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DEC 23 2011  
ASBESTOS CONTROL & LICENSING



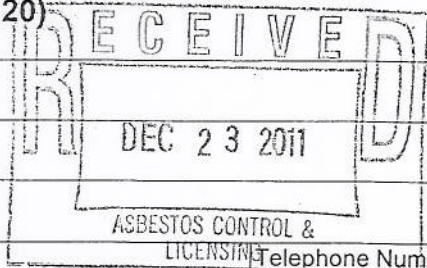




**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4353

Check #3677



Date of Notification (1) <b>12/20/11</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified	Type Notification	Street Address <b>33 West State Street Fl. 9</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08625</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>David Lapidus</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Azolea</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>1 Gilbert Street</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Developmental Center</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>120 N. Warren Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>1/4/12</b>	Scheduled Completion Date (11) <b>1/31/12</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

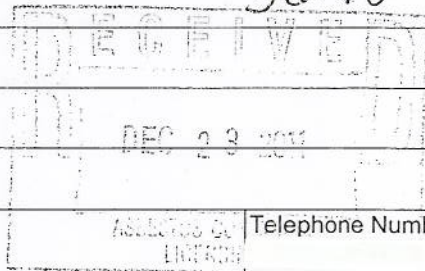
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fitting Insulation</b>	<b>8 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>1/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature <i>Gwen</i>	Date <b>12/20/11</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check # **3538**  
(Pursuant to N.J.A.C. 8:60 and 12:120) **3678**

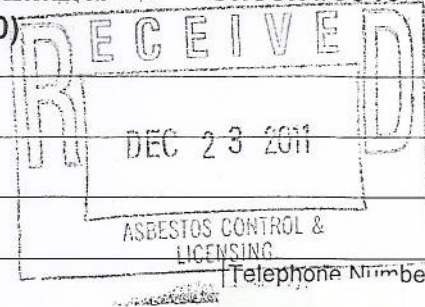
1108-4358



Date of Notification (1) <b>12/20/11</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Health Systems</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>1925 Pacific Ave.</b> City, State & Zip Code <b>Atlantic City, NJ 08401</b> Name of Contact <b>Patrick Walsh</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center</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>1925 Pacific Ave.</b>		Square Feet	# of Floors						
City (5) <b>Atlantic City</b>	County (6) <b>Atlantic</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Medical Center</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>1253 North Church Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Moorestown, NJ 08057</b>		City, State & Zip Code <b>Lumberton, NJ 08048</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>12/2/11</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"/> $\geq 160$ 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							
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	2200 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"/>
	<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 Opps. Coord.	Signature 			Date <b>12/20/11</b>			



State of New Jersey 1103-4272  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check #3640  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>12/19/11</b>		Name of Building Owner / Operator (2) <b>Robert Wood Johnson Hospital</b>	
Agencies Notified	Type Notification	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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #10 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<b>One Robert Wood Johnson Place</b> City, State & Zip Code <b>New Brunswick, NJ 08901</b>	
		Name of Contact <b>Geiser Fajardo</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</b>			Type of Facility (4)		
Street Address <b>One Robert Wood Johnson Place</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
			Square Feet	# of Floors	Bldg. Age
City (5) <b>New Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>280 Huyler Street</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>South Hackensack, NJ 07606</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8400</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>4/12/11</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)			Street Address <b>108 Haddon Ave.</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>5 PM – 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Westmont, NJ 18108</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
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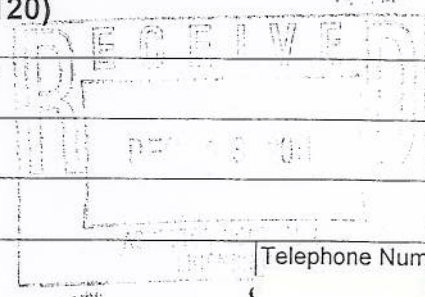
Location of Asbestos-Containing Material (ACM) (13) <b>TO BE ABATED in Facility</b>	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Central Sterile Unit</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Vinyl Flooring containing asbestos</b>	<b>286 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Central Sterile Unit</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>3,723 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology Offices</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>70 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology Offices</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>70 LF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>12/30/11</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>12/19/11</b>



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

**1108-4353**  
**Check #3641**



Date of Notification (1) <b>12/20/11</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street Fl. 9</b> City, State & Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>David Lapidus</b>	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Fern</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>5 Gilbert Street</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Developmental Center</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>120 N. Warren Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>1/4/12</b>		Scheduled Completion Date (11) <b>1/31/12</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

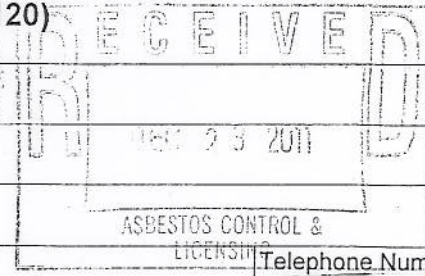
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fitting Insulation</b>	<b>9 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>1/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>12/20/11</b>



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

1108-4353  
Check #3674



Date of Notification (1) <b>12/20/11</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified	Type Notification	Street Address <b>33 West State Street Fl. 9</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08625</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>David Lapidus</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Spruce 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 & commercial buildings, homes, etc.)	
Street Address <b>15 Gilbert Street</b>		Square Feet	# of Floors
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Developmental Center</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	
Street Address <b>120 N. Warren Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
City, State & Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>PO Box 25</b>	
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>1/4/12</b>	Scheduled Completion Date (11) <b>1/31/12</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

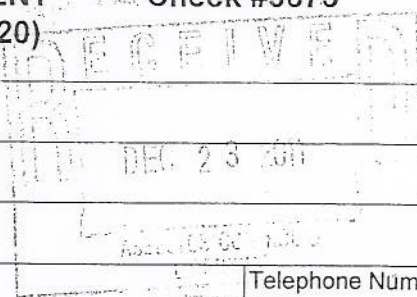
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fitting Insulation</b>	<b>8 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>1/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title Opps. Coord.	Signature <i>Gwen Trumbetti</i>	Date <b>12/20/11</b>



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

1108-4353  
Check #3675



Date of Notification (1) <b>12/20/11</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>33 West State Street Fl. 9</b> City, State & Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>David Lapidus</b> Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Resource Center</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>27 Circle Drive</b>		Square Feet	# of Floors
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Developmental Center</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	
Street Address <b>120 N. Warren Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
City, State & Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>PO Box 25</b>	
Project Manager for Monitoring Firm <b>Brian Holbig</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	License Number <b>00529</b>
Telephone Number <b>609-392-4200</b>		Telephone Number <b>609-265-2107</b>	
Scheduled Start Date (10) <b>1/4/12</b>	Scheduled Completion Date (11) <b>1/31/12</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		Name of OSHA Monitor <b>EMSL Analytical</b>	
		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" 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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	3 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/31/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Opps. Coord.	Signature 		Date <b>12/20/11</b>



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

**1108-4353**

**Check #3676**

Date of Notification (1) <b>12/20/11</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified	Type Notification	Street Address <b>33 West State Street Fl. 9</b>	
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>David Lapidus</b>	Telephone Number

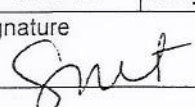
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Health Services</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>20 Gilbert Street</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Developmental Center</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>120 N. Warren Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>1/4/12</b>	Scheduled Completion Date (11) <b>1/31/12</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" 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
<b>Basement Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fitting Insulation</b>	<b>8 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>1/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title Opps. Coord.	Signature 	Date <b>12/20/11</b>



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

Date of Notification (1) <b>12/16/2011</b>		Name of Building Owner / Operator (2) <b>A&amp;R Recycling</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>1004 Union Landing Rd.</b>
			City, State & Zip Code <b>Cinnaminson, NJ</b>
			Name of Contact <b>Ritch Woolston</b>
			Telephone Number

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DEC 23 2011  
ASBESTOS CONTROL & LICENSING

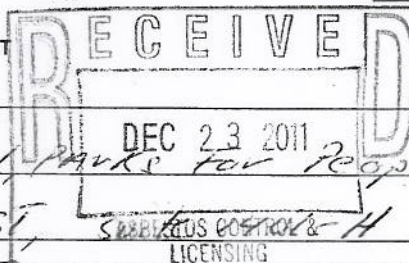
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Hoeganaes Facility</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1001 Taylors Lane</b>		Square Feet <b>600,000</b>	# of Floors <b>3</b>
City (5) <b>Cinnaminson, NJ</b>	County (6) <b>Burlington</b>	County Code (7)	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>Not in use</b>	
Street Address		Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>	
City, State & Zip Code		Street Address <b>2129 Route 33</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>12/28/2011</b>	Scheduled Completion Date (11) <b>5/26/2012</b>	Name of OSHA Monitor <b>EMSL Analytical</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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State & Zip Code <b>Westmont, NJ 08108</b>	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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
<b>See attached</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>	Date <b>12/16/11</b>



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



Date of Notification (1) 12/16/2011		Name of Building Owner/Operator (2) <i>TRUST FOR LAND PARKS FOR PEOPLE</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>1 WASHINGTON ST</i>							
		City, State, Zip Code <i>NEWARK NJ 07102</i>							
		Name of Contact <i>JANE KIM</i>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jesse Allen Park - Storage 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 41-55 Avon Avenue		Square Feet 900	# of Floors 1						
City (5) Newark		Bldg. Age 30							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) storage building							
Name of Monitoring Firm Hired by Building Owner (8) None		ASCM No.	Name of Abatement Contractor (9) Academy Construction, Inc						
Street Address		Street Address 17 Morris Avenue							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm none		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 1/9/2012	Scheduled Completion Date (11) 1/16/2012	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <i>closed - not occupied</i>		Street Address 108 Haddon Ave							
		City, State, Zip Code Westmont, NJ 08108							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roof Flashing	40 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 8	Name of Registered Landfill TRRF Landfill					
City, State Newark, New Jersey			Disposal Date 1/16/2012	City, State Tullytown, PA					
Completed by Frank Marino		Title Project Manager	Signature			Date 12/16/2011			



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

*CR# 1257*

Date of Notification (1) <b>12/16/2011</b>		Name of Building Owner / Operator (2) <b>MOD Construction</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <b>DEC 23 2011</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address <b>PO Box 629</b>	
						City, State & Zip Code <b>Princeton, NJ 08542</b>	
						Name of Contact <b>John Glavasich</b>	
Telephone Number							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Nassau Inn</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>10 Palmer Square</b>				Square Feet <b>50,000</b>			
City (5) <b>Princeton</b>		County (6) <b>Mercer</b>		# of Floors <b>5</b>			
		County Code (7)		Bldg. Age <b>80+</b>			
Current Use (Prior if being demolished) <b>Hotel</b>							
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.				
Street Address			Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>				
City, State & Zip Code			Street Address <b>2129 Route 33</b>				
Project Manager for Monitoring Firm			City, State & Zip Code <b>Hamilton, NJ 08610</b>				
Telephone Number			Telephone Number <b>609-847-2956</b>				
Scheduled Start Date (10) <b>12/26/2011</b>			License Number <b>01091</b>				
Scheduled Completion Date (11) <b>12/31/2011</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 – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address <b>107 Haddon Ave.</b>			
				City, State & Zip Code <b>Westmont, NJ 08108</b>			
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure			
				<input checked="" type="checkbox"/> Glove Bag Procedures			
				<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 or Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)			
<b>Interior-Basement –Mechanical rooms</b>				<b>Pipe insulation/fittings</b>			
				Amount (Specify SF or LF) <b>110 lf</b>			
				Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>		Cubic Yards of Waste <b>2</b>			
City, State <b>Trenton, NJ</b>		Disposal Date <b>1/4/2012</b>		Name of Registered Landfill <b>Grows Landfill</b>			
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>		Signature <i>Rod Richardson</i>			
				Date <b>12/16/11</b>			

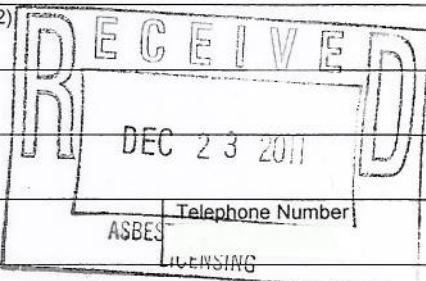


No check

RECEIVED  
Retirement Community  
DEC 23 2011  
7  
Telephone Number



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) P.S.E.&G - Central Div.							
Agencies Notified	Type Notification	Street Address 472 Weston Canal Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerset, NJ 08873							
		Name of Contact Lauren Thomas							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) P.S.E.&G				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 Corner of Trenton & Clifton				Square Feet appx. 8000					
City (5) Elizabeth				# of Floors 2					
County (6) Union				Bldg. Age appx. 65 yrs					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045		Name of Abatement Contractor (9) Unique Systems of America					
Street Address 64 Broad Street		Street Address 396 Whitehead Ave.							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code South River, NJ 08882							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		Telephone No. 732-432-8350					
License No. 01111									
Start Date (10) 1/7/12		Scheduled Completion Date (11) 1/8/12		Name of OSHA Monitor Unique Systems of America					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 396 Whitehead Ave.  City, State, Zip Code South River, NJ 08882					
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 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
1st Floor		X		Transite Panels	152 SF	X			
1st Floor		X		ACM Sock	30 LF	X		X	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 7	Name of Registered Landfill GROWS				
City, State ELIZABETH, NJ				Disposal Date 1/9/12	City, State MORRISVILLE, PA				
Completed by <i>CAROL RAIMO</i>		Title Office Manager		Signature <i>Carol Raimo</i>		Date 12/20/2011			



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

B & G proj. #: 2012-01

Check # 4981

Date of Notification (1) <u>11/21/2010</u>		Name of Building Owner/Operator (2) <u>Estate of Ellen Brooks</u>		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold; margin: 5px auto;">DEC 23 2011</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold; margin: 5px auto;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>119 Hickory Lane</u> City, State, Zip Code <u>Closter, NJ 07624</u>		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Name of Contact <u>Rochelle Moskowitz</u>		
		Telephone Number _____		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Estate of Ellen Brooks</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 (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>119 Hickory Lane</u>			Square Feet	# of Floors
City (5) <u>Closter, NJ 07624</u>			Bldg. Age	
County (6) <u>Bergen</u>		County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>	
Street Address		Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>
Scheduled Start Date (10) <u>1/4/2012</u>		Sched. Completion Date (11) <u>1/5/2012</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				

Scope of Work (check all that apply)

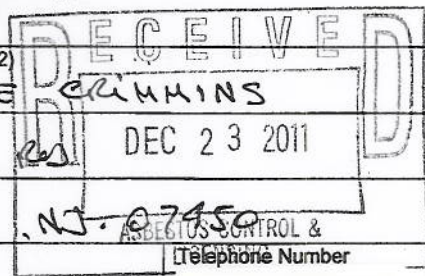
- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/>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

Location of asbestos-containing material 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	125 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	160 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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>4 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>1/6/12</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>			Date <u>12/20/2011</u>



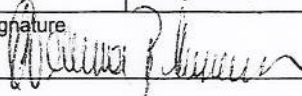
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>12/20/11</b>		Name of Building Owner/Operator (2) <b>MS. CATHERINE CRUMMINS</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>703 BELMONT RD</b> City, State, Zip Code <b>RIDGEWOOD, NJ 07450</b>							
		Name of Contact <b>MS. CRUMMINS</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. CRUMMINS</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>703 BELMONT RD</b>		Square Feet <b>2500</b>	# of Floors <b>2</b>						
City (5) <b>RIDGEWOOD</b>		Bldg. Age <b>1940</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>1/6/12</b>	Scheduled Completion Date (11) <b>1/7/12</b>	Name of OSHA Monitor <b>Omega Environmental Services</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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>AM TO 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 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
<b>BASEMENT</b>			<b>Y</b>	<b>THERMAL INSULATION</b>	<b>10 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>1.0 Y</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>			Disposal Date <b>1/7/12</b>	City, State <b>Newburgh PA, 17242</b>					
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>		Date <b>12/20/11</b>				



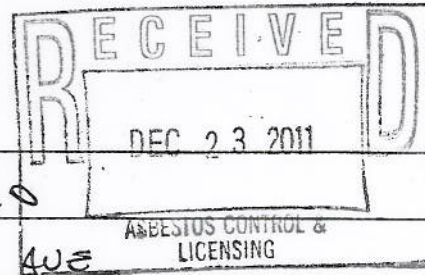
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 7, 2011		Name of Building Owner/Operator (2) Johnny Naamo							
Agencies Notified	Type Notification	Street Address 8 Dale Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Johnny Naamo							
<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 8 Dale Drive		Square Feet N/A	# of Floors N/A						
City (5) Morristown		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. 973-345-8685	License No. #00675						
Start Date (10) 12/21/11	Scheduled Completion Date (11) 12/22/11	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: <u>Occupied</u>		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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 bathroom		X		floor tile	35 SF	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 12/07/11		



3272

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

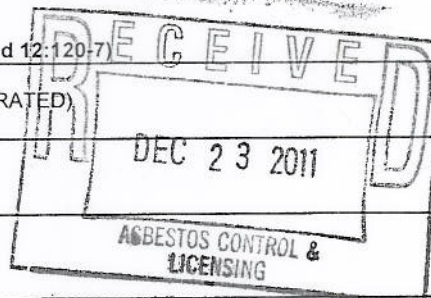


Date of Notification (1) <b>12/20/11</b>		Name of Building Owner/Operator (2) <b>MR. Luis RUBIO</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>121 MAGNOLIA AVE</b>							
		City, State, Zip Code <b>JERSEY CITY NJ 07303</b>							
		Name of Contact <b>DAVE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. Luis RUBIO</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>121 MAGNOLIA AVE</b>		Square Feet <b>2200</b>	# of Floors <b>2</b>						
City (5) <b>JERSEY CITY</b>		Bldg. Age <b>1940</b>							
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>12/30/11</b>	Scheduled Completion Date (11) <b>12/31/11</b>	Name of OSHA Monitor <b>Omega Environmental Services</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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>2 AM TO 5 AM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
<b>BASMENT</b>				<b>THEMAL &amp; SYSTEM INSULATION</b>	<b>95 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>307</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>			Disposal Date <b>12/31/11</b>	City, State <b>Newburgh PA, 17242</b>					
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>			Date <b>12/29/11</b>			



**Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)**

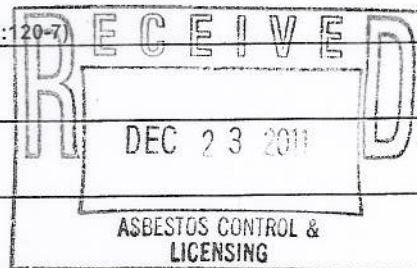
Date of Notification 1   2   2   0   1   1		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 7 WEST SEVENTH STREET		City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Kirit Vora		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place BLOOMINGDALE'S STORE		Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (I.e. private & Commercial buildings, homes, etc.)	
Street Address 1220 MORRIS TURNPIKE SHORT HILLS MALL		SF of Bldg. 1 MILLION +SF	# Floor 3
City SHORT HILLS	County UNION	Age of Bldg. 50+	
County Code State use Only		Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner BUREAU VERITAS NORTH AMERICA INC.		ASCM No.	
Street Address 160 FIELDCREST AVENUE		Name of Abatement Contractor ACM CONSULTING CORP.	
City, State, Zip Code EDISON, NJ 08837		Street Address 2150 STANLEY TERRACE	
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	License Number 00575
Scheduled Start Date 1 9 2012		Scheduled Completion Date 1 14 2012	
Month Day Year		Month Day Year	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:00PM TO 6:30AM Other - Describe:		Name of OSHA Monitor EMSL ANALYTICAL	
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation		Abatement Method Full Containment with Negative Pressure X Mini-Enclosure Glovebag Procedure Non-Friable Procedure	
Location of ACM Facility	Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed VAT & MASTIC	Amount to be Removed (Specify SF/LF) 60SF
1ST FLOOR - Stock Room			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.	NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC
City, State BRONX, NY	Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO	
Completed By (Print or Type) TIMOTHY RYAN	Title GENERAL MANAGER	Signature <i>Timothy Ryan</i>	Date 12/20/2011





**Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:20-7)**

Date of Notification 1   2   2   1   1   1		Name of Building Owner/Operator MERCK	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 556 MORRIS AVENUE		City, State, Zip Code SUMMIT, NJ 07902	
Name of Contact Kevin Ruta		Telephone Number	



Name of Facility Where Abatement is Taking Place MERCK - Building S 2				Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (i.e. private & Commercial buildings, homes, etc.)			
Street Address 556 MORRIS AVENUE				SF of Bldg. 10000		# Floor 1	
City SUMMIT, NJ		County UNION		County Code State use Only		Age of Bldg. 50+	
Name of Monitoring Firm Hired by Building Owner AERO ENVIRONMENTAL				ASCM No.			
Street Address 275 ROUTE 10 E. SUITE 220-306				Name of Abatement Contractor ACM CONSULTING CORP.			
City, State, Zip Code SUCCASUNNA, NJ 07876				Street Address 2150 STANLEY TERRACE			
Project Manager for Monitoring Firm TO BE DETERMINED				Telephone No. TO BE DETERMINED		License Number 00575	
Sched. Start Date 1   4   2012		Sched. Completion Date 1   10   2012		Name of OSHA Monitor EMSL ANALYTICAL			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 7:00AM TO 4:30PM Other - Describe:				Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition X >3sf or >3lf X > 160sf or > 260lf Renovation				Abatement Method Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed		Amount to be Removed (Specify SF/LF)	
ROOM B-2				PIPE FITTING INSULATION		65LF	
ROOM B-8				PIPE FITTING INSULATION		65LF	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY		Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO			
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER		Signature <i>Timothy Ryan</i>		Date 12/21/2011	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)

MO#19129301831

Date of Notification (1)

12/21/2011

Name of Building Owner/Operator (2)

Carolyn Tuella

Street Address

257 W. Passaic Avenue

City, State, Zip Code

Rutherford, NJ 07070

Name of Contact

Carolyn Tuella

Agency Notified

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

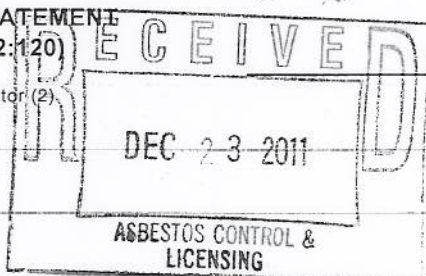
☒ Initial

☐ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

257 W. Passaic Avenue

City (5)

Rutherford, NJ 07070

County (6)

Bergen

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

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)

12/30/2011

Scheduled Completion Date (11)

12/31/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

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

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ ≥160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	Pipe insulation	20 LF	x		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Completed by

N.Jevtic

ASB-41

Title

Owner

Signature

Date

12/21/2011

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



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

*ck# 758*

Date of Notification (1) <b>12/16/2011</b>		Name of Building Owner / Operator (2) <b>Oliver Construction</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   DEC 23 2011   ASBESTOS CONTROL  LICENSING </div>				
Agencies Notified	Type Notification	Street Address <b>414 Dekalb St.</b>						
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Norristown, Pa 19401</b>						
		Name of Contact <b>Michael Hill</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Burlington Chevrolet</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>105 East Rt 130 South</b>			Square Feet <b>10,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>			
City (5) <b>Burlington, NJ</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Car dealership</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>					
Street Address		Street Address <b>2129 Route 33</b>						
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ 08610</b>						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01091</b>				
Scheduled Start Date (10) <b>12/27/2011</b>	Scheduled Completion Date (11) <b>12/31/2011</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 – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 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 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) <b>4,000 sf</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Previous storage room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT &amp; Mastic/dumpster debris</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Trenton, NJ</b>		Disposal Date <b>1/5/2012</b>		City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>		Date <b>12/16/11</b>			