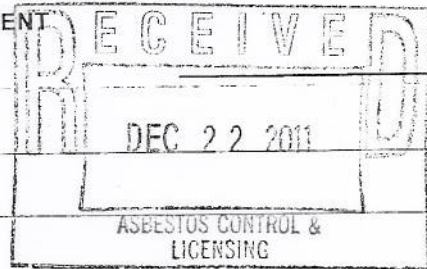


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



MO#19129301842

Date of Notification (1)

12/19/2011

Agency Notified	Type Notification	Name of Building Owner/Operator (2)	Street Address
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Marvin Su	47 Martin Terr.
		City, State, Zip Code	Woodbridge, NJ 07095
		Name of Contact	Marvin Su
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<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	Square Feet # of Floors Bldg. Age
47 Martin Terr.	
City (5)	
Woodbridge, NJ 07095	

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Middlesex		

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address
		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
		Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.
		973-638-1777
		License No.
		01127

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
12/29/2011	12/30/2011	Envirovision Consultants, Inc
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 type="checkbox"/> Other - Describe:	20-21 Wagaraw Road, Bldg. # 34A
	City, State, Zip Code
	Fair Lawn, NJ 07410

Scope of Work (Check all that apply)	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<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

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	Round duct -paper insulation-wrap&cut	60 LF	X			
First floor			X	Round duct -paper insulation-wrap&cut	20 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA

Completed by	Title	Signature	Date
N.Jevtic	Owner	<i>N.Jevtic</i>	12/19/2011
ASB-41	* Do not use this form for asbestos licensure exempted activities.		

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

4172

No check

Date of Notification (1) December 20, 2011		Name of Building Owner/Operator (2) Sims Metal Management	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1 Linden Avenue East		City, State, Zip Code Jersey City, New Jersey 07305	
Name of Contact Tom Schaad		Telephone Number ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 76-88 Roanoke Avenue		Square Feet	# of Floors
City (5) Newark, New Jersey		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht	Telephone No. 610-891-0114	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 1/9/2012	Scheduled Completion Date (11) 3/5/12	Name of OSHA Monitor The MACK Group, LLC.	
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 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	

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

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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
20 tanker railcars		<input checked="" type="checkbox"/>		ACM insulating liner	23,350 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage, Inc.	NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 233.5	Name of Registered Landfill GROWS
City, State Freehold, NJ	Disposal Date 3/5/12	City, State Morrisville, PA	
Completed by Michael Cooper	Title President	Signature <i>[Signature]</i>	Date 12/20/11

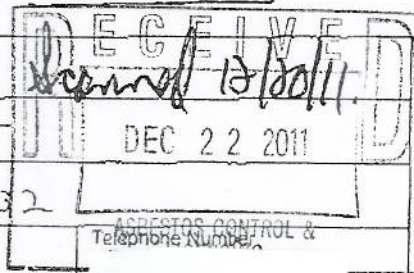
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK#3394

Date of Notification (1) 12-20-2011		Name of Building Owner/Operator (2) Young Jin							
Agencies Notified	Type Notification	Street Address 251 Columbus Ave.							
<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 Palisades Park, NJ 07650							
		Name of Contact Young Jin	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 251 Columbus Ave.		Square Feet 2,000	# of Floors 2						
City (5) Palisades Park		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 12-29-2011	Scheduled Completion Date (11) 12-30-2011	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: 9 am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			✓	Duct Insulation	40 SF	✓			
Basement			✓	VAT	150 SF	✓			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>			Date 12-20-2011		

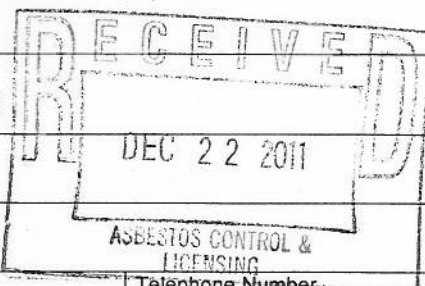
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Cit # 7806



Date of Notification (1) 12/16/11		Name of Building Owner/Operator (2) MR. TOBIO					
Agencies Notified	Type Notification	Street Address 338 HICKORY STREET					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code KEARNY NJ 07032					
		Name of Contact MR. TOBIO					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) TOBIO		Type of Facility (4)					
Street Address 338 HICKORY ST		<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.)					
City (5) KEARNY		Square Feet 1600	# of Floors 2				
County (6) HUNSON		Bldg. Age 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) R&S					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		A. Mac Contracting Inc.					
City, State, Zip Code		Street Address 105 Lowell Road					
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452					
Telephone No.		Telephone No. 201-262-5841	License No. 00156				
Start Date (10) 12/16/11	Scheduled Completion Date (11) 12/17/11	Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street					
<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 Hackensack, NJ 07606					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) BASEMENT	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) 45 LF	Abatement Type		
	Yes	No			N/A	Removal	Repair
			PIPE		X		
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 12/16/11		City, State Bethlehem, PA 18015			
Completed by R. McDonald		Title President	Signature [Signature]	Date 12/16/11			

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



Date of Notification (1) 12 / 5 / 12		Name of Building Owner/Operator (2) East Orange Municipal Building	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-12/16/11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 221 Freeway Dr. East	
		City, State, Zip Code East Orange, NJ 07018	
		Name of Contact Ira Fishkin	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) East Orange Court House		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 221 Freeway Dr. East			
City (5) East Orange	Square Feet 25,000	# of Floors 2	Bldg. Age 50+
County (6) Essex	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.	ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 N. Church St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) ON HOLD	Scheduled Completion Date (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: ____ AM- ____ PM/ 5:00PM-2:30AM		Street Address 1123 BEAVER STREET
		City, State, Zip Code BRISTOL, PA 19007

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

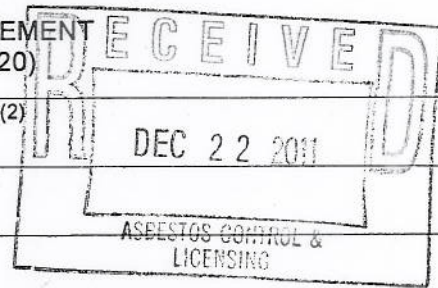
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-Court # 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date	City, State WAYNESBURG, OH 44688	
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) 12 / 5 / 12		Name of Building Owner/Operator (2) East Orange Municipal Building							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6031 <input checked="" type="checkbox"/> DHSS 6048 <input checked="" type="checkbox"/> DCA 6024 (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 221 Freeway Dr. East							
		City, State, Zip Code East Orange, NJ 07018							
		Name of Contact Ira Fishkin							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Orange Court House		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 221 Freeway Dr. East		Square Feet 25,000	# of Floors 2						
City (5) East Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1253 N. Church St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00509						
Start Date (10) 12 / 16 / 11	Scheduled Completion Date (11) 12 / 18 / 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: _____ AM - _____ PM/5:00PM-2:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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-Court # 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro /jl			Date 12/5/11			

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



Date of Notification (1) 12/20/2011		Name of Building Owner/Operator (2) Lucile Spinelly	
Agency Notified	Type Notification	Street Address 100 Roosevelt Ave. City, State, Zip Code Ridgefield Park, NJ 07660	
<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	Name of Contact Lucile Spinelly	
		Telephone Number	

FACILITY INFORMATION

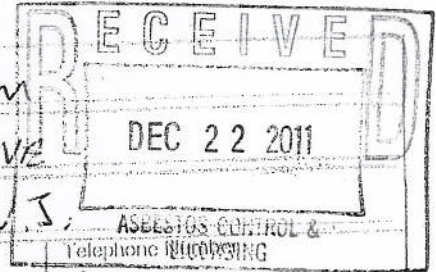
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 100 Roosevelt Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ridgefield Park, NJ 07660		Square Feet 600 SF	# of Floors Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No.	Name of Abatement Contractor (9) RICI CORP
Street Address 20-21 WAGARAW ROAD		Street Address 41 LIBERTY STREET	
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code PASSAIC, NJ 07055	
Project Manager for Monitoring Firm WILLY MORALES	Telephone No. 973-636-2008	Telephone No. 973-614-1266	License No. 00838
Start Date (10) 01/10/2012	Scheduled Completion Date (11) 01/20/2012	Name of OSHA Monitor RICI CORP	
Occupancy Status During Abatement (Check only one)		Street Address 41 LIBERTY STREET	
<input checked="" type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		City, State, Zip Code PASSAIC, NJ 07055	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 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	Enclosure
BASEMENT			x	Floor Tiles/Mastic	600 SF	x		

Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL	
City, State PASSAIC, NJ			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by RISTO TRAJKOV	Title PRESIDENT	Signature 			Date 12/20/2011

ck # 1305

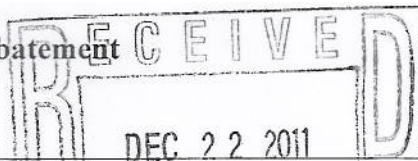
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12-20-11		Name of Building Owner/Operator (2) NEVE SHALOM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DDL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 250 GROVE AVE		City, State, Zip Code METUCHEN N.J.	
Name of Contact SAYNE SKLOW		Telephone Number ASBESTOS CONTROL & REMEDIATION	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NEVE SHALOM		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 250 GROVE AVE		Square Feet # of Floors Bldg. Age	
City (5) METUCHEN		Current Use (Prior if being demolished) CITIZEN	
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) ACE INSULATION CO INC	
City, State, Zip Code		Street Address 95 MONTROSE RD	
Project Manager for Monitoring Firm		City, State, Zip Code COLTS NECK NJ 07722	
Telephone No.		Telephone No. 201 294 1757	
Start Date (10) 12-29-11		License No. 00029	
Scheduled Completion Date (11) 12-31-11		Name of OSHA Monitor ACE INSULATION CO 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: 7AM-7PM		Street Address 95 MONTROSE RD	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Rm		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE		Amount (Specify SF or LF) 85 LF	
Abatement Type Removal Repair Enclosures <input checked="" type="checkbox"/> Enclosures			
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	
Cubic Yards of Waste —		Name of Registered Landfill GROWS	
Disposal Date —		City, State Tullytown PA	
Completed By Jack GALL		Signature Jack GALL	
Title OPS MGR		Date 12-20-11	

State of New Jersey - Notification of Asbestos Abatement

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



GAC Project # 060-11

Client Project #

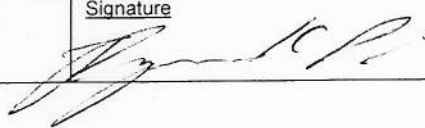
Date of Notification (1) December 19, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ASBESTOS CONTROL & ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RU GYM, BLDG# 3097		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
Street Address COLLEGE AVENUE CAMPUS			
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/28/11	Scheduled Completion Date (11) 01/02/12	Name of OSHA Monitor 1 ENVIROVISION, 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: 8AM TO 5 PM (24HR ACCESS AS NECESSARY)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) 054 Hallway	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1300 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 01/02/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date December 19, 2011

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11

Client Project #

Date of Notification (1) December 19, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GRADUATE SCHOOL OF SOCIAL WORK, BLDG# 3008		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
Street Address COLLEGE AVENUE CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/28/11	Scheduled Completion Date (11) 01/02/12	Name of OSHA Monitor 1 ENVIROVISION, 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: 8AM TO 5 PM (24HR ACCESS AS NECESSARY)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) 011, 012, 013	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1100 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 01/02/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date December 19, 2011

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

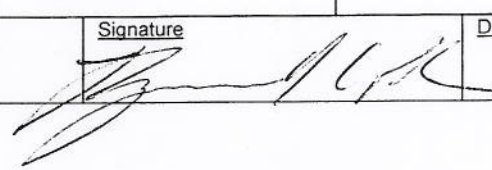
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/19/11 Ck:1689 \$200		Name of Building Owner/Operator (2) Livingston Public Schools		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 22 2011 ASBESTOS CONTROL & </div>					
Agencies Notified	Type Notification	Street Address 11 Foxcroft Drive							
<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 Livingston, New Jersey 07039							
		Name of Contact Paul Ko							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Heritage Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 20 Foxcroft Drive				Square Feet 20,000	# of Floors 2				
City (5) Livingston, New Jersey 07039				Bldg. Age 55+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address PO Box 316		Street Address 606 McBride Avenue							
City, State, Zip Code Thorofare, New Jersey 08086		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Steve Flannigan		Telephone No. 856-848-0800		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 12/28/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor J&S Environmental Labs					
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: 3pm Start				Street Address 2333 Route 22 West					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Room 105		X		Glue Dots	6 SF	X			
Room 106		X		Glue Dots	6 SF	X			
Room 108		X		Glue Dots	6 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 01/02/11	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 12/19/11			

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11

Client Project #


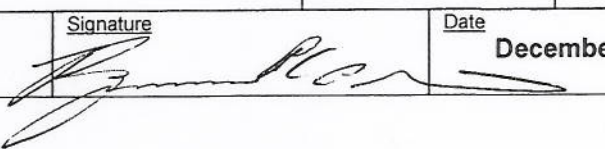
Date of Notification (1) December 19, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 additional quantity <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JOHNSON APTS, BLDG# 3736 BUSCH CAMPUS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/22/11	Scheduled Completion Date (11) 12/24/11	Name of OSHA Monitor 1 ENVIROVISION, 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: 5 PM TO 5 AM (24HR ACCESS AS NECESSARY)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) D-004	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 300 SF
			Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 12/24/2011	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date December 19, 2011

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11

Client Project #

Date of Notification (1) December 12, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 2011 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
<div style="text-align: right;">  </div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JOHNSON APTS, BLDG# 3736 BUSCH CAMPUS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/22/11	Scheduled Completion Date (11) 12/24/11	Name of OSHA Monitor 1 ENVIROVISION, 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: 5 PM TO 5 AM (24HR ACCESS AS NECESSARY)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) D-004	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 140 SF
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 12/24/2011	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date December 12, 2011

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

REMEMBER - MAIL IN HARD COPY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:69 and 12:120)

RECEIVED
DEC 2 2011 DAY
Check # 4278
DEC 16 2011
WAIVER APPROVED

Date of Notification (1)
May 6, 2011

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

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

Name of Building Owner/Operator: (2)
Diocese of Camden

Street Address
631 Market Street

City, State, Zip Code
Camden, NJ 08102

Name of Contact
Tom Bechard

Name of Facility Where Abatement is Taking Place (3)
Holy Name School

Street Address
700 North 5th Street

City (5)
Camden

County (6)
Camden

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 6 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
20,000

of Floors
2

Bldg Age
70

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
MDG Environmental

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental LLC

Street Address
1000 Maplewood Drive Suite 207

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Tony Esposito

Telephone No.
856-755-9300

Telephone No.
856-755-0099

License No.
00842

Start Date (10)
December 27, 2011

Scheduled Completion Date (11)
January 6, 2012

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Name of OSHA Monitor
EMSL

Street Address
107 Haddon Ave

City, State, Zip Code
Westmont, New Jersey 08108

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 150 sf or ≥ 260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VA or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen & Coat Room			XXX	Pipe Insulation	15 LF		XX		
All Purpose Room			XXX	Pipe Insulation	10 LF		XX		
Attic			XXX	Pipe Insulation	10 LF		XX		
Attic			XXX	Pipe Insulation Debris	80 SF	XX			

Name of Registered Waste Hauler
Freehold Cartage

NJDES Waste Hauler ID No.
22253

Cubic Yards of Waste

Name of Registered Landfill
Grows Landfill

City, State
Mount Holly, New Jersey 08060

Disposal Date

City, State
Tullytown, PA.

Completed by
William Lynch

Title
Owner

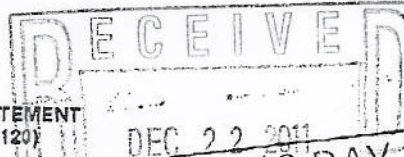
Signature
William Lynch

Date
Dec. 16, 2011

State of New Jersey

Asbestos Abatement License Application
(Pursuant to NJAC 8:26 and 12:120)RECEIVED
DEC 22 2011

Date of Notification (1) 12-18-12		Name of Building Owner/Owner (2) WAWA Corp					
Agency Notified	Type Notification	Street Address	City, State, Zip Code				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DGL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Wawa Pa Name of Contact Carl Russell	ASBESTOS CONTROL & LICENSING Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Fitness Center		Type of Facility (4)					
Street Address 17 RT 73		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Maple Shade NJ	Square Feet 10000	\$ of Floors 1	Bldg. Age 35yr				
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Store Front					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)					
Street Address		ANI JOE LLC					
City, State, Zip Code		1212 Burlington Ave DELANCO NJ 08075					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 824 0911	License No. 01070				
Start Date (10) 12-28-12	Scheduled Completion Date (11) 1-10-13	Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one)		Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 9 sf or ≥ 2 SF <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 200 SF <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"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Frangible 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		
					Removal	Repair	Encapsulation
THRU OUT	Yes No N/A		(ACM) DOT. Glue.	200 SF	✓		
Name of Registered Waste Hauler		HAZOP Waste Hauler ID No.	Public Yards of Waste	Name of Registered Landfill			
J Robinson Waste		18763	1	WM. of Pa			
City, State Bellmawr N.J.		Disposal Date TBD	City, State Tullytown PA				
Completed by J Hill	Title VP	Signature [Signature]	Date 12-18-11				



Print Form

REMEMBER - MAIL IN HARD COPY State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 12/15/11 Ck: 1683		\$200		Name of Building Owner/Operator (2) Livingston Public Schools						
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 11 Foxcroft Drive City, State, Zip Code Livingston, New Jersey 07039 Name of Contact Paul Ko						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Riker Hill Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 31 Blackstone Drive				Square Feet 20,000						
City (5) Livingston, New Jersey 07039				# of Floors 2						
County (6) Essex				Bldg. Age 55+						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group			ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address PO Box 316			Street Address 606 McBride Avenue							
City, State, Zip Code Thorofare, New Jersey 08086			City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Steve Flannigan			Telephone No. 856-848-0800		License No. 01104					
Start Date (10) 12/16/11		Scheduled Completion Date (11) 12/18/11		Name of OSHA Monitor J&S Environmental Labs						
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: 3pm Start				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 5			X		Glue Dots	2 SF	X			
Room 6			X		Glue Dots	2 SF	X			
Room 7			X		Glue Dots	1 SF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No 18724		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424					Disposal Date 12/19/11	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova			Title Vice President		Signature <i>Tatiana Kalenikova</i>	Date 12/15/11				

REMEMBER - MAIL IN HARD COPY SERVICES INC
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 6:60 and 5:16)

STEVENS ENVIRONMENTAL

CHECK # 24600

DOL - 10 DAY

Date of Notification (1)
DEC 19/2011

Agency Notified (2)
☐ EPA
☐ DEP
☒ DOH
☐ DCA

Notification Method (3)
☐ Initial
☐ Amended
☒ Emergency (including justification)
☐ Cancellation

WAIVER APPROVED

Name of Building Owner/Operator (2)
Mission of the Order of St. Vincent DePaul

Street Address
75 Mapleton Road

City, State, Zip Code
Plainsboro, NJ 08536

Name of Contact
William Ehret

Telephone Number
LICG

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
St. Joseph's Seminary

Street Address
75 Mapleton Road

City (5)
Plainsboro

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
50000 SF

of Floors
3

Bldg. Age
90

Current Use (Prior if being demolished)
Seminary

Name of Monitoring Firm Hired by Building Owner (8)
MECS

ASCM No.

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address
PO Box 371

City, State, Zip Code
Crosswicks, NJ 08515

Telephone No.
(609) 298-4070

Telephone No.
(609) 259-9688

License No.
00493

Start Date (10)
12/20/11

Scheduled Completion Date (11)
12/23/11

Name of OSHA Monitor
MECS

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address
PO Box 371

City, State, Zip Code
Crosswicks, NJ 08515

Scope of Work (Check all that apply)

☒ ≥ 3 sf of ≥ 3 ft
☐ ≥ 150 of or ≥ 250 ft

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Enduse
stairwell			X	plaster	15 SF	X			

Name of Registered Waste Hauler
Stevens Environmental Services Inc.

NIDEP Waste Hauler ID No.
18292

Cubic Yards of Waste
1 CU

Name of Registered Landfill
T.R.R.E., Inc. Landfill

City, State
Allentown, NJ

Disposal Date
12/23/11

City, State
Tullytown, PA

Completed By
Mahlon E Stevens

Title
Project Manager

Signature
[Signature]


Date
12/19/11

ASB-47
 MAR 00

* Do not use this form for asbestos licensure exempted activities

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

CHECK 11003

Date of Notification (1) 12/19/11		Name of Building Owner/Operator (2) Diocese of Paterson		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 22 2011 ASBESTOS LICENSING </div>					
Agencies Notified		Type Notification				Street Address 205 Madison Avenue			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Madison, NJ 07940			
						Name of Contact Dennis Rodano			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 205 Madison Avenue				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.)					
City (5) Madison				Square Feet 5000	# of Floors 3				
County (6) Morris				County Code (7) (STATE USE ONLY) _____	Bldg. Age 60				
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.			ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address 20-21 Wagaraw Road – Bldg. 34A				Street Address 4 E Gate Drive, PO Box 483					
City, State, Zip Code Fair Lawn, NJ 07410				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm Fred Larson			Telephone No. (973) 636-9145	Telephone No. 973-583-8500	License No. 703				
Start Date (10) 12/29/11		Scheduled Completion Date (11) 2/29/11		Name of OSHA Monitor					
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					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Coach's Room/locker room			x	30 elbows	30 LF	x			
Kitchen			x	4 elbows	4 LF	x			
Coach's Room/locker Room			x	floor tile & mastic	1,000 SF	x			
Name of Registered Waste Hauler Newark Carting			NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill				
City, State Newark NJ			Disposal Date TBD		City, State Newburg PA				
Completed by Andrew Scott Higgins			Title President		Signature 		Date 12/19/11		

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

Print Form

Date of Notification (1) 12/19/11 Ck: 1688 \$200		Name of Building Owner/Operator (2) Atlantic Health Systems		<div style="border: 2px solid black; padding: 5px; text-align: center;"> DECEIVED DEC 22 2011 ASBESTOS CONTROL NUMBER 11 </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Name of Facility Where Abatement is Taking Place (3) Morristown Hospital				FACILITY INFORMATION	
Street Address 100 Madison Avenue		City (5) Morristown, New Jersey 07962		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Morris		County Code (7) (STATE USE ONLY)		Square Feet 30,000	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.		Bldg. Age 55+	
Street Address 65 Jackson Drive		City, State, Zip Code Cranford, New Jersey 07016		Current Use (Prior if being demolished) Hospital	
Project Manager for Monitoring Firm Charles Shneekloth		Telephone No. 808-497-8900		Name of Abatement Contractor (9) Lilich Corporation	
Start Date (10) 12/19/11		Scheduled Completion Date (11) 12/21/11		Street Address 606 McBride Avenue	
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: 2PM Start		Name of OSHA Monitor J&S Environmental Labs		City, State, Zip Code woodland Park, New Jersey 07424	
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 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	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Hallway and Room C-11		X		TSI	
				100 LF	
				X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	
City, State Woodland Park, New Jersey 07424		Disposal Date 12/21/11		Name of Registered Landfill G.R.O.W.S Landfill	
City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>	
				Date 12/19/11	

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

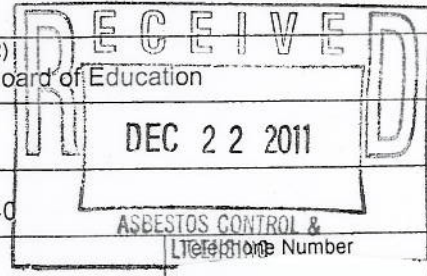
Print For

DEC 22 2011

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/09/11 Ck: 1680		\$200		Name of Building Owner/Operator (2) Atlantic Health Systems		Street Address 100 Madison Avenue		City, State, Zip Code Morristown, New Jersey 07962		Name of Contact Michael DiGangi		Telephone Number	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) Morristown Hospital		Street Address 100 Madison Avenue		City (5) Morristown, New Jersey 07962		County (6) Morris		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		Street Address 65 Jackson Drive		City, State, Zip Code Cranford, New Jersey 07016		Project Manager for Monitoring Firm Charles Shneekloth		Telephone No. 908-497-8900		Start Date (10) 12/19/11		Scheduled Completion Date (11) 12/21/11	
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: 7AM Start		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation		Street Address 606 McBride Avenue		City, State, Zip Code Woodland Park, New Jersey 07424		Telephone No. 973-225-8400		License No. 01104	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Name of OSHA Monitor J&S Environmental Labs		Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 3 locations		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TSI		Amount (Specify SF or LF) 40LF		Abatement Type Removal Repair Encapsulate Enclosure X					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S Landfill		City, State Woodland Park, New Jersey 07424		Disposal Date 12/22/11		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 12/09/11							

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

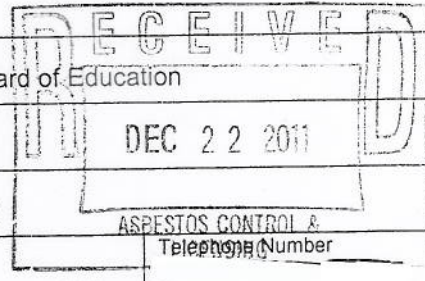


Date of Notification (1) 12/19/11		Name of Building Owner/Operator (2) South Orange/ Maplewood Board of Education							
Agencies Notified	Type Notification	Street Address 25 West Parker Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Maplewood, New Jersey 07040							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr William Kyle							
<div style="text-align: right;">ASBESTOS CONTROL & REMEDIATION Telephone Number</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maplewood Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Burnett Street		Square Feet 20,000	# of Floors 2						
City (5) Maplewood, New Jersey 07040		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 12/23/11	Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor J&S Environmental Labs						
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: 6:00 AM-2:30PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Entrance Stairwell		X		Wall Plaster	96 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 01/02/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 12/19/11		

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

Date of Notification (1) 11/28/11 Ck:1654		\$200		Name of Building Owner/Operator (2) South Orange/ Maplewood Board of Education									
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 West Parker Avenue City, State, Zip Code Maplewood, New Jersey 07040 Name of Contact Mr William Kyle									
<div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED DEC 22 2011 ASBESTOS CONTROL & TESTING Telephone Number </div>													
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Maplewood Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 17 Burnett Street				Square Feet 20,000 # of Floors 2 Bldg. Age 55+									
City (5) Maplewood, New Jersey 07040				County (6) Essex County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.				ASCM No.		Name of Abatement Contractor (9) Lilich Corporation							
Street Address PO Box 385				Street Address 606 McBride Avenue									
City, State, Zip Code Oceanville, New Jersey 08231				City, State, Zip Code Woodland Park, New Jersey 07424									
Project Manager for Monitoring Firm Eric Clarkson				Telephone No. 609-652-1833		Telephone No. 973-225-8400 License No. 01104							
Start Date (10) 12/23/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor J&S Environmental Labs									
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: 7AM				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Boiler Room entrance stairwell			X			Wall Plaster		96 SF		X			
Name of Registered Waste Hauler Lilich Corporation				NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424				Disposal Date 01/02/12		City, State Morrisville, Pennsylvania							
Completed by Tatiana Kalenikova				Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 11/28/11				

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



Date of Notification (1) 12/19/11		Name of Building Owner/Operator (2) South Orange/ Maplewood Board of Education							
Agencies Notified	Type Notification	Street Address 25 West Parker Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, New Jersey 07040							
		Name of Contact Mr William Kyle							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Columbia High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Parker Avenue		Square Feet 20,000	# of Floors 2						
City (5) Maplewood, New Jersey 07040		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 12/23/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor J&S Environmental Labs							
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 Other - Describe: 6:00 AM-2:30PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Faculty Cafeteria		X		Wall Plaster	210 SF	X			
Faculty Cafeteria		X		Pipe & Fitting Insulation	12 LF	X			
Boys Locker Room		X		Ceiling Plaster	140 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 01/02/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 12/19/11					

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

Date of Notification (1) 11/28/11 Ck:1653		\$200		Name of Building Owner/Operator (2) South Orange/ Maplewood Board of Education					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 West Parker Avenue		City, State, Zip Code Maplewood, New Jersey 07040			
				Name of Contact Mr William Kyle		Telephone Number ASBESTOS LICENSE			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Columbia High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 17 Parker Avenue				Square Feet 20,000		# of Floors 2			
City (5) Maplewood, New Jersey 07040				Bldg. Age 55+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.				ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation			
Street Address PO Box 385				Street Address 606 McBride Avenue					
City, State, Zip Code Oceanville, New Jersey 08231				City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833		Telephone No. 973-225-8400		License No. 01104			
Start Date (10) 12/23/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor J&S Environmental Labs					
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: 7AM				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Faculty Cafeteria		X		Wall Plaster	210 SF	X			
Faculty Cafeteria		X		Pipe & Fitting Insulation	12 LF	X			
Boys Locker Room		X		Ceiling Plaster	140 SF	X		X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424				Disposal Date 01/02/12		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 11/28/11		