</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>12/23/2011</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>Krutarth Jagad</b>		Title <b>President</b>		Signature 		Date <b>12/15/2011</b>			

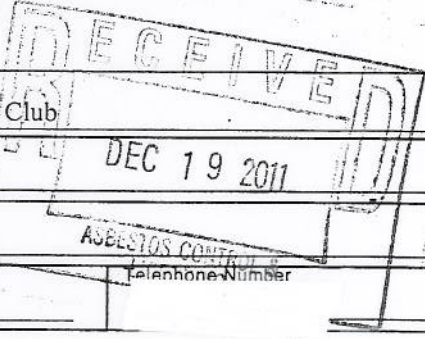
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\* Do not use this form for asbestos licensure exempted activities.



1949

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



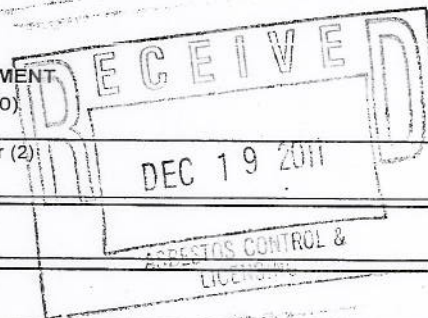
Date of Notification (1) <b>12/15/2011</b>		Name of Building Owner/Operator (2) <b>Glenwood Apartment &amp; Country Club</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1655 US HWY 9</b>						
		City, State, Zip Code <b>Old Bridge, NJ 08857</b>						
		Name of Contact <b>Bernadette Poppel</b>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Apartment Bldg.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <b>48 Cottonwood Lane</b>		Square Feet <b>2000 SF</b>	# of Floors <b>2</b>					
City (5) <b>Old Bridge,</b>		Bldg. Age <b>60+</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Apartment Bldg.</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>						
Street Address _____		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>						
City, State, Zip Code _____		City, State, Zip Code <b>Clifton, NJ 07012</b>						
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <b>973-389-0089</b>	License No. <b>00693</b>					
Start Date (10) <b>12/27/2011</b>	Scheduled Completion Date (11) <b>12/28/2011</b>	Name of OSHA Monitor <b>DIA General Construction, 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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>						
		City, State, Zip Code <b>Clifton, NJ 07012</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>200 LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Crawl Space			X	Pipe/Elbow Insulation	X			
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>12/28/2011</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed By <b>Krutarth Jagad</b>	Title <b>President</b>	Signature 			Date <b>12/15/2011</b>			

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



Date of Notification (1) <u>12/16/2011</u>		Name of Building Owner/Operator (2) <u>JCP &amp; L</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 Madison Avenue</u> City, State, Zip Code <u>Morristown, NJ 07962</u> Name of Contact <u>Elaine Comings</u> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Former East Clinton Street Shopping Center</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>15-29 East Clinton Street</u>		Square Feet <u>10000 SF</u>	# of Floors <u>1</u> Bldg. Age <u>60+</u>						
City (5) <u>Newton</u>		County Code (7) (STATE USE ONLY) _____							
County (6) <u>Sussex</u>		Current Use (Prior if being demolished) <u>Vacant Building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>J &amp; S Environmental Services</u>		ASCM No. <u>N/A</u>	Name of Abatement Contractor (9) <u>Valiant Associates, LLC</u>						
Street Address <u>2333 Rt 22 West</u>		Street Address <u>145 Mill Street</u>							
City, State, Zip Code <u>Union, NJ 07083</u>		City, State, Zip Code <u>Paterson, NJ 07501</u>							
Project Manager for Monitoring Firm <u>Sherry Gelsomino</u>		Telephone No. <u>908-206-0063</u>	Telephone No. <u>973-553-5374</u> License No. <u>01108</u>						
Start Date (10) <u>1/03/2012</u>	Scheduled Completion Date (11) <u>1/13/2012</u>	Name of OSHA Monitor <u>Valiant Associates, LLC</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>145 Mill Street</u> City, State, Zip Code <u>Paterson, NJ 07501</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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									
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>50</u>	Name of Registered Landfill <u>Minerva Landfill</u>					
City, State <u>New Castle, DE</u>		Disposal Date <u>1/13/2012</u>		City, State <u>Waynesburgh, OH</u>					
Completed By <u>Miodrag Stamenovic</u>		Title <u>Project Manager</u>	Signature <u>Miodrag Stamenovic</u>			Date <u>12/16/2011</u>			

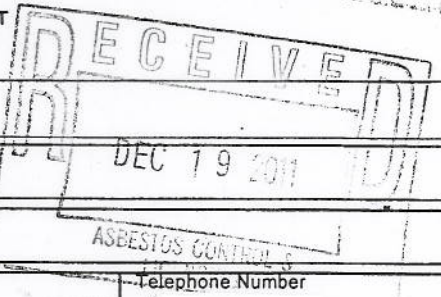
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1251

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



Date of Notification (1) <u>12/16/2011</u>		Name of Building Owner/Operator (2) <u>Coremark Union, LLC</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>392 Main Street</u>							
		City, State, Zip Code <u>Wyckoff, NJ 07481</u>							
		Name of Contact <u>Daniela N. Sahade</u>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Former Townley Post Office</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>1020 Salem Road</u>		Square Feet <u>2000 SF</u>	# of Floors <u>1</u>						
City (5) <u>Union</u>		Bldg. Age <u>60+</u>							
County (6) <u>Union</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Vacant Building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____							
Name of Abatement Contractor (9) <u>Valiant Associates, LLC</u>		Street Address <u>145 Mill Street</u>							
City, State, Zip Code <u>Paterson, NJ 07501</u>		City, State, Zip Code <u>Paterson, NJ 07501</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>973-553-5374</u>	License No. <u>01108</u>						
Start Date (10) <u>12/26/2011</u>	Scheduled Completion Date (11) <u>12/30/2011</u>	Name of OSHA Monitor <u>Valiant Associates, LLC</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>145 Mill Street</u>							
City, State, Zip Code <u>Paterson, NJ 07501</u>		City, State, Zip Code <u>Paterson, NJ 07501</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Rear Section			X	Red & Grey 9" X 9" Floor Tiles	1,400 SF	X			
Roof			X	Black Roofing Material	1,775 SF	X			
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>Minerva Landfill</u>					
City, State <u>New Castle, DE</u>		Disposal Date <u>12/30/2011</u>		City, State <u>Waynesburgh, OH</u>					
Completed By <u>Miodrag Stamenovic</u>		Title <u>Project Manager</u>	Signature <u>Miodrag Stamenovic</u>			Date <u>12/16/2011</u>			

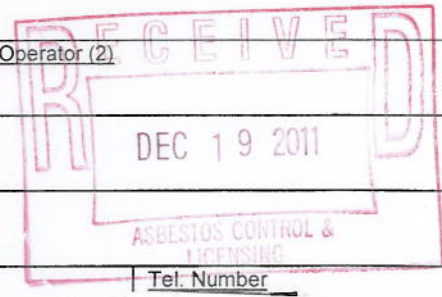
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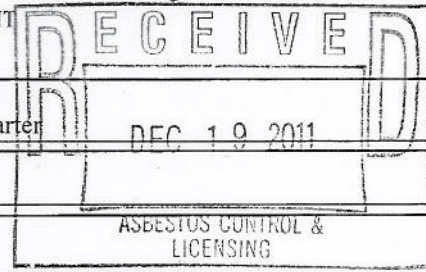
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)



<u>Date of Notification (1)</u> 12/16/2011		<u>Name of Building Owner/Operator (2)</u> Albie Corp.	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Type Notification</u> ( ) Initial Notification (X) Amended Certification (ON HOLD) ( ) Emergency (including ( ) Justification ( ) Cancellation	<u>Street Address</u> 559 Franklin Avenue  <u>City, State, Zip Code</u> Nutley, NJ 07110  <u>Name of Contact</u> Dan Albiziti	
<u>Tel. Number</u>			
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Burgess Pharmacy		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial buildings, homes, etc)  Square .Feet: 1680 # of Floors 1 Bldg. Age Approx 50+	
<u>Street Address</u> 559 Franklin Avenue		<u>Current Use (prior if being demolished)</u>	
<u>City (5)</u> Nutley	<u>County (6)</u> Essex	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ESS Environmental		<u>ASCM No.</u> 41819	
<u>Street Address</u> 8913 Riverside Drive		<u>Name of Contractor (9)</u> JVN RESTORATION INC.	
<u>City, State, Zip Code</u> North Bergen, NJ 07047		<u>Street Address</u> 47 Foster Road	
<u>Project Manager for Monitoring Firm</u> Dennis Rivera		<u>Telephone Number</u> 718-213-1431	<u>License Number</u> NJ 00774
<u>Scheduled Start Date (10)</u> 12/19/2011		<u>Scheduled Completion Date (11)</u> 1/31/2012	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours Other - Describe		<u>Name of OSHA Monitor</u> ESS Environmental	
<u>Street Address</u> 8913 Riverside Drive		<u>City, State, Zip Code</u> North Bergen, NJ 07047	
<u>Source of Work (Check all that apply)</u> (X) $\geq 3$ sf or $\geq 3$ lf (X) $\geq 160$ sf or $\geq 260$ lf ( ) Demolition (X) Renovation ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-Exempted (X) and Non Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance./Custodial Staff? (12)</u> Yes No N/A	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u> Rem. Rep. Encap Enclose			
Roof	X	Perimeter Base Flashing	80 LF
Floor	X	VAT	600 SF
<u>Name of Reg. Waste Hauler</u> Express Waste LLC	<u>NJDEP Waste Hauler ID #</u> NJ-804	<u>Cubic Yards of Waste</u> 5	<u>Name of Reg. Landfill</u> Cumberland County Landfill
<u>City, State</u> Newark, N.J.		<u>Disp. Date</u> 1/31/2012	<u>City, State</u> Newburg, PA
<u>Completed by (Print or Type)</u> John Tardy	<u>Title</u> Senior Project Manager	<u>Signature</u> 	<u>Date</u> 12/16/2011



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



Date of Notification (1) <u>12/16/2011</u>		Name of Building Owner/operator (2) NJ DOT North Region Headquarters	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Stierli Ct	
		City, State, Zip Code Mt Arlington, NJ 07856	
		Name of Contact C/O Carl Perello	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandon gas station		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 485 Rt 46 Parcel 93		Square Feet 500	# of Floors 1
City (5) Little Falls		Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior If being demolished) former gas station	
Name of Monitoring Firm Hired by Building Owner (8) L. Robert Kimball & Associates		ASCM No. 00103	Name of Abatement Contractor (9) Genesis Contracting Corp
Street Address 411 Riverview Plaza		Street Address 106 Gold St	
City, State, Zip Code Trenton, NJ 08611		City, State, Zip Code Green Brook, NJ 08812	
Project Manager for Monitoring Firm Robert Kowalczyk		Telephone No. 609-989-5260	License No. 01090
Start Date (10) 12/26/11	Scheduled Completion Date (11) 01/13/12	Name of OSHA Monitor Genesis Contracting Corp	
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>schedule for demolition</u>		Street Address 106 Gold St	
		City, State, Zip Code Green Brook, NJ 08812	

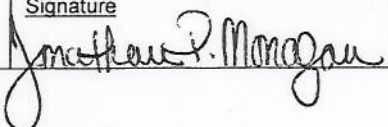
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
Office			X	mastic associated w/cove base	30 SF	X			
Exterior (around seams & grooves)			X	caulking	20 SF	X			
Roof (attendant booth & canopy)			X	tar	150 SF	X			
Exterior Roof (detached shed)			X	shingles	50 SF	X			

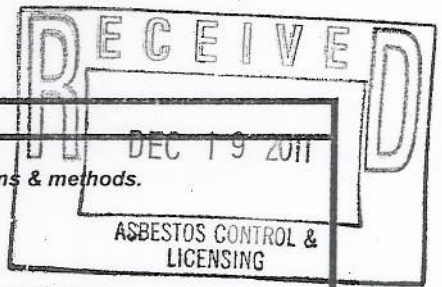
Name of Registered Waste Hauler Genesis Contracting Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Green Brook, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By Victoria Burga	Title President	Signature 		Date 12/16/2011	



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

<b>Date of Notification (1)</b> 12/15/11		<b>Name of Building Owner/Operator (2)</b> BASF Corporation		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>DEC 19 2011</b> </div>	
<b>Agencies Notified</b>  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Notification Type</b>  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	<b>Street Address</b> 100 Campus Drive			
		<b>City, State, Zip Code</b> Florham Park, NJ 07932			
		<b>Name of Contact</b> Frank Piechoeta			
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Building No. 3 PVAC Building		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)			
<b>Street Address</b> 1 James Street		<b>Sq. Feet</b> 21920		<b># of Floors</b> 2	
<b>City (5)</b> Belvidere	<b>County (6)</b> Hunterdon	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 30 +/-		
			<b>Current Use (prior if being demolished)</b> Warehouse		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.		<b>ASCM No.</b> 00104		<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP	
<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street			
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821			
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066		
<b>Scheduled Start Date (10)</b> 1/3/2012	<b>Scheduled Completion Date (11)</b> 2/10/2012	<b>Name of OSHA Monitor</b> Testor Tech			
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.			
<b>Describe Vacant Bldg. To Be Demolished</b> 21,920 sf building to be demolished in its entirety		<b>City, State, Zip Code</b> L.I.C. New York, 11101			
<b>Other - Describe</b>					
<b>Source of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> Small Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Outdoor Work					
<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	
Throughout Interior	X	Pipe Fittings	100 ea	X	
Throughout Interior	X	Pipe Insulation	150 lf	X	
Throughout Interior	X	VAT & Mastic	920 sf	X	
SW Corner Interior & Exterior	X	Transite Panels	800 sf	X	
Vessels Outside	X	Tar Paper & Fittings	1300 sf & 40 ea	X	
Outside Windows	X	Window & Door Caulk	1600 lf	X	
Roof	X	Roof Flashin	600 sf	X	
<b>Name of Reg. Waste Hauler</b> Service Transport Group	<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 40	<b>Name of Reg. Landfill</b> Minerva Enterprises		
<b>City, State</b> 58 Pyles Lane - New Castle, DE		<b>Disp. Date</b> 2/10/12	<b>City, State</b> Waynesburg, OH		
<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> 	<b>Date</b> 12/15/11		





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

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

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

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

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Non-friable intact removals for caulking etc.

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

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

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

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: P0104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pamera

Telephone: 330-866-3435

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

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

*Jonathan P. Monaghan*

(Signature of Owner/Operator)

(Date) 12/15/11

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

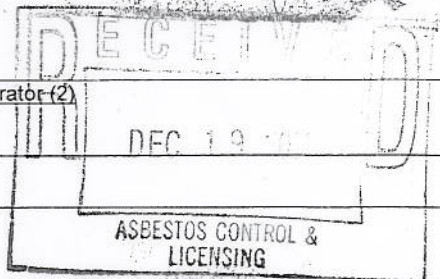
*Jonathan P. Monaghan*

(Signature of Owner/Operator)

(Date) 12/15/11



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



<b>Date of Notification (1)</b> 12/15/11		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b>  ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA	<b>Notification Type</b>  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF – Building No. 6 – Solvent Building		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 1 James Street		<b>Sq. Feet</b> 5760 <b># of Floors</b> 4	
<b>City (5)</b> Belvidere	<b>County (6)</b> Hunterdon	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 30 +/- <b>Current Use</b> (prior if being demolished) Warehouse
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.		<b>ASCM No.</b> 00104	<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP
<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street	
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821	
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066
<b>Scheduled Start Date (10)</b> 1/16/2012	<b>Scheduled Completion Date (11)</b> 2/24/2012	<b>Name of OSHA Monitor</b> Testor Tech	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.	
<b>Describe Vacant Bldg. To Be Demolished</b> 4324 Sf vacant building to be demolished in its entirety.		<b>City, State, Zip Code</b> L.I.C. New York, 11101	
<b>Other – Describe</b>			
<b>Source of Work (Check all that apply)</b>  (X) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work			
<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>
South Loading Dock	X	Transite Panels	150 sf
Throughout Interior	X	Fittings & Pipe Lines	178 lf
Exterior Roofing	X	Roofing	5500 sf
Windows & Doors	X	Caulking	800 lf
Throughout	X	Fire Doors	12 ea
<b>Name of Reg. Waste Hauler</b> Service Transport Group		<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 40
<b>City, State</b> 58 Pyles Lane – New Castle, DE		<b>Disp. Date</b> 2/24/2012	<b>Name of Reg. Landfill</b> Minerva Enterprises <b>City, State</b> Waynesburg, OH
<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> 	<b>Date</b> 12/15/11



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

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

DEC 9 2011

ASBESTOS CONTROL &  
LICENSING**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:**

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for caulking, fire doors and Transite etc.

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

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

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

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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



(Signature of Owner/Operator)

(Date) 12/15/11

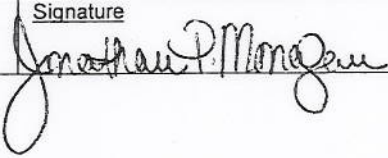
**XVIII. I Certify that the Above Information is Correct**

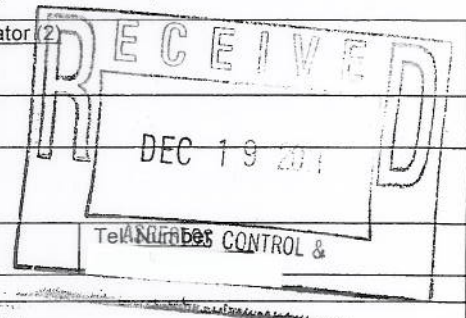
(Signature of Owner/Operator)

(Date) 12/15/11

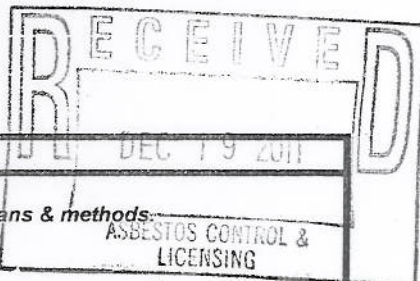


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<b>Date of Notification (1)</b> 12/15/11		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b> (X) EPA (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Building No. 2 New Shipping Warehouse		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 1 James Street		<b>Sq. Feet</b> 70020 <b># of Floors</b> 1	
<b>City (5)</b> Belvidere	<b>County (6)</b> Hunterdon	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.		<b>ASCM No.</b> 00104	<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP
<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street	
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821	
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066
<b>Scheduled Start Date (10)</b> 1/9/2012	<b>Scheduled Completion Date (11)</b> 2/10/2012	<b>Name of OSHA Monitor</b> Testor Tech	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.	
<b>Describe Vacant Bldg. To Be Demolished</b> 70020 sf warehouse building to be demolished in its entirety		<b>City, State, Zip Code</b> L.I.C. New York, 11101	
<b>Other - Describe</b>			
<b>Source of Work (Check all that apply)</b> (X) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure (X) Non Friable Outdoor Work			
<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>
Roof Flashing	X	Roof Flashing	6500 sf
<b>Name of Reg. Waste Hauler</b> Service Transport Group		<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 40
<b>City, State</b> 58 Pyles Lane - New Castle, DE		<b>Disp. Date</b> 2/10/12	<b>Name of Reg. Landfill</b> Minerva Enterprises <b>City, State</b> Waynesburg, OH
<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> 	<b>Date</b> 12/15/11







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

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

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

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

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes.

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

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubineti (Layton)

Telephone: 201-206-2258

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

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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

*Jonathan P. Monaghan*

(Signature of Owner/Operator)

(Date) 12/15/11

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

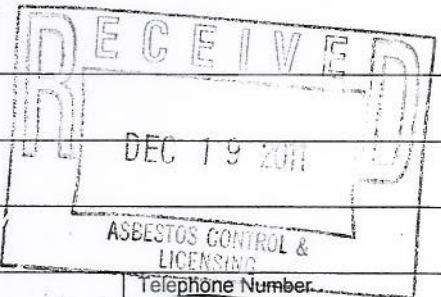
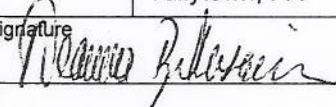
*Jonathan P. Monaghan*

(Signature of Owner/Operator)

(Date) 12/15/11

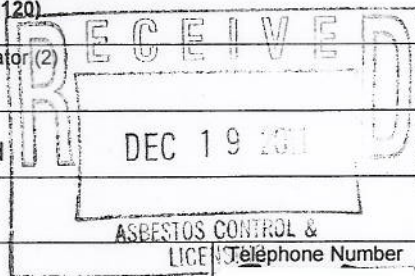


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/2/11		Name of Building Owner/Operator (2) Estate of Hellen Cole							
Agencies Notified	Type Notification	Street Address 31 Park Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair, NJ 07042							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gloria Grieco							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 32 Parkway West		Square Feet N/A	# of Floors N/A						
City (5) Bloomfield		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 12/13/11		Scheduled Completion Date (11) 12/14/11	License No. #00675						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Name of OSHA Monitor D&S Abatement, Inc.							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Totowa, NJ 07512							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	96 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 12/2/11		



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



Date of Notification (1) 12/2/11		Name of Building Owner/Operator (2) Katherine Bunce	
Agencies Notified	Type Notification	Street Address 90 Mount harmony Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Bernardsville, NJ 07924	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Katherine Bunce	
		License Number _____ Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 90 Mount harmony Road		Square Feet N/A	# of Floors N/A
City (5) Bernardsville		Bldg. Age N/A	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 12/15/11	Scheduled Completion Date (11) 12/16/11	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

**Scope of Work (Check All That Apply)**

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space		X		duct insulation	100 SF	X			
associated with oil tank		X		pipe insulation	3 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin	Title Project manager	Signature 		Date 12/02/11	



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

Dec 13 2011 02:00pm P001/001

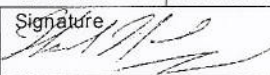
CK# 3365

Date of Notification (1) 12-15-2011		Name of Building Owner/Operator (2) Bella Cleaning & Carting		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 12/15/11 Time: 1:00 PM	
Agencies Notified	Type Notification	Street Address 9 Prospect Street		City, State, Zip Code Ridgewood, NJ 07450	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ben		Telephone Number	
FACILITY INFORMATION				ASBESTOS CONTROL &	
Name of Facility Where Abatement is Taking Place (3) Commercial Property for Demo				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 62 Linden Street				City (5) Hackensack	
County (6) Bergen				County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. n/a	
Street Address n/a				Name of Abatement Contractor (9) Jadar Contracting, LLC	
City, State, Zip Code n/a				Street Address 22 Troy Lane	
Project Manager for Monitoring Firm n/a				City, State, Zip Code Lincoln Park, NJ 07035	
Telephone No. n/a				Telephone No. 973-706-7950	
Start Date (10) 12/19/2011				License No. 01088	
Scheduled Completion Date (11) 12/28/2011				Name of OSHA Monitor Jadar Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 6pm				Street Address 22 Troy Lane	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft <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 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Entire Building				To be disposed of as	
				asbestos containing materials	
Name of Registered Waste Hauler Yannuzzi & Sons		NJDEP Waste Hauler ID No. 17497		Cubic Yards of Waste TBD	
City, State Hillsborough, NJ		Disposal Date TBD		Name of Registered Landfill IESI	
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>	
				Date 12-15-2011	



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

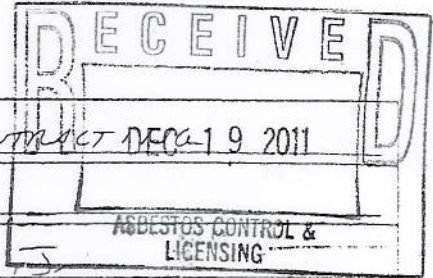
4166

Date of Notification (1) <b>December 15, 2011</b>		Name of Building Owner/Operator (2) <b>Donnelly Construction</b>							
Agencies Notified	Type Notification	Street Address <b>557 Route 23 South</b>							
<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 <b>Wayne, NJ 07470</b>							
		Name of Contact <b>Shahzad Khan</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Baltusrol Golf Club</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>201 Shunpike Rd</b>		Square Feet	# of Floors						
City (5) <b>Somerset, NJ</b>		Bldg. Age							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>golf club</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>1/3/12</b>		Scheduled Completion Date (11) <b>1/24/12</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Cherry Hill, NJ 08034</b>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Attic	<input checked="" type="checkbox"/>			transite	6900 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			contaminated fiberglass insulation	5250 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			pipe	600 l/f	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		pipe	45 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / American Waste</b>		NJ DEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>128</b>	Name of Registered Landfill <b>GROWS / Minerva Enterprises</b>					
City, State <b>Freehold, NJ / Warren OH</b>		Disposal Date <b>1/24/12</b>		City, State <b>Morrisville, PA / Waynesburg, OH</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 		Date <b>12/15/11</b>			



CHECK #  
2154

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



Date of Notification (1) <u>12/15/11</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACT</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.</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____

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>4846 ASQUAY AVE</u>		Square Feet	# of Floors
City, State, Zip Code <u>DELAN CITY</u>		Bldg Age	
County (6) <u>CADEN MIV</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>1/10/12</u>	Scheduled Completion Date (11) <u>1/17/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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 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"/> 23 sq ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 ft	<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 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 Tax			
	Yes	No	N/A			Removal	Repair	Enclosure	Other
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>3500 LF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMM INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed by <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/15/11</u>



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



Date of Notification (1) 12/15/11		Name of Building Owner/Operator (2) Patricia Anderson / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 55 Nimrod St							
		City, State, Zip Code Salem NJ 08079							
		Name of Contact Pat							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Patricia Anderson / 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 55 Nimrod St		Square Feet 1000 +	# of Floors 2						
City (5) Salem NJ 08079		Bldg. Age 35 +							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) 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) 12/27/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home Owner will Be Home		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	180 lf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/30/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/15/11		



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

PROJECT COMPLETE

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 #6-12/13/11 <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	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) 12 / 7 / 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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 Scafiro	Title Estimator	Signature Brian Scafiro				Date 12/13/11			



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

*Ch # 2192*

Date of Notification (1) <div style="text-align: center;">9 / 30 / 11</div>		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	Telephone Number						
<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									
City (5) Princeton		Square Feet	# of Floors 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) 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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date			

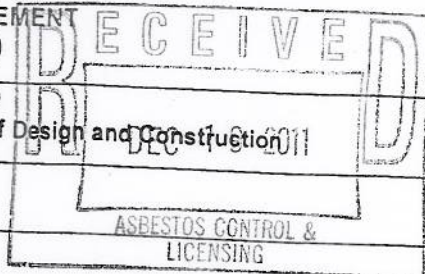


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

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	Telephone Number ASBESTOS LIC						
<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    Bldg. Age							
City (5) Princeton		County Code (7)(STATE USE ONLY)							
County (6) MERCER		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	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"/> 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 Scafiro		Title Estimator	Signature Brian Scafiro			Date 11/23/11			



**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 #3-10/26/11 <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	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	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 REV#3-10/26-10/28 ONLY - 5:30AM-1:30 PM		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 <i>Brian Scafiro</i>	Date 11/13/11



**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 #2-10/21/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  DEC 19 2011  ASBESTOS CONTROL &amp; LICENSING </div>						
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
Telephone Number									
<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 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 / PM- AM REV #2 - 10/21/11 ONLY 5AM-1:30PM		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		City, State, Zip Code BRISTOL, PA 19007							
		<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) <u>TO BE ABATED</u>	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 <i>Brian Scafiro</i>			Date 10/21/11			



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	Telephone Number

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LICENSING

**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) 11 / 25 / 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 / 10/14 ONLY - 5 AM - 1:30 PM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
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	

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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	Date

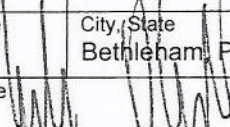


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">9 / 30 / 11</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 0750 <input checked="" type="checkbox"/> DHSS 4810 <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	<div style="text-align: right;">CE # 2158</div> <div style="text-align: center;">DEC 19 2011</div> <div style="text-align: center;">ASBESTOS CONTROL &amp; LICENSE</div>						
		Name of Contact Robert Ortega	Telephone Number						
<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 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) 11 / 25 / 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"/> ≥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							
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)		Title		Signature					



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

Date of Notification (1) 12-14-2011		Name of Building Owner/Operator (2) The Hampshire Companies		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>  DEC 19 2011  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 83 South Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Mr. Nathan Kim							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Pathmark Administrative Office				Type of Facility (4)					
Street Address 200 Milik 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) Carteret		Square Feet 40,000 SF		# of Floors 2	Bldg. Age ~50 Years				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Pre - Demolition					
Name of Monitoring Firm Hired by Building Owner (8) EWMA		ASCM No. _____		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address 100 Misty Lane		Street Address 494 E. 41 Street							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Leslie Olszewski		Telephone No. 973-345-0022		Telephone No. 973-345-0022	License No. 00507				
Start Date (10) December 27, 2011		Scheduled Completion Date (11) January 26, 2012		Name of OSHA Monitor The same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: <u>Outside - Exterior Work 7am to 4 pm</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ 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) <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
Exterior Roof			X	Flashing Material	3060 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 45	Name of Registered Landfill IESI - Bethlehem Landfill				
City, State Newark, NJ 07105		Disposal Date 01-16-2012		City, State Bethlehem, PA					
Completed by Leslie Olszewski		Title Project Manager		Signature 		Date 12-14-2011			



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

Dec 13 2011 02:30pm 10017001 Print Form

Scanned 12/15/11  
OK # 33606

Date of Notification (1) 12-15-2011		Name of Building Owner/Operator (2) Atef Daoud		<div style="border: 1px solid black; padding: 2px;"> <b>RECEIVED</b>          Department of Health &amp; Senior Services          Date: 12/15/11 Time: 1:46 PM       </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 299 Branch Brook Drive City, State, Zip Code Belleville, NJ 07019 Name of Contact Ben	
Name of Facility Where Abatement is Taking Place (3) Residential Property for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 180 Sunset Avenue		Square Feet 3,000		# of Floors 2	
City (5) North Arlington		Bldg. Age 50+			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Property for Demo	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC	
Street Address n/a		Street Address 22 Troy Lane			
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	
License No. 01088					
Start Date (10) 12-16-2011		Scheduled Completion Date (11) 12-21-2011		Name of OSHA Monitor Jadar Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 6pm				Street Address 22 Troy Lane	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
Exterior of Home				Transite Shingles	
1st & 2nd Floors				Plaster Walls	
Name of Registered Waste Hauler Bella Cleaning & Carting		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD	
City, State Ridgewood, NJ		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Morrisville, PA					
Completed by Lillie Lazarevich		Title Secretary		Signature Lillie Lazarevich	
				Date 12-15-2011	



APPROVED: PAUL HORNER, NJDO L

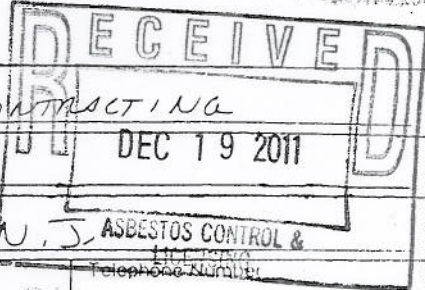
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 12 / 13 / 11		Name of Building Owner/Operator (2) Mercer Co Technical Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1085 Old Trenton Rd							
		City, State, Zip Code Trenton, NJ 08690							
		Name of Contact Sean Cavalier							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mercer Co. Technical School - Sypek Center Building 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 129 Bull Run Rd		Square Feet 15000							
City (5) Pennington		# of Floors 1	Bldg. Age 50+						
County (6) Mercer	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections Inc.		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 N Warren St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Holbig		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) 12 / 14 / 11	Scheduled Completion Date (11) 12 / 23 / 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 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler packing	242 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler gasket	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro			Date 12/13/11			



CHECK #  
2153

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



Date of Notification (1) <u>12/15/11</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"/> PCA	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.</u>
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>908-231-1111</u>

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>3200 BOYLARD ROAD</u>		Square Feet	# of Floors
City, State, Zip Code <u>OCEAN CITY</u>		Bldg. Age	
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		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. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date <u>12/26/11</u>		Scheduled Completion Date (11) <u>1/4/11</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 type="checkbox"/> Other - Describe		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Type of Work (Check all that apply)

<input type="checkbox"/> 231 SF or 231'	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2160 SF or 2160'	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

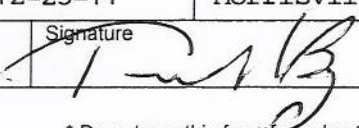
Location of Asbestos-Containing Material (ACM) IN Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Other
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>3200#</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 <u>C.M.C.M.N.A.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/15/11</u>		



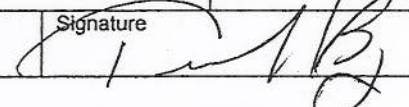
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*NO check*

Date of Notification (1) 12-12-11		Name of Building Owner/Operator (2) Rutgers-The State University of New Jersey							
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 27 Road 1, Building 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blake 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 & commercial buildings, homes, etc.)							
Street Address 93 Lipman Drive		Square Feet 120,000	# of Floors 2						
City (5) New Brunswick		Bldg. Age 45yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) classrooms/offices							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address Three Terri Lane		Street Address 923 Haws Avenue							
City, State, Zip Code Burlington, NJ 08106		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00398						
Start Date (10) 11-7-11	Scheduled Completion Date (11) 12-23-11	Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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) <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
exterior windows			x	window caulking	200 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State Newark, NJ		Disposal Date 12-23-11		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 12-12-11			

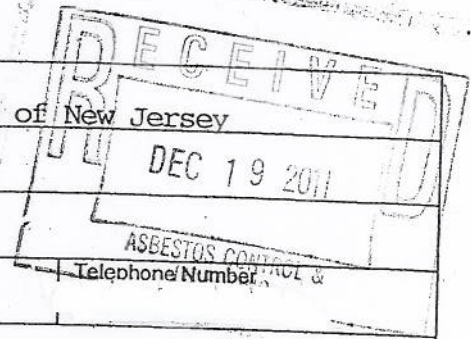


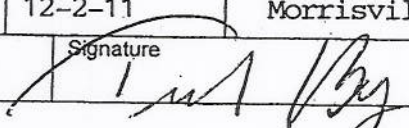
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10-31-11		Name of Building Owner/Operator (2) Rutgers-The State University of New Jersey							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	27 Road 1, Building 4086							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement Is Taking Place (3) Blake Hall		Type of Facility (4)							
Street Address 93 Lipman Drive		<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) New Brunswick		Square Feet 120,000	# of Floors 2						
County (6) Middlesex		Bldg. Age 45yrs							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) classrooms/offices							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address Three Terri Lane		Street Address 923 Haws Avenue							
City, State, Zip Code Burlington, NJ 08106		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 610-239-9920						
License No. 00398									
Start Date (10) 11-7-11	Scheduled Completion Date (11) 12-9-11	Name of OSHA Monitor Plymouth Environmental Co. Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 923 Haws Avenue							
<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:		City, State, Zip Code Norristown, PA 19401							
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"/> <input type="checkbox"/> <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 windows			x	window caulking	200 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State Newark, NJ		Disposal Date 12-9-11		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 10-31-11			



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



Date of Notification (1) 10-24-11		Name of Building Owner/Operator (2) Rutgers-The State University of New Jersey							
Agencies Notified	Type Notification	Street Address 27 Road 1, Building 4086							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blake Hall		Type of Facility (4)							
Street Address 93 Lipman Drive		<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) New Brunswick		Square Feet 120,000	# of Floors 2						
County (6) Middlesex		Bldg. Age 45yrs							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) classrooms/offices							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address Three Terri Lane		Street Address 923 Haws Avenue							
City, State, Zip Code Burlington, NJ 08106		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00398						
Start Date (10) 11-2-11	Scheduled Completion Date (11) 12-2-11	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 923 Haws Avenue							
<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: _____		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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 windows			X	window caulking	200 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State Newark, NJ		Disposal Date 12-2-11		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President	Signature 			Date 10-24-11			