

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

Date of Notification (1) <b>01/17/2012</b>		Name of Building Owner/Operator (2) <b>Russo Development</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <b>71 Hudson Street</b> City, State, Zip Code <b>Hackensack, NJ</b> Name of Contact <b>Michael Pembroke</b> Telephone Number <b>201-261-1111</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Former Residence/Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>65 Hudson Street</b>		Square Feet <b>2,200</b>	# of Floors <b>2</b>				
City (5) <b>Hackensack, NJ</b>		Bldg. Age <b>70+</b>					
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Building</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>				
Street Address		Street Address <b>145 Mill Street</b>					
City, State, Zip Code		City, State, Zip Code <b>Paterson, NJ 07501</b>					
Project Manager for Monitoring Firm		Telephone No. <b>973-553-5374</b>	License No. <b>01108</b>				
Start Date (10) <b>2/13/2012</b>	Scheduled Completion Date (11) <b>2/23/2012</b>	Name of OSHA Monitor <b>Valiant Associates, LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>145 Mill Street</b>					
		City, State, Zip Code <b>Paterson, NJ 07501</b>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
See Attached	Yes	No	N/A				
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>40 yds</b>	Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE</b>		Disposal Date <b>2/23/2012</b>	City, State <b>Waynesburgh, OH</b>				
Completed By <b>Miodrag Stamenovic</b>	Title <b>Project Manager</b>	Signature <i>Miodrag Stamenovic</i>	Date <b>02/2/2012</b>				

ASB41

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



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

B &amp; G proj. #: 2012-31

Check # 5051

Date of Notification (1) 10/21/10 12/11/12		Name of Building Owner/Operator (2) Frank Linderman & Aurora Hunt	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 35 Sargent Road		City, State, Zip Code Ho-Ho-Kus, NJ 07423	
Name of Contact Frank Linderman & Aurora Hunt		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Frank Linderman & Aurora Hunt			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 35 Sargent Road			Square Feet		
City (5) Ho-Ho-Kus, NJ 07423			# of Floors		
County (6) Bergen			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-696-6869	
Scheduled Start Date (10) 2/13/2012		Sched. Completion Date (11) 2/14/2012		License Number 0378	
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> Glovebag procedure		<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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	VAT	450 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 2/15/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 2/2/2012



B &amp; G proj. #: 2012-22

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

Non Sub 8

Check # 5050

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) Brielle Board of Education	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 605 Union Lane		City, State, Zip Code Brielle, NJ 08730	
Name of Contact Ed McManus		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Brielle Elementary School (Non Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 605 Union Avenue			Square Feet # of Floors Bldg. Age		
City (5) Brielle	County (6) Monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Domenic D'Errico		Phone Number 609-652-1833	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 2/13/12		Sched. Completion Date (11) 2/15/12	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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						
crawl space			<input checked="" type="checkbox"/>	pipe insulation	175 lf	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 2/16/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 2/2/2012



B &amp; G proj. #: 2012-32

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

Check # 5053

Date of Notification (1) <u>10/21/10 13/11/12</u>		Name of Building Owner/Operator (2) St Clare's Health System	
Agencies Notified	Type Notification	Street Address 25 Pocono Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Denville, NJ 07834	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Drew Van Hook	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) St Clare's Health System			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 25 Pocono Road, Wing 4-C (Same Day Surgery)			Square Feet		
City (5) Denville, NJ 07834			# of Floors		
County (6) Morris			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Bldg. Owner (8) Total Solution Environmental		ASCM No. 017	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 22 Columbia Road			Street Address 105 Ryerson Road		
City, State, Zip Code Morristown, NJ 07960			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Ben Waer		Phone Number 973-998-9348	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 2/15/2012		Sched. Completion Date (11) 2/29/2012	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: 7:00am - 3:00pm occupied			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☒ Full Containment w/negative pressure      ☒ Glovebag procedure  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☒ Mini-enclosure      ☐ 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
4th Floor			<input checked="" type="checkbox"/>	pipe insulation	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor			<input checked="" type="checkbox"/>	pipe insulation	75 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 2/15 - 2/29/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 2/3/2012



State of NJ

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

D&amp;S Proj. #: MS 12-00

**REMEMBER - MAIL IN HARD COPY**

Date of Notification (1) 01/11/12		Name of Building Owner/Operator (2) JEFFREY CROSBY		DOL - 10 DAY	
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 type="checkbox"/> Amendment Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 VAN RYPEN STREET	
		City, State, Zip Code JERSEY CITY, NJ		FEB - 6 2012	
		Name of Contact JEFFREY CROSBY		ASBESTOS CONTROL	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JEFFREY CROSBY			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 Bldg./Homes, etc.)		
Street Address 20 VAN RYPEN STREET			Square Feet # of Floors Bldg. Age		
City (5) JERSEY CITY	County (8) HUDSON	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Telephone Number 973-345-8020	Licence Number 00159
Start Date (10) 01/31/12	Sched. Completion Date (11) 02/06/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure				
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	Remove	Repair	Encap	Demol
BASEMENT	No	BOILER INSULATION		30 SQ FT	<input checked="" 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/01/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/30/12

ASB 41

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



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

D&S Proj. #: MS 12-50

Date of Notification (1) 01/13/12		Name of Building Owner/Operator (2) JEFFREY CROSBY	
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 type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 20 VAN RYPEN STREET		City, State, Zip Code JERSEY CITY, NJ	
Name of Contact JEFFREY CROSBY		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JEFFREY CROSBY			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 20 VAN RYPEN STREET			Square Feet # of Floors Bldg. Age		
City (5) JERSEY CITY	County (6) HUDSON	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 01/31/12		Sched. Completion Date (11) 02/06/12	License Number 00159		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	30 SQ FT	<input checked="" 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/01/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/30/12



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

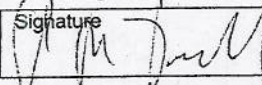
C-# 7837

Date of Notification (1) <b>2.2.12</b>		Name of Building Owner/Operator (2) <b>JUAN + CECILIA RIVERA</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1914 INGALLS AVENUE</b> City, State, Zip Code <b>LINDEN NJ 07036</b>							
		Name of Contact <b>CECILIA RIVERA</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RIVERA</b>		Type of Facility (4)							
Street Address <b>1914 INGALLS AVENUE</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>LINDEN</b>		Square Feet <b>1650</b>	# of Floors <b>3</b>						
County (6) <b>UNION</b>		Bldg. Age <b>55</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>							
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 <b>105 Lowell Road</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>2.14.12</b>	Scheduled Completion Date (11) <b>2.15.12</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler Street</b>							
<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 <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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>X</b>	<b>pipe insulation</b>	<b>200 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>2.14.12</b>		City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>[Signature]</i>		Date <b>2.2.12</b>			



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

Ch#: 7837

Date of Notification (1) <b>2.2.12</b>		Name of Building Owner/Operator (2) <b>Richie Schenone</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>355 Concord Avenue</b> City, State, Zip Code <b>Maywood NJ 07607</b>							
		Name of Contact <b>Richie Schenone</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Schenone</b>		Type of Facility (4)							
Street Address <b>355 Concord Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Maywood</b>	Square Feet <b>1500</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>						
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>2.11.12</b>		Scheduled Completion Date (11) <b>2.12.12</b>							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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:		<b>Omega Environmental Services Inc.</b> Street Address <b>280 Huyler Street</b> City, State, Zip Code <b>Hackensack, NJ 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"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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			Remove	Repair	Encapsulate	Enclosure
<b>basement</b>			<b>X</b>	<b>pipe insulation</b>	<b>45 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>2.11.12 on</b>		City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature 			Date <b>2.2.12</b>			

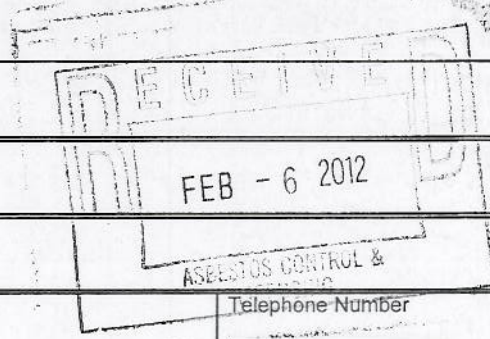


003401

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

D&S Proj. #: MS 12-54

Date of Notification (1) 01/13/12		Name of Building Owner/Operator (2) Mary Yochum	
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 14 Highland Avenue		City, State, Zip Code Highland Park, NJ	
Name of Contact Barbara Van Derheyden		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARY YOCHUM			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 14 HIGHLAND AVENUE			Square Feet    # of Floors    Bldg. Age		
City (5) HIGHLAND PARK	County (6) MIDDLESEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 02/10/12		Sched. Completion Date (11) 02/17/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	248 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/13/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/31/12



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

Date of Notification (1) 01/13/12		Name of Building Owner/Operator (2) SAM ARDOLINO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 93 PARK AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MADISON, NJ	
		Name of Contact SAM ARDOLINO	Telephone Number

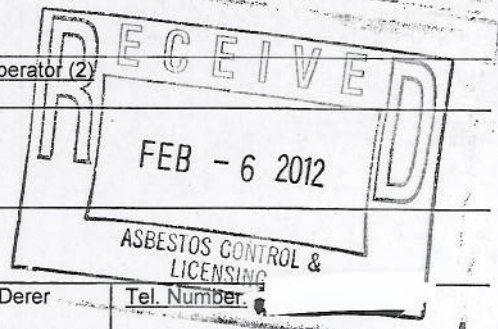
## FACILITY INFORMATION

Name of facility where abatement is taking place (3) SAM ARDOLINO			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 93 PARK AVENUE			Square Feet		
City (5) MADISON			# of Floors		
County (6) MORRIS			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 02/16/12			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 02/24/12			Street Address 20 California 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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	157 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	32 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Registered Waste Hauler D & S RESTORATION, INC.			NJDEP Hauler ID# 13506			Cubic Yards of Waste 2 yds			Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503			Disposal Date 02/17/12			City, State TULLYTOWN, PA			Date 01/31/12		
Completed by (Print or Type) BOGDAN JOLDZIC			Title PRESIDENT			Signature			Date 01/31/12		



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8.60 and 12.120)



Date of Notification (1) <b>1/30/12</b>		Name of Building Owner/Operator (2) <b>DuPont</b>	
Agencies Notified	Notification Type	Street Address <b>250 Cheesequake Road</b>	
(x) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA	( ) Initial Notification (x) Amended Certification ( ) Cancelled	City, State, Zip Code <b>Parlin, NJ 08859</b>	
		Name of Contact: <b>Richard Derer</b>	Tel. Number: <b>6</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Dupont - Teflon Building and Ladder Shack</b>			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address <b>250 Cheesequake Road</b>			Sq. Feet <b>40,000 SF</b> # of Floors <b>2</b>
City (5) <b>Parlin</b>	County (6) <b>Middlesex</b>	County Code (7) (State Use Only)	Bldg. Age: <b>+/- 40 years</b> Current Use (prior if being demolished) <b>Industrial</b>

Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Criterion Laboratories</b>	ASCM No.	Name of Contractor (9) <b>USA Environmental Management, Inc.</b>
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Street Address <b>3370 Progress Drive, Suite J</b>	Street Address <b>8436 Enterprise Avenue</b>
City, State, Zip Code <b>Bensalem, PA 19020</b>	City, State, Zip Code <b>Philadelphia, PA 19153</b>

Project Manager for Monitoring Firm <b>Mike Panepresso</b>	Telephone Number <b>(215) 244-1300 Ext. 26</b>	Telephone Number <b>(215) 365-5810</b>	License Number <b>00702</b>
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Scheduled Start Date (10) <b>2/14/12</b>	Scheduled Completion Date (11) <b>2/22/2012</b>	Name of OSHA Monitor <b>USA Environmental Management, Inc.</b>
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Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -	Street Address <b>8436 Enterprise Avenue</b>
Describe ___ Mechanical Room is on unoccupied floor	City, State, Zip Code <b>Philadelphia, PA 19153</b>
Other - Describe	

Source of Work (Check all that apply)

(x) Demolition ( ) Renovation  
(x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
( ) Full Containment with Negative Pressure (x) Mini-Enclosure ( ) Glovebag Procedure (x) Non Exempted or non friable work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
Ladder Shack	YES NO NA	Transite Panels	500 SF	Rem. Rep. Encap Enclose
Teflon Building		Floor Tile	30 SF	
Bldg. 1933 - Exterior				

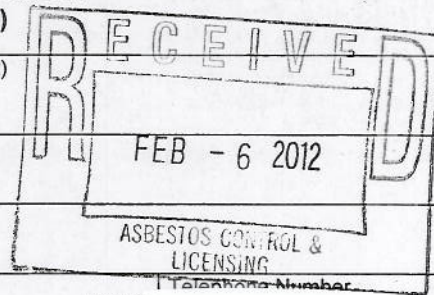
Name of Reg. Waste Hauler <b>Service Transport Group</b>	NJDEP Waste Hauler ID # <b>32610</b>	Cubic Yards of Waste <b>15 YDS</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
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City, State <b>New Castle, DE</b>	Disp. Date <b>2/22/2012</b>	City, State <b>Waynesburg, OH</b>
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Completed by (Print or Type) <b>Dilip Kumar</b>	Title <b>Program Manager</b>	Signature <i>Dilip Kumar</i>	Date <b>1-30-12</b>
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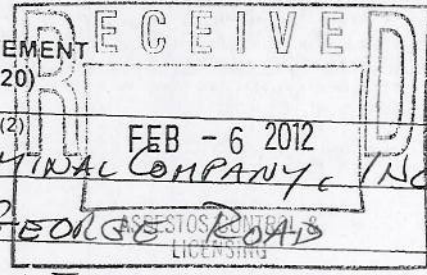
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>02 / 03 / 12</b>		Name of Building Owner/Operator (2) <b>Verizon</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1095 6<sup>th</sup> Avenue</b> City, State, Zip Code <b>New York, NY 10036</b> Name of Contact <b>Alex Baylor</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>204 West High Street</b>		Square Feet <b>10,000</b>							
City (5) <b>Bound Brook, NJ</b>		# of Floors <b>2</b>	Bldg. Age <b>50+</b>						
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>29717</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Moorestown, NJ</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Harold Balwin</b>		Telephone No. <b>856-840-8800</b>	Telephone No. <b>718-605-6256</b>						
License No. <b>00774</b>		Name of OSHA Monitor <b>Testor Tech</b>							
Start Date (10) <b>02 / 14 / 12</b>	Scheduled Completion Date (11) <b>02 / 20 / 12</b>	Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM							
Street Address <b>10 59 Jackson Avenue</b>		City, State, Zip Code <b>LIC, NY 11101</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 or $\geq 260$ 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 MER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	205 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	254 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Express Waste Services LLC</b>		NJDEP Waste Hauler ID No. <b>NJ-804</b>	Cubic Yards of Waste <b>7</b>	Name of Registered Landfill <b>Minerva Enterprises Inc</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>2/20/2012</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>[Signature]</i>		Date <b>2/3/12</b>			



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



Date of Notification (1) <b>FEB. 3, 2011</b>		Name of Building Owner/Operator (2) <b>FORDS TERMINAL COMPANY, INC.</b>							
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>950 KING GEORGE RD.</b> City, State, Zip Code <b>FORDS, NJ 08863</b>							
		Name of Contact <b>DAVID L. OLSEN</b> Telephone Number <b>08863</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>FORDS TERMINAL CO. INC.</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>950 KING GEORGE RD.</b>		Square Feet <b>5000</b>	# of Floors <b>1</b>						
City (5) <b>FORDS</b>		Bldg. Age <b>50+</b>							
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>OFFICE/WAREHOUSE</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS, INC.</b>	ASCM No.	Name of Abatement Contractor (9) <b>UNIPRO, INC.</b>							
Street Address <b>64 BROAD ST.</b>		Street Address <b>173 KARKUS AVE.</b>							
City, State, Zip Code <b>MATAWAN NJ 07747</b>		City, State, Zip Code <b>WOODBIDGE, NJ 07095</b>							
Project Manager for Monitoring Firm <b>THOMAS P. GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-726-3111</b>						
Start Date (10) <b>FEB 13, 2012</b>	Scheduled Completion Date (11) <b>FEB 17, 2012</b>		License No. <b>00615</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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>ENVIRO. TACTICS, INC.</b>							
		Street Address <b>64 BROAD ST.</b>							
		City, State, Zip Code <b>MATAWAN, NJ 07747</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 or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>OFFICE/WAREHOUSE BLDG BOILER ROOM</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>260 L.F.</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<input checked="" type="checkbox"/>	<b>THERMAL PIPE INS.</b>	<b>260 L.F.</b>	<input checked="" type="checkbox"/>			
				<b>THERMAL EXTERIOR</b>					
				<b>BOILER INS.</b>	<b>140 S.F.</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>NEWARK CARTING, INC.</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>GROW.S. INC.</b>					
City, State <b>NEWARK, NJ.</b>		Disposal Date <b>2-20-12</b>		City, State <b>MORRISVILLE, PA.</b>					
Completed by <b>DAVID T. TOLCHIN</b>		Title <b>PRES.</b>	Signature <b>David T. Tolchin</b>			Date <b>2.3.12</b>			



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

Check #6194

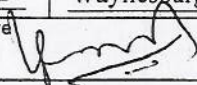
Date of Notification (1) <b>February 2, 2012</b>		Name of Building Owner / Operator (2) <b>TD Bank</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>53 South Laurel Street</b>  City, State & Zip Code <b>Bridgeton, NJ 08302</b>  Name of Contact	
		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>FEB - 6 2012</b>  ASBESTOS CONTROL &amp; LICENSING </div>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>TD Bank</b>		Type of Facility (4)	
Street Address <b>53 South Laurel Street</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, home, etc.)	
City (5) <b>Bridgeton</b>		Square Feet <b>10,000</b>	# of Floors <b>3</b>
County (6) <b>Cumberland</b>		Bldg. Age <b>50</b>	
County Code (7) <b>USE ONLY</b> _____		Current Use (Prior if being demolished) <b>Banking Facility</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EFI Global</b>		ASCM No.	
Street Address <b>187 Ballardvale Street, Ste A215</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Wilmington, MA 01887</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Sean Cassidy</b>		Telephone Number <b>978-688-3736</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>February 13, 2012</b>	Scheduled Completion Date (11) <b>March 3, 2012</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours  <input type="checkbox"/> Other -- Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥10 LF or ≥ 25 sf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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)
	Yes    No    N/A		
<b>Basement, 1<sup>st</sup> and 2<sup>nd</sup> Floors</b>		<b>Pipe Fitting Insulation</b>	<b>400 LF</b>
<b>HVAC Room 1 and Room 003</b>		<b>Asbestos-containing Dust</b>	<b>≤3 SF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>March 5, 2012</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>February 2, 2012</b>



2120

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

RECEIVED  
FEB 6 2012  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>02/03/2012</b>		Name of Building Owner/Operator (2) <b>Greek Development</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>33 Cotters Lane</b>	
		City, State, Zip Code <b>East Brunswick, NJ 08816</b>	
		Name of Contact <b>Matthew F. Schlindwein</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Former Wakefern Site</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>700 York St.</b>		Square Feet <b>100,000 SF</b>	# of Floors <b>0</b>
City (5) <b>Elizabeth, NJ</b>		Bldg. Age <b>60+</b>	
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Open Space</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>J &amp; S Environmental Services</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>
Street Address <b>2333 Rt 22 West</b>		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>	
City, State, Zip Code <b>Union NJ 07803</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>	
Project Manager for Monitoring Firm <b>Sherry Gelsomino</b>		Telephone No. <b>908 206-0073</b>	License No. <b>00693</b>
Start Date (10) <b>02/20/2012</b>	Scheduled Completion Date (11) <b>03/02/2012</b>	Name of OSHA Monitor <b>DIA General Construction, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>	
		City, State, Zip Code <b>Clifton, NJ 07012</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior			x
Name of Registered Waste Hauler <b>Horwith Truck, Inc.</b>		NJDEP Waste Hauler ID No. <b>16227</b>	Cubic Yards of Waste <b>700 CY</b>
City, State <b>Northampton, PA</b>		Name of Registered Landfill <b>Minerva Landfill</b>	
		Disposal Date <b>03/02/2012</b>	City, State <b>Waynesburg, OH 44688</b>
Completed By <b>Krutarth Jagad</b>	Title <b>Project Manager</b>	Signature 	Date <b>02/03/2012</b>

ASB41

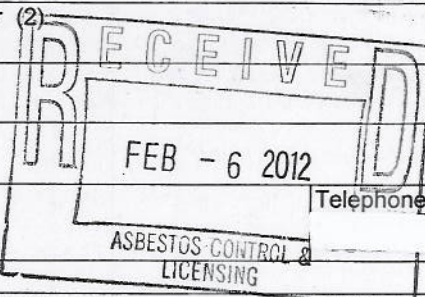
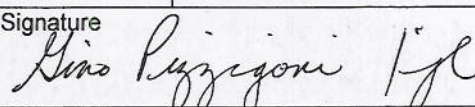
• Do not use this form for asbestos licensure exempted activities.



APPROVED: CINDY MITCHELL, NJ DOH

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

CL # 2219

Date of Notification (1) <b>1/31/12</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>							
Agencies Notified	Type Notification	Street Address <b>1490 Prospect Street</b>							
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Trenton, NJ 08638</b>							
		Name of Contact <b>Mr. Everett O. Collins</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Trenton Central HS</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>1001 West State Street</b>			Square Feet: <b>70,000</b> # of Floors: <b>3</b> Bldg. Age: <b>60+</b>						
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>				
Scheduled Start Date (10) <b>1/31/12</b>	Scheduled Completion Date (11) <b>2/1/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>4:00 PM to 1:30AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>						
			City, State & Zip Code <b>Bristol, PA 19007</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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	Enclose
<b>Boiler</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Boiler Insulation</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Bristol Environmental Inc</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>2/1/12</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature 		Date <b>1/31/12</b>				

GI 12023



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

NJDOH

CR # 2220

Date of Notification (1) <b>1/31/12</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1490 Prospect Street</b> City, State & Zip Code <b>Trenton, NJ 08638</b> Name of Contact <b>Mr. Everett O. Collins</b>	

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ASBESTOS CONTROL & LICENSING

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Hedgepath-William MS</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8* (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address <b>301 Gladstone Avenue</b>			Square Feet <b>70,000</b>
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	# of Floors <b>3</b>
			Bldg. Age <b>60+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>			Current Use (Prior if being demolished) <b>School</b>
Street Address <b>120 North Warren Street</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>
City, State & Zip Code <b>Trenton, NJ 08010</b>			Street Address <b>1123 Beaver Street</b>
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	City, State & Zip Code <b>Bristol, PA 19007</b>
Scheduled Start Date (10) <b>1/31/12</b>	Scheduled Completion Date (11) <b>2/1/12</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>4:00 PM to 1:30AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Street Address <b>1123 Beaver Street</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf ≥260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>5 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>Bristol Environmental Inc</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1/2 Cu Yd</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Bristol, PA</b>	Disposal Date <b>2/1/12</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>1/31/12</b>



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

*CR # 2218*

Date of Notification (1) <b>1/31/12</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="float: right; border: 2px solid black; padding: 5px; transform: rotate(-5deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="clear: both;"></div> Street Address <b>1490 Prospect Street</b> City, State & Zip Code <b>Trenton, NJ 08638</b> Name of Contact <b>Mr. Everett O. Collins</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Trenton Central HS West</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1001 West State Street</b>		Square Feet <b>70,000</b>	# of Floors <b>3</b>
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	Bldg. Age <b>60+</b>	
County Code (7)		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Trenton, NJ 08010</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>1/31/12</b>	Scheduled Completion Date (11) <b>2/3/12</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>4:00 PM to 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</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) 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)
RM A-20	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Nailcrete Stabilization	384 SF
RM A-24	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Nailcrete Stabilization	960 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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>BRISTOL ENVIRONMENTAL, INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>8 cu yd</b>	Name of Registered Landfill <b>GROWS NORTH LANDFILL</b>
City, State <b>BRISTOL, PA</b>	Disposal Date <b>2/3/12</b>	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>1/31/12</b>



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

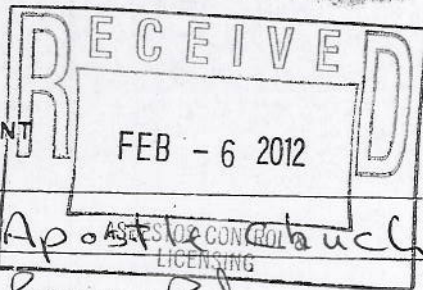
**RECEIVED**

Date of Notification (1) <b>2/2/12</b>		Name of Building Owner/Operator (2) <b>TENAFLY METHODIST CHURCH</b>							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	<b>34 WEST CLINTON AVE</b> <b>TENAFLY, NJ 07670</b>	<b>FEB - 6 2012</b> <b>ASBESTOS CONTROL &amp; REMEDIATION</b>						
		Name of Contact	Telephone Number						
		<b>REV. MITCHELL</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>TENAFLY METHODIST CHURCH</b>		Type of Facility (4)							
Street Address <b>34 WEST CLINTON AVE</b>		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>TENAFLY</b>		Square Feet <b>8000</b>	# of Floors <b>2</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>1935</b>							
County Code (7) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>CHURCH</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address <b>280 HUYLER ST</b>		Street Address <b>450 South River St</b>							
City, State, Zip Code <b>S. HACKENSACK, N.J. 07606</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm <b>GARY KILMER</b>		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>2/13/12</b>	Scheduled Completion Date (11) <b>2/14/12</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler St</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		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>BASEMENT</b>				<b>THERMAL INSULATION</b>	<b>2 LF</b>	<input checked="" type="checkbox"/>			
<b>CHURCH SANITARY</b>				<b>THERMAL SURFACING INSULATION</b>	<b>12 SF</b>				
Name of Registered Waste Hauler <b>GLOBAL WASTE SERVICES</b>		NJDEP Waste Hauler ID No. <b>22171</b>	Cubic Yards of Waste <b>1 1/2 CY</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES LLC</b>					
City, State <b>HACKETTSTOWN, NJ 07840</b>		Disposal Date <b>2/14/12</b>		City, State <b>WAYNESBORO, OH</b>					
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>			Date <b>2/2/12</b>		



10874


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



Date of Notification (1) 1/30/12		Name of Building Owner/Operator (2) St Philip the Apostle Church						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 488 Saddle River Rd City, State, Zip Code Saddle Brook NJ 07663 Name of Contact Father Park's 2a's Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) St Philip the Apostle 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 492 Saddle River Rd		Square Feet						
City (5) Saddle Brook NJ		# of Floors						
County (6) BERGEN		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision		ASCM No. 00075						
Street Address 20-21 Wagaraw Rd		Name of Abatement Contractor (9) F. Grisek & Son Inc						
City, State, Zip Code Fair Lawn NJ		Street Address 513 E 32nd St						
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Paterson, NJ						
Telephone No. 973-636-7145		Telephone No. 973-345-2222						
Start Date (10) 2-10-12		License No. #00021						
Scheduled Completion Date (11) 2-13-12		Name of OSHA Monitor Same						
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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Nurse Room Rm # 113		X		Pipe insulation	30 LF	X		
Hallway		X				X		
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill TRRF Landfill			
City, State Freehold NJ		Disposal Date		City, State Tullytown PA				
Completed by Frank Grisek		Title Res.		Signature 		Date 1/30/12		



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

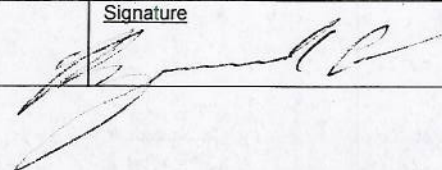
Date of Notification (1) <b>2 / 3 / 12</b>		Name of Building Owner/Operator (2) <b>BLACKPORT INVESTMENT GROUP</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>901 SE 17+L STREET, SUITE 206</b>							
		City, State, Zip Code <b>FT LAUDERDALE, FL 33316</b>							
		Name of Contact <b>MR WOOD</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>VACANT BUILDING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>109 SOUTH LINCOLN PLACE</b>		Square Feet <b>3000</b>	# of Floors <b>3</b>						
City (5) <b>ATLANTIC CITY, NEW JERSEY</b>		Bldg. Age <b>50</b>							
County (6) <b>ATLANTIC COUNTY</b>		County Code (7)(STATE USE ONLY) <b>VACANT</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ATC CONSTRUCTION LLC</b>							
Street Address		Street Address <b>6012 BROADWAY</b>							
City, State, Zip Code		City, State, Zip Code <b>WEST NEW YORK NJ 07093</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-293-2368</b>	License No. <b>01160</b>						
Start Date (10) <b>2 / 17 / 12</b>	Scheduled Completion Date (11) <b>3 / 9 / 12</b>	Name of OSHA Monitor <b>HILLMAMM CONSULTING, LLC</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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1600 ROUTE 22 EAST, SUITE 107</b>							
		City, State, Zip Code <b>UNION, NJ 07093</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
AREA 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOUR TILE/MASTIC	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AREA 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BASEMENT	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ROOF FLASTING	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>TRANSFORMATION</b>		NJDEP Waste Hauler ID No. <b>18952</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITIES</b>					
City, State <b>EGG HARBOR NJ 08215</b>			Disposal Date <b>3-6-12</b>	City, State <b>PLEASANTVILLE NJ 08232</b>					
Completed By (Print or Type) <b>LETICIA TORRES</b>		Title <b>LT</b>	Signature 			Date <b>02/02/12</b>			



# State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 251-12-01

Date of Notification (1) <b>February 1, 2012</b>		Name of Building Owner/Operator (2) <b>KEAN UNIVERSITY</b>	
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 type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	
Street Address <b>1000 MORRIS AVENUE</b>		City, State, Zip Code <b>UNION, NJ 07083</b>	
Name of Contact <b>MR. ADAM VARAVA</b>		Telephone Number <b>PROJECT ENGINEER</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>TECHNOLOGY BLDG.</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>MAIN CAMPUS - 1000 MORRIS AVENUE</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>40+ years</b>	
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	
Street Address <b>1253 NORTH CHURCH STREET</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>MOORESTOWN, NJ 008057</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>JIM GUILARDI</b>		Telephone Number <b>856-840-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>02/01/12</b>		Scheduled Completion Date (11) <b>02/02/12</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>3:00 PM - 5:00 AM</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>20-21 WARGARAW ROAD</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOM 122-A</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>FLOOR TILE</b>	
Amount (Specify SF or LF) <b>&lt;100 SF</b>		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>IESI - Bethlehem, PA</b> <b>G.R.O.W.S. Landfill</b> <b>Morrisville, PA</b>	
Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date <b>02/02/12</b>	
City, State <b>100 New Ford Mill Rd.</b> <b>Morrisville, Pa 19067</b> <b>215-736-1700</b>		Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	
Title <b>SENIOR PROJECT MANAGER</b>		Signature 	
Date <b>February 1, 2012</b>			

Copies To: KEAN, Attn: Adam Varava & TTI, Attn: Jim Guilardi



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

APPROVED  
NJ Dept. of Health & Senior Services  
*Paul C. Horner*  
(signature)  
Date: 2/1/12 Time: 11:55 AM

GAC Project # 251-12-01

Date of Notification (1) <b>February 1, 2012</b>		Name of Building Owner/Operator (2) <b>KEAN UNIVERSITY</b>		Date: <u>2/1/12</u> Time: <u>11:55 AM</u>	
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 type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL SAFETY &amp; HEALTH</b> <b>1000 MORRIS AVENUE</b> City, State, Zip Code <b>UNION, NJ 07083</b>	
		Name of Contact <b>MR. ADAM VARAVA</b>		Telephone Number	
		<b>PROJECT ENGINEER</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>TECHNOLOGY BLDG.</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>MAIN CAMPUS - 1000 MORRIS AVENUE</b>			Sq. Feet: <u>N/A</u> # of Floors: <u>1</u> Bldg. Age: <u>40+</u> years		
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>1253 NORTH CHURCH STREET</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>MOORESTOWN, NJ 008057</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>JIM GUILARDI</b>		Telephone Number <b>856-840-8800</b> Fax <b>856-840-8815</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>02/01/12</b>		Scheduled Completion Date (11) <b>02/02/12</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <b>[X] Other - Describe: 3:00 PM - 5:00 AM</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Source of Work (Check all that apply)					
<input checked="" type="checkbox"/> > 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Endose	
<b>ROOM 122-A</b>	<input checked="" type="checkbox"/>	<b>FLOOR TILE</b>	<b>&lt;100 SF</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste <b>5 CY</b>	Name of Registered Landfill <b>IESI - Bethlehem, PA</b> <b>G.R.O.W.S. Landfill</b> <b>Morrisville, PA</b>	
Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc. Newark, NJ 04509 NJ DEP # 4509			Disposal Date <b>02/02/12</b>	City, State <b>100 New Ford Mill Rd.</b> <b>Morrisville, Pa 19067</b> <b>215-735-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>[Signature]</i>	Date <b>February 1, 2012</b>	

Copies To: KEAN, Attn: Adam Varava & TTI, Attn: Jim Guilardi



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

Check # 1290

Date of Notification (1)

02/01/2012

Name of Building Owner/Operator (2)

Hodges Claire

Street Address

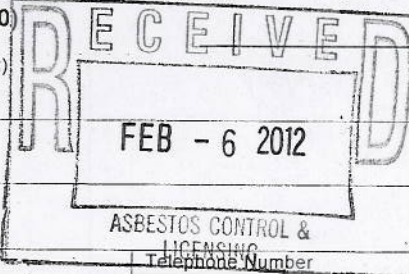
18 S. Talmadge Street

City, State, Zip Code

New Brunswick, NJ 08901

Name of Contact

Ramon Alayon



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

18 S. Talmadge Street

City (5)

New Brunswick, NJ 08901

County (6)

Middlesex

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)

Street Address

Gr Tech LLC

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.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

02/11/2012

02/12/2012

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)

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

Basement

Pipe insulation

40 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

ASB-41

Owner

02/01/2012

\* 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)

Date of Notification (1) January 27, 2012		Name of Building Owner/Operator (2) Celi Dragich		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED  FEB - 6 2012  ASBESTOS  LI </div>					
Agencies Notified	Type Notification	Street Address 87 Highland Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Metuchen, N.J. 08840							
		Name of Contact Celi Dragich		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 87 Highland Ave.				<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) Metuchen				Square Feet 2500	# of Floors 3				
County (6) Middlesex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 55				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc.				ASCM No. _____	Name of Abatement Contractor (9) Graham-Tech Environmental Services LLC.				
Street Address 204 E. Germantown Pike				Street Address 14 Read Drive					
City, State, Zip Code Norriton, P.A. 19401				City, State, Zip Code Sicklerville, N.J. 08081					
Project Manager for Monitoring Firm Raymond J. Giordano				Telephone No. (856)229-5369	License No. 01158				
Start Date (10) February 10, 2012		Scheduled Completion Date (11) February 13, 2012		Name of OSHA Monitor Graham-Tech Environmental Services					
Occupancy Status During Abatement (Check Only One)				Street Address 14 Read Drive					
<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 Sicklerville, N.J. 08081					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Only		X		Pipe Insulation	150-LF	X			
Name of Registered Waste Hauler American Disposal Systems		NJDEP Waste Hauler ID No. SW2069		Cubic Yards of Waste	Name of Registered Landfill JP Mascaro - Pioneer Crossing				
City, State PO Box 348, Lumberton, N.J. 08048				Disposal Date	City, State 727 Red Lane Rd, Birdsboro, P.A.				
Completed by Willis Graham		Title Owner		Signature		Date			




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

4178

Date of Notification (1) <b>February 01, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>FEB - 6 2012</b> </div>	
Agencies Notified	Type Notification	Street Address			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1000 / 1001 Route 202, PO Box 300</b> City, State, Zip Code <b>Raritan, NJ 08869</b> Name of Contact <b>Project Manager</b>			
		Telephone Number			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)	
Street Address <b>1000 / 1001 Route 202</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Raritan, NJ</b>		Square Feet	# of Floors <b>3</b>
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		ASCM No.	
Street Address <b>12 Kilmer Drive</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	License No. <b>00781</b>
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>2/10/12</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<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 <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply)			
<input checked="" 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/10/12</b>		City, State <b>Imperial, PA 15126</b>	
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 		Date <b>2/1/12</b>



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

Date of Notification (1) 01/31/12		Name of Building Owner/Operator (2) <b>David Shapiro</b>	
Agency Notified EPA X DEP X DOL X DOH DCA	Type Notification xx Initial Amended Amended # Emergency (including Justification) Cancellation	Street Addresses 275 Passaic Ave.	
		City, State, Zip Passaic, NJ, 07055	
		Name of Contact <b>David Shapiro</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) School (K-12)	
Street Addresses 275 Passaic Ave.,		Subchapter 8 (Other than (K-12) x Other (i.e. private & commercial Buildings,	
City(5) Passaic NJ		Square Feet	# of Floors Bldg. Age
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)- J&S Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Pezo Inc
Street Address 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Sherry	Telephone No. 908-206-0073	Telephone No. 973-628-7829	License No 01141
Start Date (10) 02/21/12	Scheduled Completion Data (11) 02/22/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours x Other -Describe		Street Address 2333 Route 22 West	
		City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply)			
<div style="display: flex; justify-content: space-between;"> <div>             &gt; 3 sf or &gt; 3 lf              x &gt; 160 sf or &gt; 260 lf </div> <div>             X Renovation              Demolition </div> <div>             XX Full Containment with Negative Pressure              Mini-Enclosure              Glovebag Procedure              Non-Exempted (*) and Non-Friable procedure </div> </div>			
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Basement area	x	Pipe Insulation	Approx. 80 LF
Name of registered Waste Hauler Pezo Inc.	NJDEP Waste Huler CS 6224	Cubic Yards of Waste	Name of Registered Landfield Waste Management of Pennsylvania
City, State Lincoln Park, NJ 07035		Disposal Date	City, State Morrisville Pennsylvania
Completed by Ike Pezic	Title President	Signature <i>[Signature]</i>	Date 01/31/12

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# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>January 30, 2012</b>		Name of Building Owner/Operator (2) <b>Mattia Building Contracting</b>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">FEB - 6 2012</div>
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>1702 A Grand Central Avenue</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Lavallette, NJ 08735</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Sal Mattia</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>253 Harbor Drive</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City <b>Ocean Beach II</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1000sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
City, State, Zip Code			Street Address <b>1889 Route 9, Unit 61</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Telephone Number			Telephone Number <b>732-349-9932</b>		
Scheduled Start Date (10) <b>2/10/12</b>			License Number <b>00624</b>		
Scheduled Completion Date (11) <b>2/13/12</b>			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
Occupancy Status During Abatement (Check only one)			Street Address <b>1056 Stelton Road</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input 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 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)  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			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			


Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>2/14/12</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>1/30/2012</b>

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



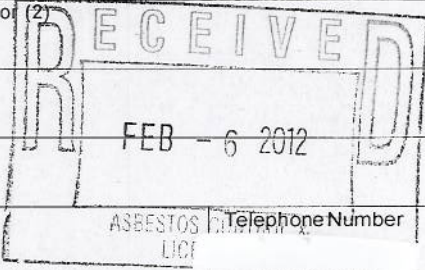

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

4205

Date of Notification (1) <b>February 01, 2012</b>		Name of Building Owner/Operator (2) <b>Donnelly Construction</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>FEB - 6 2012</b>   ASBESTOS CONTROL &amp;  LICENSING  Telephone Number </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>557 Route 23 South</b> City, State, Zip Code <b>Wayne, NJ 07470</b> Name of Contact <b>Shahzad Khan</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Baltusrol Golf Club</b>				Type of Facility (4)					
Street Address <b>201 Shunpike Rd</b>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Springfield, NJ</b>				Square Feet	Bldg. Age				
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>golf club</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>					
Start Date (10) <b>1/3/12</b>	Scheduled Completion Date (11) <b>3/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)			Street Address <b>1500 Kings HWY N, STE 209</b>						
<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 <b>Cherry Hill, NJ 08034</b>						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	transite	6900 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	contaminated fiberglass insulation	5250 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe	600 l/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe	45 l/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold / American Waste</b>		NJ DEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>128</b>	Name of Registered Landfill <b>GROWS / Minerva Enterprises</b>					
City, State <b>Freehold, NJ / Warren OH</b>		Disposal Date <b>3/31/12</b>		City, State <b>Morrisville, PA / Waynesburg, OH</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>2/1/12</b>					



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

Date of Notification (1) <b>January 24, 2012</b>		Name of Building Owner/Operator (2) <b>Donnelly Construction</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>557 Route 23 South</b> City, State, Zip Code <b>Wayne, NJ 07470</b>							
		Name of Contact <b>Shahzad Khan</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Baltusrol Golf Club</b>				Type of Facility (4)					
Street Address <b>201 Shunpike Rd</b>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Springfield, NJ</b>				Square Feet	Bldg. Age				
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>golf club</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASC No. <b>0021</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>					
Street Address <b>907 Doolittle Drive</b>		City, State, Zip Code <b>Bridgewater, NJ 08807</b>		Street Address <b>1500 Kings HWY N, STE 209</b>					
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>				
Start Date (10) <b>1/3/12</b>		Scheduled Completion Date (11) <b>2/29/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>					
Occupancy Status During Abatement (Check Only One)				Street Address <b>1500 Kings HWY N, STE 209</b>					
<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 <b>Cherry Hill, NJ 08034</b>					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attic</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>transite</b>	<b>6900 s/f</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>-"</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>contaminated fiberglass insulation</b>	<b>5250 s/f</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>-"</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>pipe</b>	<b>600 l/f</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3rd floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>pipe</b>	<b>45 l/f</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold / American Waste</b>		NJ DEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>128</b>	Name of Registered Landfill <b>GROWS / Minerva Enterprises</b>				
City, State <b>Freehold, NJ / Warren OH</b>		Disposal Date <b>2/29/12</b>		City, State <b>Morrisville, PA / Waynesburg, OH</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 			Date <b>1/24/12</b>		



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

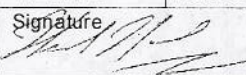
4166

Date of Notification (1) <b>December 15, 2011</b>		Name of Building Owner/Operator (2) <b>Donnelly Construction</b>	
Agencies Notified	Type Notification	Street Address <b>557 Route 23 South</b>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Wayne, NJ 07470</b>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>Shahzad Khan</b>	

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Baltusrol Golf Club</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>201 Shunpike Rd</b>		Square Feet	# of Floors
City (5) <b>Somerset, NJ</b>		Bldg. Age	
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>golf club</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>
Start Date (10) <b>1/3/12</b>	Scheduled Completion Date (11) <b>1/24/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>1500 Kings HWY N, STE 209</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input checked="" type="checkbox"/>			transite	6900 s/f	<input checked="" type="checkbox"/>			
"-	<input checked="" type="checkbox"/>			contaminated fiberglass insulation	5250 s/f	<input checked="" type="checkbox"/>			
"-	<input checked="" type="checkbox"/>			pipe	600 l/f	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		pipe	45 l/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Freehold / American Waste</b>		NJ DEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>128</b>	Name of Registered Landfill <b>GROWS / Minerva Enterprises</b>	
City, State <b>Freehold, NJ / Warren OH</b>		Disposal Date <b>1/24/12</b>		City, State <b>Morrisville, PA / Waynesburg, OH</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>12/15/11</b>	