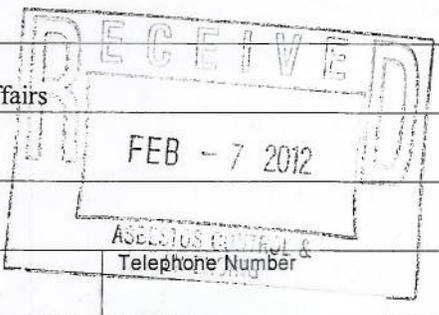


2953

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



Date of Notification (1) 2/3/2012		Name of Building Owner/Operator (2) NJ Dept. of Military and Veterans Affairs	
Agency Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	101 Eggert's Crossing Road	
		City, State, Zip Code Lawrenceville, NJ	
		Name of Contact Mark Ramos	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) West Orange National Guard Armory		Type of Facility (4)	
Street Address 1315 Pleasant Valley Way		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) West Orange, NJ 07052		Square Feet 100,000+	# of Floors 1
County (6) Essex		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) RICI CORP	
Street Address 116 Tices Lane, Unit B-1		Street Address 41 LIBERTY STREET		
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code PASSAIC, NJ 07055		
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. 732-390-5858	Telephone No. 973-614-1266	License No. 00838	

Start Date (10) 02/21/2012	Scheduled Completion Date (1 1) 03/02/2012	Name of OSHA Monitor RICI CORP		
Occupancy Status During Abatement (Check only one)		Street Address 41 LIBERTY STREET		
<input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		City, State, Zip Code PASSAIC, NJ 07055		

Scope of Work (Check all that apply)

~: 3 sf or ~: 3 lf  
 ~: 1 60 sf or ~: 260 lf

Renovation  
 Demolition

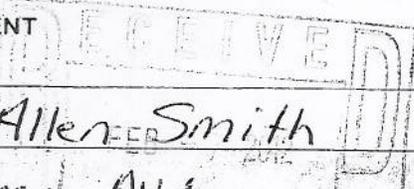
Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovelbag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor bathroom		x		Pipe Insulation including elbows & joints	100 LF	x			
2nd floor bathroom		x		Wall and Ceiling plaster	2,300 SF	x			

Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL	
City, State PASSAIC, NJ		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by RISTO TRAJKOV	Title PRESIDENT	Signature <i>[Signature]</i>			Date 2/3/2012

8108

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



Date of Notification (1) <b>2-4-12</b>		Name of Building Owner/Operator (2) <b>Allen Smith</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>3 Trimmer Ave</b>
	City, State, Zip Code <b>Titusville NJ 08560</b>		Name of Contact <b>Allen Smith</b>
			Telephone Number 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input 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>3 Trimmer Ave</b>		Square Feet	# of Floors <b>2</b>
City (5) <b>Titusville NJ 08560</b>		Bldg. Age <b>80 +</b>	
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies, Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>	Telephone No. <b>609 758-3365</b>	Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>

Start Date (10) <b>2-15-12</b>	Scheduled Completion Date (11) <b>2-15-12</b>	Name of OSHA Monitor <b>EPC Technologies 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>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</b>	

Scope of Work (Check all that apply)

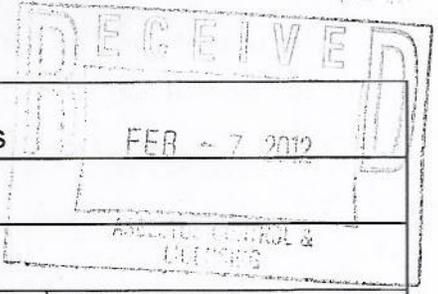
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

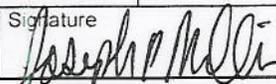
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe Insulation	36 LF	X			

Name of Registered Waste Hauler <b>EPC Technologies</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>&lt; 1</b>	Name of Registered Landfill <b>Waste Management</b>
City, State <b>NE NJ</b>	Disposal Date <b>2-16-12</b>	City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>2-4-12</b>

12488

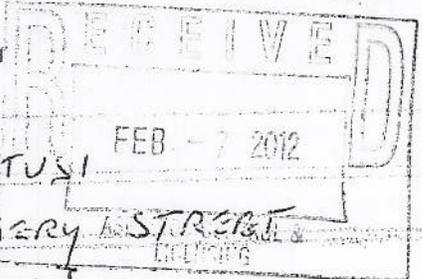
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>2</u> / <u>3</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Beachside Manor Apartments</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>661 Ocean Boulevard</b>							
		City, State, Zip Code <b>Long Branch, NJ 07740</b>							
		Name of Contact <b>Rae</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residences</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>apt. 39/40 661 Ocean Boulevard</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Long Branch</b>		Bldg. Age <b>50 yrs</b>							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>apartment residences</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>n/a</b>	ASCM No.	Name of Abatement Contractor (9) <b>Finishing Touch Asbestos Abatement Corp.</b>							
Street Address		Street Address <b>17 Thompson Street</b>							
City, State, Zip Code		City, State, Zip Code <b>West Long Branch, NJ 07764</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-222-8372</b>	License No. <b>00040</b>						
Start Date (10) <u>2</u> / <u>13</u> / <u>12</u>	Scheduled Completion Date (11) <u>2</u> / <u>15</u> / <u>12</u>	Name of OSHA Monitor <b>n/a</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ 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 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 crawlspace</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>TSI</b>	<b>120 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Finishing Touch Asbestos</b>	NJDEP Waste Hauler ID No. <b>12058</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS Landfill North</b>						
City, State <b>Oceanport, NJ 07757</b>		Disposal Date <b>2/17/12</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Joseph P. Miller</b>	Title <b>President</b>	Signature 	Date <b>2-3-12</b>						

CK # 1345

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



Date of Notification (1) <b>2-31-12</b>		Name of Building Owner/Operator (2) <b>BLANCHE VETUSI</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>28 MONTGOMERY STREET</b>	City, State, Zip Code <b>PISCATAWAY N.J.</b>
	Name of Contact <b>Blanche</b>		Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>BLANCHE VETUSI</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>28 MONTGOMERY ST</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>
City (5) <b>PISCATAWAY</b>		Bldg. Age <b>75</b>	Current Use (if being demolished) <b>HOUSE</b>
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>	
Street Address		Street Address <b>95 MONTROSE RD</b>	
City, State, Zip Code		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-294-1757</b>	License No. <b>00029</b>

Start Date (10) <b>2-14-12</b>	Scheduled Completion Date (11) <b>2-18-12</b>	Name of OSHA Monitor <b>ACE INSULATION CO INC</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM-7PM</b>		Street Address <b>95 MONTROSE RD</b>
		City, State, Zip Code <b>COLTS NECK NJ 07722</b>

Scope of Work (Check all that apply)

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

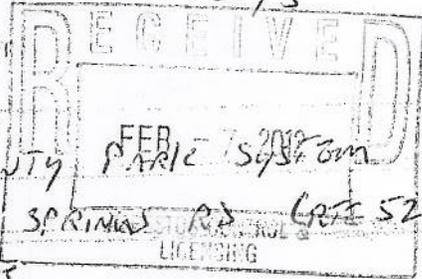
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVE	REPAIR	ENCLOSURE	ENCLOSURE
<b>BASMENT</b>				<b>FLOOR TILE</b>	<b>140 SF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>ACE INSULATION CO</b>	NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>COLTS NECK N.J. 07722</b>	Disposal Date <b>2-18-12</b>	City, State <b>TULLYTOWN PA</b>	
Completed By <b>JACK GRALL</b>	Title <b>OPS MGR</b>	Signature <i>Jack Grall</i>	Date <b>1-31-12</b>

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

CKH  
1345

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:27 and 17:28)



Date of Notification (1) **1-31-12**

Name of Building Owner/Operator (2) **Monmouth County**

Street Address **805 NEW MAN SPRINGS RD (OFF 520)**

City, State, Zip Code **LINCOLN NJ**

Name of Contact **John Eismann**

Telephone Number

Agenecies Notified:  EPA,  DEP,  DOI,  DOH,  DCA

Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Mon Co Park System SUNNY SIDE FARM**

Street Address **600 MIDDLETOWN LINCOLN RD**

City (5) **MIDDLETOWN**

County (6) **MONMOUTH**

County Code (7) (STATE USE ONLY)

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

Square Feet **3000** | # of Floors **2** | Bldg. Age **90**

Current Use (If prior it being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Name of Abatement Contractor (9) **ACE INSULATION Co Inc**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757** | License No. **00029**

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) **2-13-12** | Scheduled Completion Date (11) **2-18-12**

Name of OSHA Monitor **ACE INSULATION Co Inc**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Occupancy Status During Abatement (Check only one):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: **7 AM - 7 PM**

Scope of Work (Check all that apply)

$\geq 3$  sf or  $\geq 3$  lf,   $\geq 160$  sf or  $\geq 260$  lf

Renovation,  Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems; insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			2010	2011	2012	2013
<b>1st Floor</b>				<b>PIPE COVERING (WRAP + CUT)</b>	<b>9 LF</b>				<input checked="" type="checkbox"/>

Name of Registered Waste Hauler **ACE INSULATION Co**

MDHP Waste Hauler ID No. **12086**

Cubic Yards of Waste **3.8 cu**

Name of Registered Landfill **ICESI**

City, State **COLTS NECK NJ 07722**

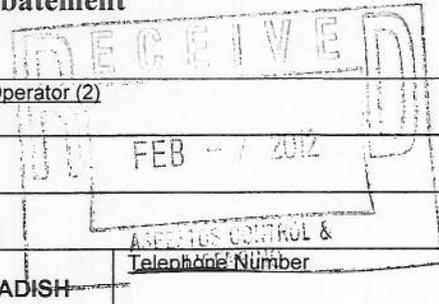
Disposal Date **2-18-12**

City, State **REHLEMAN PA**

Completed By **John GALL** | Title **OPS MGR** | Signature **John GALL** | Date **2-31-12**

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

GAC Project # 2012-310

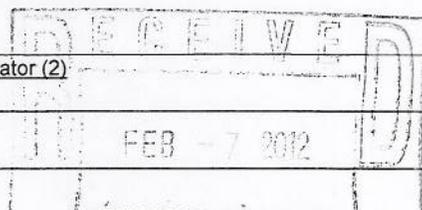


Date of Notification (1) <b>February 3, 2012</b>		Name of Building Owner/Operator (2) <b>CITY OF NEWARK</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>420 CITY HALL</b>		City, State, Zip Code <b>NEWARK, NJ 07102</b>	
Name of Contact <b>MR. MEDHI MOHAMMADISH</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CHESTNUT STREET FIREHOUSE</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.) - NOT SUB 8, Exterior Non-Friable Asbestos Caulking & Roof Flashing	
Street Address <b>87 - 89 ELM ROAD</b>		Sq. Feet: <b>15,000SF</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>FIREHOUSE</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>BRIGGS ASSOCIATES, INC.</b>		ASCM No. <b>0004</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 CROSSWICKS STREET</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BORDENTOWN, NJ 08055</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>MR. MIKE HOODAK</b>		Telephone Number <b>609-298-5520</b>	Telephone Number <b>973-492-0477</b>
License Number <b>00840</b>		Scheduled Start Date (10) <b>03/19/12</b>	
Scheduled Completion Date (11) <b>05/31/12</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>NOT SUB 8 - Non-Friable Exterior Asbestos Caulking &amp; Roof Flashing</b>		Street Address <b>20-21 WARGARAW ROAD</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 $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
THROUGHOUT	<input checked="" type="checkbox"/>	CAULKING ASSOC. WITH WINDOW OPENINGS	48 EA
THROUGHOUT	<input checked="" type="checkbox"/>	CAULKING ASSOC. WITH DOOR OPENINGS	7 EA
MAIN & TOWER ROOFS	<input checked="" type="checkbox"/>	ROOF FLASHING	400 SF
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>10 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>		Disposal Date <b>05/31/2012</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>February 3, 2012</b>

Copies To: Bismark Inc., Attn: Mr. John Drobish and Briggs, Attn: Mr. Mike Hoodak

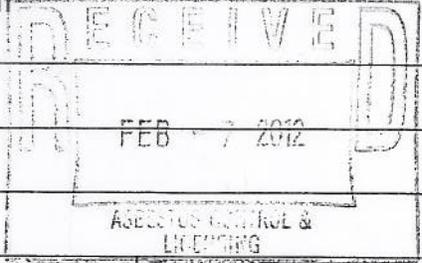
**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2012-310



Date of Notification (1) <b>February 3, 2012</b>		Name of Building Owner/Operator (2) <b>CITY OF NEWARK</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>420 CITY HALL</b>		City, State, Zip Code <b>NEWARK, NJ 07102</b>	
Name of Contact <b>MR. MEDHI MOHAMMADISH</b>		Telephone Number <b>---</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CHESTNUT STREET FIREHOUSE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>87 - 89 ELM ROAD</b>		Sq. Feet: <b>15,000SF</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>FIREHOUSE</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>BRIGGS ASSOCIATES, INC.</b>		ASCM No. <b>0004</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 CROSWICKS ROAD</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BORDENTOWN, NJ 08055</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>MR. MIKE HOODAK</b>	Telephone Number <b>609-298-5520</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>02/21/12</b>	Scheduled Completion Date (11) <b>04/30/12</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>SUB 8 UNOCCUPIED</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</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 $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF <input checked="" type="checkbox"/>
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF <input checked="" type="checkbox"/>
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF <input checked="" type="checkbox"/>
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA <input checked="" type="checkbox"/>
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF <input checked="" type="checkbox"/>
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF <input checked="" type="checkbox"/>
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF <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>200 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>04/30/2012</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>February 3, 2012</b>

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



Date of Notification (1) 02/02/12		Name of Building Owner/Operator (2) Beacon Redevelopment LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Beacon Way, Suite 16	
		City, State, Zip Code Jersey City, NJ 07304	
		Name of Contact Joe Nanfredonia, P.M.	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Paramount Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Baldwin Avenue		Square Feet 230,000	# of Floors 23
City (5) Jersey City		Bldg. Age 50+	
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Abatement Contractor (9) Pyramid Contracting Corp.
Street Address 655 West Shore Trail		Street Address 163 Sargeant Avenue	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm Mr. William S. Kerbel		Telephone No. 973-729-5649	Telephone No. 973-689-6281
		License No. 01099	
Start Date (10) 02/13/12	Scheduled Completion Date (11) 09/07/12	Name of OSHA Monitor J&S Environmental Laboratories LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07081	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
20 1/2 Floor, Mechanical Room		x		Pipe Insulation including Elbows	60 LF	x			
20th Floor, Mechanical Room		x		Pipe Insulation including Elbows	200 LF	x			
20th Floor		x		Pipe Insulation including Elbows	100 LF	x			
Continued On Next 2 Pages									

Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania	
Completed by Dimo Golcev	Title General Manger	Signature 		Date 02/02/12	

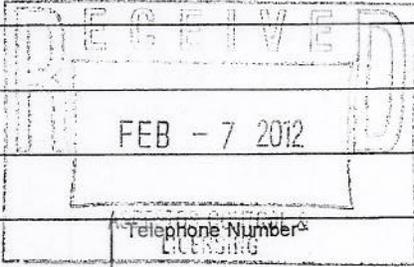
**State of New Jersey  
Notification of Asbestos Abatement  
Continuation Sheet**

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
20th Floor		X		Window Caulking	500 LF	X			
20th Floor		X		Ceiling Plaster	1,700 SF	X			
19th Floor		X		Window Caulking	600 LF	X			
19th Floor		X		Ceiling Plaster	1,085 SF	X			
19th Floor		X		Pipe Insulation including Elbows	650 LF	X			
17th Floor		X		Window Caulking	820 LF	X			
17th Floor		X		Ceiling Plaster	1,300 SF	X			
17th Floor		X		Pipe Insulation including Elbows	2,450 LF	X			
16th Floor		X		Window Caulking	820 LF	X			
16th Floor		X		Ceiling Plaster	1,300 SF	X			
16th Floor		X		Pipe Insulation including Elbows	2,850 LF	X			
15th Floor		X		Window Caulking	820 LF	X			
15th Floor		X		Ceiling Plaster	920 SF	X			
15th Floor		X		Pipe Insulation including Elbows	1,318 LF	X			
14th Floor		X		Window Caulking	820 LF	X			
14th Floor		X		Ceiling Plaster	1,300 SF	X			
14th Floor		X		Pipe Insulation including Elbows	2,450 LF	X			
13th Floor		X		Window Caulking	820 LF	X			
13th Floor		X		Ceiling Plaster	1,300 SF	X			
13th Floor		X		Pipe Insulation including Elbows	2,850 LF	X			
12th Floor		X		Window Caulking	820 LF	X			
12th Floor		X		Ceiling Plaster	1,300 SF	X			
12th Floor		X		Pipe Insulation including Elbows	2,850 LF	X			
11th Floor		X		Window Caulking	820 LF	X			
11th Floor		X		Ceiling Plaster	1,300 SF	X			
11th Floor		X		Pipe Insulation including Elbows	2,850 LF	X			
10th Floor		X		Window Caulking	820 LF	X			
10th Floor		X		Pipe Insulation including Elbows	2,450 LF	X			
9th Floor		X		Window Caulking	820 LF	X			
9th Floor		X		Ceiling Plaster	1,300 SF	X			
9th Floor		X		Pipe Insulation including Elbows	2,450 LF	X			
8th Floor		X		Window Caulking	820 LF	X			
8th Floor		X		Ceiling Plaster	1,300 SF	X			
8th Floor		X		Pipe Insulation including Elbows	3,150 LF	X			
7th Floor		X		Window Caulking	820 LF	X			
7th Floor		X		Ceiling Plaster	1,300 SF	X			
7th Floor		X		Pipe Insulation including Elbows	3,150 LF	X			
6th Floor		X		Window Caulking	820 LF	X			
6th Floor		X		Ceiling Plaster	1,300 SF	X			
6th Floor		X		Pipe Insulation including Elbows	3,150 LF	X			



1135

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



Date of Notification (1) Feb. 3, 2012		Name of Building Owner/Operator (2) Mr. Kessler	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1490 Good Intent Road	
		City, State, Zip Code Deptford, NJ 08096	
		Name of Contact Mr. Kessler	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1490 Good Intent Road		Square Feet 1225	# of Floors 2
City (5) Deptford		Bldg. Age 50	
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8) none		ASCM No. na	Name of Abatement Contractor (9) Academy Construction, Inc
Street Address		Street Address 205 Rt 46 West Suite 14	
City, State, Zip Code		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm na		Telephone No. 973-832-4244	License No.
Start Date (10) Feb. 17, 2012	Scheduled Completion Date (11) Feb. 21, 2012	Name of OSHA Monitor none	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
1st floor area			x	Floor Tile	125	x			

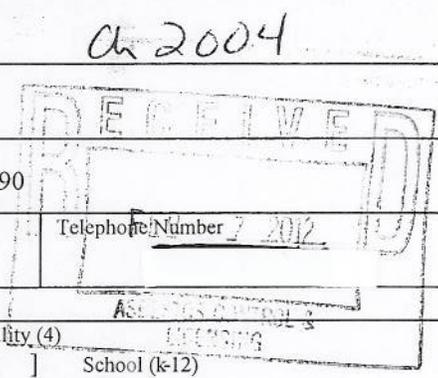
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 4	Name of Registered Landfill Cumberland County	
City, State Newark, New Jersey			Disposal Date 2/21/2012	City, State Newburg, PA	
Completed by Frank Marino		Title Project Manager	Signature		Date 2/03/20012

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

# NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) <b>February 1, 2012</b>		Name of Building Owner/Operator (2) <b>Paul Bachman</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>527 Clark Street</b>	
		City, State, Zip Code <b>Westfield, NJ 07090</b>	
		Name of Contact <b>Fred Kimak</b>	Telephone Number <b>7 2012</b>



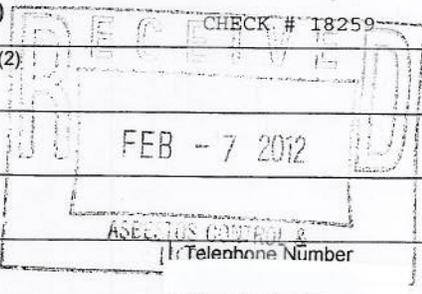
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>820 Ramapo Way</b>			Square feet <b>5000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
City <b>Westfield</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Boiler Room</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code <b>Toms River, NJ 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone Number <b>7321-349-9932</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>		
Scheduled Start Date (10) <b>2/14/12</b>	Scheduled Completion Date (11) <b>2/16/12</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</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 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			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	
Boiler Room		X		Asbestos pipe insulation	50 lf	X				
Boiler room		X		Duct insulation	10 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>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>						
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>2/17/12</b>	City, State <b>Tullytown, Pennsylvania</b>							
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>					Date <b>2/1/2012</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)



CHECK # 18259

Date of Notification (1) 2/3/2012		Name of Building Owner/Operator (2) River Produce	
Agencies Notified	Type Notification	Street Address 205 Jackson Street	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Tom Bauer	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 205 Jackson Street		Type of Facility (4)		
Street Address 205 Jackson Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Englewood		Square Feet 1,000	# of Floors 0	Bldg. Age N/A
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 00104	Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address 655 West Shore Trail		Street Address 200 Broad Street		
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072		
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-610-2634	Telephone No. 201-939-6565	License No. 00756

Start Date (10) 2-14-2012	Scheduled Completion Date (11) 2-17-2012	Name of OSHA Monitor Even-Air Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Garage Area not accessible</u>		City, State, Zip Code Long Island City, NY 11101		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
1st Floor, Garage	X			Tank Insulation	140SF	X			

Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688	

Completed by John Tancredi	Title Project Manager	Signature 	Date 2-3-2012
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

Check # 1269

Emergency Notification

Date of Notification (1)

Name of Building Owner/Operator (2)

02/03/2012

Craig Kearney

Agency Notified

Type Notification

EPA  
 DEP  
 DCL

Initial  
 Amended  
 Amendment #  
 Emergency (including justification)  
 Cancellation

Street Address

178 Devon Street

City, State, Zip Code

Keamy, NJ 07032

Name of Contact

John Kearney

FEB - 7 2012

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

178 Devon Street

City (5)

Keamy, NJ 07032

County (6)

Hudson

Type of Facility (4)

- School (K-12)  
 Subchapter 6 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Hudson

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(s)

Envirovision Consultants, Inc

ASC No.

00079

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Project Manager for Monitoring Firm

Guillermo Morales

Telephone No.

973-636-9145

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

02/04/2012

Scheduled Completion Date (11)

02/06/2012

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  
 >150 sf or >200 lf

- Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate/Enclosure
Entering foyer-first floor			X	Pipe insulation	20 LF	X		
Basement			X	Pipe insulation	50 LF	X		
Basement			X	Clean up & decontamination	500 SF			

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N. Jovtic

ASB-11

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Deposal Date

Signature

*John Kearney*

Date

02/03/2012

APPROVED  
 N.J. Dept. of Health & Senior Services  
 (signature)  
 Date: 2/2/12 Time: 2:10

Print Form

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

RECEIVED  
 FEB - 7 2012  
 ASBESTOS

Date of Notification (1)  
 02/02/12 CK#1795 \$200

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

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

Name of Building Owner/Operator (2)  
 Elizabeth Public Schools

Street Address  
 500 N. Broad Street

City, State, Zip Code  
 Elizabeth, New Jersey 07207

Name of Contact  
 Pablo Munoz

Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
 Nicholas Murray Butler School #23

Street Address  
 801 Union Avenue

City (5)  
 Elizabeth, New Jersey 07207

County (6)  
 Essex

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
 10,000

# of Floors  
 2

Bldg. Age  
 55+

Current Use (Prior if being demolished)  
 School

Name of Monitoring Firm Hired by Building Owner (8)  
 Detail Associates

ASCM No.

Name of Abatement Contractor (9)  
 Lulich Corporation

Street Address  
 606 McBride Avenue

City, State, Zip Code  
 Woodland Park, New Jersey 07424

Telephone No.  
 201-569-6708

Telephone No.  
 973-225-8400

License No.  
 01104

Project Manager for Monitoring Firm  
 Anthony Valentine

Start Date (10)  
 02/03/12

Scheduled Completion Date (11)  
 02/05/12

Name of OSHA Monitor  
 J&S Environmental Labs

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: 5PM-Start

Street Address  
 2333 Route 22 West

City, State, Zip Code  
 Union, New Jersey 07083

Scope of Work (Check All That Apply)  
 ≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		O&M Pipe Insulation	5 LF	X			

Name of Registered Waste Hauler  
 Lulich Corporation

NJDEP Waste Hauler ID No.  
 18724

Cubic Yards of Waste  
 1/2

Name of Registered Landfill  
 G.R.O.W.S Landfill

City, State  
 Woodland Park, New Jersey 07424

Disposal Date  
 02/06/12

City, State  
 Morrisville, Pennsylvania

Completed by  
 Tatiana Kalenikova

Title  
 Vice President

Signature  
 Tatiana Kalenikova

Date  
 02/02/12

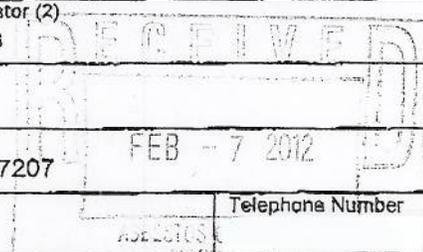
NJ Dept. of Health & Senior Services

Print Form

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:80 and 12:120)

(signature)  
 Date: 2/2/12 Time: 9:10

Date of Notification (1) 02/02/12 CK#1799 \$200		Name of Building Owner/Operator (2) Elizabeth Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 N. Broad Street	
	City, State, Zip Code Elizabeth, New Jersey 07207		Telephone Number
	Name of Contact Pablo Munoz		



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Elmora School # 12		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 638 Magie Avenue		Square Feet 10,000	# of Floors 2
City (5) Elizabeth, New Jersey 07207		Bldg. Age 55+	
County (8) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue	
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400
Start Date (10) 02/04/12		Scheduled Completion Date (11) 02/06/12	License No. 01104
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>9AM</u>		Name of OSHA Monitor J&S Environmental Labs	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

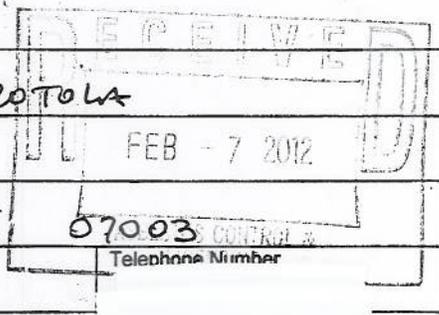
Scope of Work (Check All That Apply)		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 104		X		O&M Pipe Insulation	4 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/2	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 02/06/12	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 02/02/12

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

CK 3348



Date of Notification (1) <b>2/3/12</b>		Name of Building Owner/Operator (2) <b>MS. Waiue TROTOLA</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>27 FAIRWAY ST</b>	
		City, State, Zip Code <b>BLOOMFIELD . NJ 07003</b>	
		Name of Contact <b>MS. TROTOLA</b>	

Name of Facility Where Abatement is Taking Place (3) <b>MS. TROTOLA</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>27 FAIRWAY ST</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>
City (5) <b>BLOOMFIELD</b>		Bldg. Age <b>1940</b>	
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDON CW</b>	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address	Street Address <b>450 South River St</b>		
City, State, Zip Code	City, State, Zip Code <b>Hackensack ,N.J. 07601</b>		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</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</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>From 10 AM to 5 PM</b>		Street Address <b>280 Huyler St</b>	
		City, State, Zip Code <b>South Hackensack ,N.J. 07606</b>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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>65 LF</b>	<input checked="" type="checkbox"/>			

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</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES LLC</b>
City, State <b>HACKETTSTOWN, NJ</b>		Disposal Date <b>2/15/12</b>	City, State <b>WAYNESBURG, OH</b>
Completed by <b>J. MAIORANO</b>	Title Estimator	Signature <i>J. Maiorano</i>	Date <b>2/3/12</b>

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

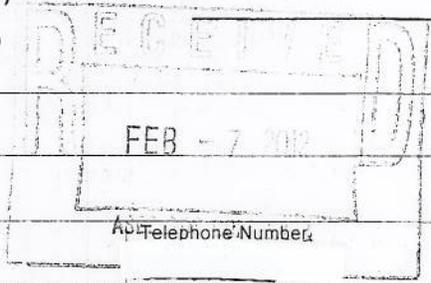
Check # 1291

Date of Notification (1)

02/02/2012

Name of Building Owner/Operator (2)

Andrew Takacs



Agency Notified	Type Notification	Street Address
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	99 Farm Road Circle City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Andrew Takacs

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<input type="checkbox"/> School (K-1 2) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address	Square Feet # of Floors Bldg. Age
99 Farm Road Circle	
City (5)	
East Brunswick, NJ 08816	

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

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

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
02/12/2012	02/13/2012	Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one)		Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		20-21 Wagaraw Road, Bldg. # 34A
		City, State, Zip Code
		Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

>3 sf or >3 lf  
 ≥160 sf or >260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct insulation	140 SF	x			

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

Completed by	Title	Signature	Date
N. Jevtic	Owner	<i>N. Jevtic</i>	02/02/2012

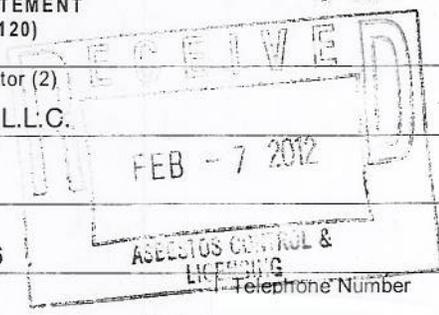
ASB-41

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

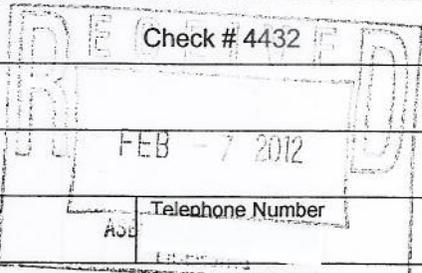
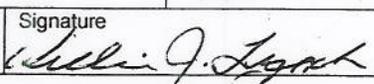
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

4206

Date of Notification (1) <b>February 03, 2012</b>		Name of Building Owner/Operator (2) <b>Highview Star Properties, L.L.C.</b>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" 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>Matt Schlindwein</b>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>unknown</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>101 Industrial Lane</b>		Square Feet	# of Floors							
City (5) <b>Little Ferry, NJ</b>		Bldg. Age								
County (6) <b>Bergen</b>		County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) <b>empty</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. License No. <b>(973) 759 - 5000 00781</b>							
Start Date (10) <b>2/4/12</b>	Scheduled Completion Date (11) <b>2/6/12</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 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 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	
site		<input checked="" type="checkbox"/>		pipe insulation	105 lf	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>Freehold</b>		NJ DEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1.1</b>	Name of Registered Landfill <b>GROWS</b>						
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/6/12</b>		City, State <b>Morrisville, PA</b>						
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 				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) February 3, 2012		Name of Building Owner/Operator (2) Eddie Ramirez							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 17 Pearl Drive							
		City, State, Zip Code Howell, NJ 07731							
		Name of Contact Eddie Ramirez				Telephone Number _____			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 17 Pearl Drive			Square Feet 2200	# of Floors 2	Bldg. Age 70				
City (5) Howell		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive Suite 207			Street Address 47 S. Lippincott Ave						
City, State, Zip Code Maple Shade, NJ 08052			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) February 6, 2012		Scheduled Completion Date (11) February 13, 2012		Name of OSHA Monitor EMSL					
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 107 Haddon Ave						
			City, State, Zip Code Westmont, New Jersey 08108						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			XXX	Asbestos paper on sheet rock	20 SF	XX			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature 		Date February 3, 2012				

**RECEIVED**

DOE - 10 DAY

ASBESTOS Check # 4/32

FEB 03 2012

For [Signature]

**WAIVER APPROVED**

Print Form

**REMEMBER - MAIL IN HARD COPY** State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 3, 2012		Name of Building Owner/Operator (2) Eddie Ramirez	
Agencies Notified	Type Notification	Street Address 17 Pearl Drive	
	<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment & Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Howell, NJ 07731
		Name of Contact Eddie Ramirez	

<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)
Street Address 17 Pearl Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
City (5) Howell	Square Feet 2200	# of Floors 2
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Blgd. Age 70
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.
Street Address 1000 Maplewood Drive Suite 207		Name of Abatement Contractor (9) Shade Environmental, LLC
City, State, Zip Code Maple Shade, NJ 08052		Street Address 47 S. Lippincott Ave
Project Manager for Monitoring Firm Tony Esposito		City, State, Zip Code Maple Shade, NJ 08052
Telephone No 856-755-9300	Telephone No 856-755-0099	License No 00842
Start Date (10) February 6, 2012	Scheduled Completion Date (11) February 13, 2012	Name of OSHA Monitor EMSL
Occupancy Status During Abatement (Check Only One)		Street Address 107 Haddon Ave
<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 Westmont, New Jersey 08108

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempt (*) and Non-Fragile 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
Kitchen			XXX	Asbestos paper on sheet rock	20 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22263	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill	
City, State Mount Holly, New Jersey 08060			Disposal Date	City, State Tullytown, PA.	
Completed by William Lynch		Title Owner	Signature <i>William Lynch</i>		Date February 3, 2012

ASB-41 (R-06-08)

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

CHECK#  
2214

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

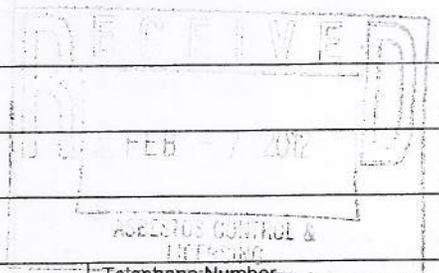
RECEIVED  
FEB - 7 - 2012  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) <u>2/3/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>15 67TH ST.</u>		Square Feet	# of Floors				
City (5) <u>SEA ISLE CITY</u>		Bldg Age					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>2/14/12</u>	Scheduled Completion Date (11) <u>2/21/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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"/> 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			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	Yes No N/A 	<u>TRANSITE</u>	<u>2000#</u>	X			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>2/3/12</u>				

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

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



Date of Notification (1) 1/27/12		Name of Building Owner/Operator (2) Chabad of East Brunswick	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 6362	
		City, State, Zip Code East Brunswick, NJ 08816	
		Name of Contact Rabbi Aryeh Goodman	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Chabad of East Brunswick		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 261 Dunhams Corner Dr.		Square Feet 7500	# of Floors 2	Bldg. Age 85
City (5) East Brunswick	County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) EM&CA		ASCM No. _____	Name of Abatement Contractor (9) Nova Development Group, Inc	
Street Address PO Box 872		Street Address 189 Townsend Street		
City, State, Zip Code Somerville, NJ 08876		City, State, Zip Code New Brunswick, NJ 08901		
Project Manager for Monitoring Firm Joel Russell		Telephone No. 732 249-3005	Telephone No. 732 565-3655	License No. 00707

Start Date (10) 2/17/12	Scheduled Completion Date (11) 2/24/12	Name of OSHA Monitor EM&CA		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 872		
		City, State, Zip Code Somerville, NJ 08876		

Scope of Work (Check All That Apply)

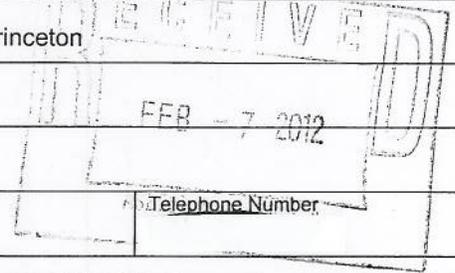
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room			X	Boiler insulation	50 SF	X			
Boiler room			X	Pipe insulation	30 LF	X			
Basement bathroom			X	VAT	200 SF	X			
Basement corridor			X	VAT	150 SF	X			

Name of Registered Waste Hauler Nova Development Group, Inc		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 10	Name of Registered Landfill Grows, Inc.	
City, State New Brunswick, New Jersey		Disposal Date 2/27/12		City, State Morrisville, PA	
Completed by Tom Kaldan	Title Project Manager	Signature 		Date 1/27/12	

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

Check # 18254



Date of Notification (1) 02-02-12		Name of Building Owner/Operator (2) University Medical Center at Princeton	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 Witherspoon Street	
		City, State, Zip Code Princeton, NJ 08540	
		Name of Contact Michael Antoniades	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) University Medical Center at Princeton: Building # 7		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 3850 U.S. RT. 1		Square Feet 178,000	# of Floors 1
City (5) Plainsboro, NJ 08536		Bldg. Age 29 yrs.	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services	ASCM No. 00118	Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address 464 Valley Brook Avenue		Street Address 200 Broad Street	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm John Chiaviello	Telephone No. 201-438-4839	Telephone No. 201-939-6565	License No. 00756

Start Date (10) (2) 02-07-12	Scheduled Completion Date (11) 04-31-12	Name of OSHA Monitor Athenica Environmental	
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 45-09 Greenpoint Avenue	
		City, State, Zip Code Long Island City, NY 11104	

Scope of Work (Check All That Apply)

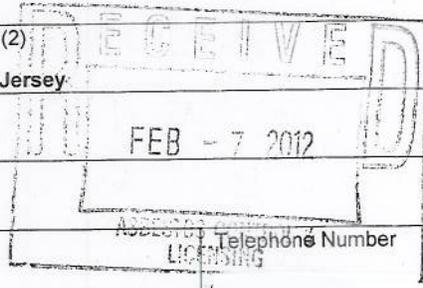
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Throughout Building Walls			x	Drywall Joint Compound	16,000SF	x			
Room 7-23 (B-Bay)			x	Transite Hood Lining	75SF	x			
Throughout Building			x	Mastic	3,200SF	x			
Room 7-33; Kitchen			x	Mastic	200SF	x			

Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688
Completed by Richard Doran	Title Project Manager	Signature 	Date 02-02-12

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

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Date of Notification (1) <b>February 1, 2012</b>		Job #:	Name of Building Owner/Operator (2) <b>Heart Institute of Southern New Jersey</b>	
Agencies Notified		Street Address <b>1400 East Route 70</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
		City, State, Zip Code <b>Cherry Hill, NJ 08002</b>		
		Name of Contact <b>Jennifer Minton</b>		
		Telephone Number		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>The Heart Institute of Southern New Jersey</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>1400 East Route 70</b>		Square Feet <b>15,000</b>	# of Floors <b>1.5</b>	Bldg. Age <b>50 years</b>
City (5) <b>Cherry Hill</b>		Current Use (prior if being demolished) <b>Medical Building</b>		
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>		ASCM No.	Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>	
Street Address <b>3370 Progress Way</b>		Street Address <b>4343 'G' Street</b>		
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>		
Project Manager for Monitoring Firm <b>Jim Weltz</b>	Telephone Number <b>215-244-1300</b>	Telephone Number <b>215-533-3503</b>	License Number <b>00858</b>	
Scheduled Start Date (10) <b>February 17, 2012</b>	Scheduled Completion (11) <b>February 24, 2012</b>	Name of OSHA Monitor <b>Environmental Management International 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>34 E. Germantown Pike, Suite 204</b>		
		City, State, Zip Code <b>East Norristown, PA 19401</b>		

Source of Work (Check all that apply)

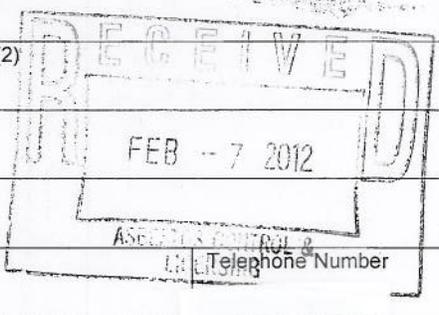
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Office Area		x		Floor Tile and Mastic	150 SF	X			

Name of Reg. Waste Hauler <b>The Prime Group Remediation</b>		NJDEP Waste Hauler ID #	Cubic Yards of Waste <b>2</b>	Name of Reg. Landfill <b>Minerva (DEP #15-1292)</b>	
City, State <b>Philadelphia, PA</b>		Disposal Date <b>Feb 27, 2012</b>		City, State <b>Waynesburg OH</b>	
Completed by <b>Vincent Primavera</b>	Title <b>Project Manager</b>	Signature 			Date <b>February 01, 2012</b>

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



Date of Notification (1) <b>February 3, 2012</b>		Job #:	Name of Building Owner/Operator (2) <b>Phil Mackey</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	Notification Type		Street Address
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>9 Church Street</b>
			City, State, Zip Code
			<b>Lambertville, NJ 08530</b>
		Name of Contact	<b>Phil Mackey</b>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>9 Church Street</b>		Type of Facility (4)	
Street Address <b>9 Church 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, homes, etc.)	
City (5) <b>Lambertville</b>	Square Feet <b>3,000</b>	# of Floors <b>2</b>	Bldg. Age <b>50 years</b>
County (6) <b>Hunterdon</b>	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) Empty	

Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>		ASCM No.	Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>	
Street Address <b>3370 Progress Way</b>		Street Address <b>4343 'G' Street</b>		
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>		
Project Manager for Monitoring Firm <b>Jim Weltz</b>	Telephone Number <b>215-244-1300</b>	Telephone Number <b>215-533-3503</b>	License Number <b>00858</b>	

Scheduled Start Date (10) <b>February 13, 2012</b>	Scheduled Completion (11) <b>February 14, 2012</b>	Name of OSHA Monitor <b>Criterion Labs</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>3370 Progress Way</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>Bensalem, PA 19020</b>	

Source 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"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Tank Insulation	40 SF	X			

Name of Reg. Waste Hauler <b>The Prime Group Remediation</b>		NJDEP Waste Hauler ID #	Cubic Yards of Waste <b>2</b>	Name of Reg. Landfill <b>Minerva (DEP #15-1292)</b>	
City, State <b>Philadelphia, PA</b>		Disposal Date <b>Feb 27, 2012</b>		City, State <b>Waynesburg OH</b>	
Completed by <b>Vincent Primavera</b>	Title <b>Project Manager</b>	Signature 		Date <b>February 03, 2012</b>	

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

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



Name of Notifier (1) \_\_\_\_\_ Date: 12/20/12  
 Name of Building Owner/Operator (2) Exxon Mobil Environmental Services  
 Street Address: 52 Bechem Street  
 City, State, Zip Code: EVERETT, MA 02147  
 Name of Contact: Eric W. Errico  
 Telephone Number: \_\_\_\_\_

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Exxon Mobil Environmental Services  
1 Avenue J  
 Type of Facility (4)  
 School (K-12)  
 Subchapter S (Other than 1)  
 Other (i.e. private and commercial, industrial, homes, etc.)  
 Square Feet: N/A # of Floors: N/A 65  
 County (5) Suffolk County Code (7) (STATE USE ONLY) \_\_\_\_\_ Current Use (if prior if being demolished): manufacturing

Name of Monitoring Firm hired by Building Owner (8) ARCADIS ASCM No. \_\_\_\_\_  
 Name of Abatement Contractor (9) TECH ABATEMENT SERVICES INC  
 Street Address: 194 Forbes Road Street Address: 5787 Stadium Drive  
 City, State, Zip Code: Braintree, MA 02184 City, State, Zip Code: KALAMAZOO, MICHIGAN 49001  
 Project Manager for Monitoring Firm: GREG DONOHUE Telephone No.: 781-367-7300 Telephone No.: 269-375-9095 License No.: 01040

Name of OSHA Monitor: Analytical Testing & Consulting Services  
 Street Address: 14625 Doster Rd.  
 City, State, Zip Code: Plainville, MI 49080  
 Occupancy Status During Abatement (Check only one)  
 Facility closed/vacated during entire period of abatement  
 Abatement performed outside of normal facility hours - Describe time of abatement: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ AM

Scope of Work (Check all that apply)  
 Renovation/Repair  Renovation  Full Containment with Negative Pressure  
 Demolition  Demolition  Mini-Enclosure  
 Non-Exempted (\*) and Non-Enrable Procedures  Glovebag Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED (i.e. facility)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Sealing
access to tanks 97,98, 61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thermal systems insulation	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roofs # 3-6-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thermal systems insulation	1500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler: WASTE MANAGEMENT INC NJDER Waste Hauler ID No: 1605 Cubic Yards of Waste: 120 Name of Registered Canfill: WILKES  
 Disposal Date: 3-3-0 City, State: PA, PA

Signature: Gregory A. Mac Title: Director of Abatement Services Date: 11/31/12

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