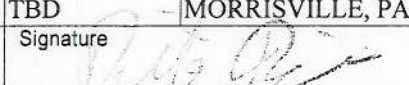
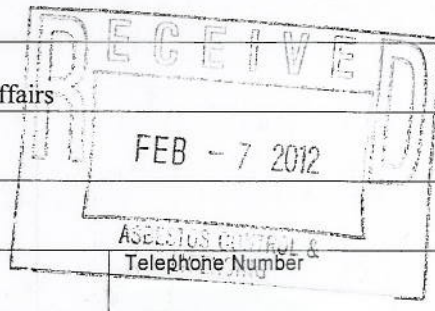


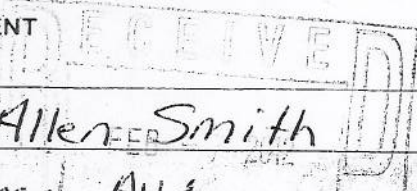
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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 Bldg. Age 50+					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) 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 (11) 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)								
<input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
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 	Date 2/3/2012			



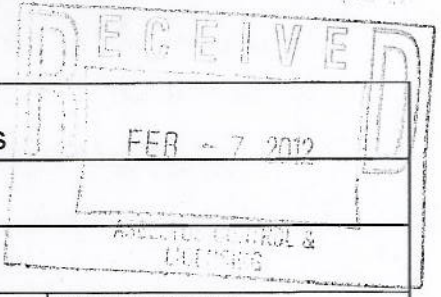
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2-4-12		Name of Building Owner/Operator (2) Allen Smith						
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 3 Trimmer Ave					
			City, State, Zip Code Titusville NJ 08560					
			Name of Contact Allen Smith					
Telephone Number _____								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 3 Trimmer Ave								
City (5) Titusville NJ 08560		Square Feet _____	# of Floors 2					
		Bldg. Age 80 +						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____						
Current Use (Prior if being demolished) _____								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 2-15-12		Scheduled Completion Date (11) 2-15-12						
Name of OSHA Monitor EPC Technologies Inc								
Street Address P.O. Box 337								
City, State, Zip Code New Egypt NJ 08533								
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: _____								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation	Amount (Specify SF or LF) 36 LF	Abatement Type		
						Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 2-16-12		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 2-4-12		

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



Date of Notification (1) 2 / 3 / 12		Name of Building Owner/Operator (2) Beachside Manor Apartments							
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 661 Ocean Boulevard City, State, Zip Code Long Branch, NJ 07740 Name of Contact Rae Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residences		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 apt. 39/40 661 Ocean Boulevard		Square Feet	# of Floors 2 Bldg. Age 50 yrs						
City (5) Long Branch		County Code (7) (STATE USE ONLY) Monmouth							
County (6) Monmouth		Current Use (Prior if being demolished) apartment residences							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.							
Street Address		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp.							
City, State, Zip Code		Street Address 17 Thompson Street							
Project Manager for Monitoring Firm		City, State, Zip Code West Long Branch, NJ 07764							
Telephone No.		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 2 / 13 / 12	Scheduled Completion Date (11) 2 / 15 / 12	Name of OSHA Monitor n/a							
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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Finishing Touch Asbestos		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 2	Name of Registered Landfill GROWS Landfill North				
City, State Oceanport, NJ 07757		Disposal Date 2/17/12		City, State Morrisville, PA					
Completed By (Print or Type) Joseph P. Miller		Title President		Signature <i>Joseph P. Miller</i>			Date 2-3-12		

CK# 1345

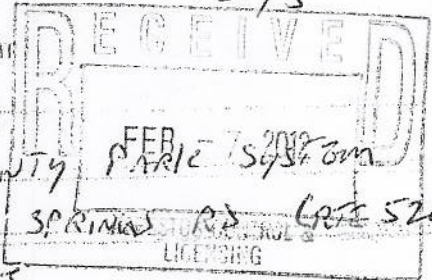
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2-31-12		Name of Building Owner/Operator (2) BLANCHE VETUSI	
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 28 MONTGOMERY STREET		City, State, Zip Code PISCATAWAY N.J.	
Name of Contact Blanche		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BLANCHE VETUSI		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 28 MONTGOMERY ST		Square Feet 1500	
City (5) PISCATAWAY		# of Floors 2	
County (6) Middlesex		Bldg. Age 75	
County Code (7) (STATE USE ONLY)		Current Use (if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	
Telephone No.		License No. 00029	
Start Date (10) 2-14-12		Scheduled Completion Date (11) 2-18-12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Name of OSHA Monitor ACE INSULATION CO INC	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> <3 sf or <3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 95 MONTROSE RD	
City, State, Zip Code COLTS NECK NJ 07722			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile		Amount (Specify SF or LF) 140 SF	
Name of Registered Waste Hauler ACE INSULATION CO		NUDEP Waste Hauler ID No. 12086	
City, State COLTS NECK N.J. 07722		Cubic Yards of Waste 2	
Disposal Date 2-18-12		Name of Registered Landfill GROWS	
City, State TULLYTOWN PA		Abatement Type Remove Repair Enclose Enclose	
Completed By Jack GALL		Title OPS MGR	
Signature Jack GALL		Date 1-31-12	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26 and 17:27)

CKH
1345



Date of Notification (1) 1-31-12		Name of Building Owner/Operator (2) Monmouth County	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of 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 805 NEW MAN SPRING RD (PTE 520)		City, State, Zip Code LINCROFT NJ	
Name of Contact John Eismann		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Mon Co Park System SUNNY SIDE FARM		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 600 MIDDLETOWN LINCROFT RD		Square Feet 3000	# of Floors 2
City (5) MIDDLETOWN		Bldg. Age 90	
County (6) Monmouth		Current Use (If being demolished) House	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ACE INSULATION Co Inc	
Street Address		Street Address 95 MONTROSE RD		
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 244 1757	License No. 00024

Start Date (10) 2-13-12	Scheduled Completion Date (11) 2-18-12	Name of OSHA Monitor ACE INSULATION Co Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address 95 MONTROSE RD	
		City, State, Zip Code COLTS NECK NJ 07722	

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			20 or more	20 or less	10 or less	10 or less
1st Floor				PIPE COVERING (WRAP + CUT)	9 LF				<input checked="" type="checkbox"/>

Name of Registered Waste Hauler ACE INSULATION Co		NJDEP Waste Handler ID No. 12086	Cubic Yards of Waste 36 cu	Name of Registered Landfill ICSI	
City, State COLTS NECK NJ 07722		Disposal Date 2-18-12	City, State BRITLEM 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) February 3, 2012			Name of Building Owner/Operator (2) CITY OF NEWARK		
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 420 CITY HALL City, State, Zip Code NEWARK, NJ 07102 Name of Contact MR. MEDHI MOHAMMADISH Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE			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 Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years Current Use (prior if being demolished): FIREHOUSE		
Street Address 87 – 89 ELM ROAD					
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC.		ASCM No. 0004	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 CROSSWICKS STREET			Street Address 268 MAIN STREET		
City, State, Zip Code BORDENTOWN, NJ 08055			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm MR. MIKE HOODAK		Telephone Number 609-298-5520	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 03/19/12		Scheduled Completion Date (11) 05/31/12		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other – Describe: NOT SUB 8 – Non-Friable Exterior Asbestos Caulking & Roof Flashing			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	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"/>	CAULKING ASSOC. WITH WINDOW OPENINGS	48 EA	<input checked="" type="checkbox"/>	
THROUGHOUT	<input checked="" type="checkbox"/>	CAULKING ASSOC. WITH DOOR OPENINGS	7 EA	<input checked="" type="checkbox"/>	
MAIN & TOWER ROOFS	<input checked="" type="checkbox"/>	ROOF FLASHING	400 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 05/31/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date February 3, 2012		

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

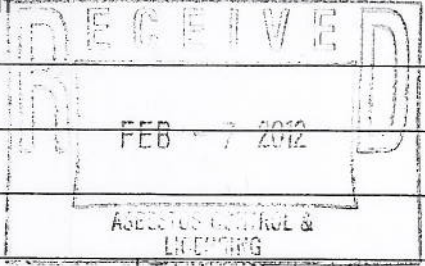
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2012-310

Date of Notification (1) February 3, 2012			Name of Building Owner/Operator (2) CITY OF NEWARK		
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 420 CITY HALL City, State, Zip Code NEWARK, NJ 07102 Name of Contact MR. MEDHI MOHAMMADISH Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE			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 87 - 89 ELM ROAD			Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): FIREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC.		ASCM No. 0004	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 CROSWICKS ROAD			Street Address 268 MAIN STREET		
City, State, Zip Code BORDENTOWN, NJ 08055			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm MR. MIKE HOODAK		Telephone Number 609-298-5520	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 02/21/12		Scheduled Completion Date (11) 04/30/12		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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 See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 200 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 04/30/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date February 3, 2012		

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

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	Type Notification	Street Address 4 Beacon Way, Suite 16							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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)							
Street Address Baldwin Avenue		<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) Jersey City		Square Feet 230,000	# of Floors 23						
County (6) Hudson County		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
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						
Start Date (10) 02/13/12		Scheduled Completion Date (11) 09/07/12	License No. 01099						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories LLC							
<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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
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

Page 2 of 3

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			

Page 2 of 3

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

Page 3 of 3

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
5th Floor		X		Window Caulking	820 LF	X			
5th Floor		X		Ceiling Plaster	1,300 SF	X			
5th Floor		X		Pipe Insulation including Elbows	3,150 LF	X			
4th Floor		X		Window Caulking	820 LF	X			
4th Floor		X		Ceiling Plaster	1,300 SF	X			
4th Floor		X		Pipe Insulation including Elbows	3,150 LF	X			
3rd Floor		X		Window Caulking	820 LF	X			
3rd Floor		X		Ceiling Plaster	900 SF	X			
3rd Floor		X		Pipe Insulation including Elbows	2,000 LF	X			
2nd Floor		X		Window Caulking	1,000 LF	X			
2nd Floor		X		Ceiling Plaster	2,450 SF	X			
2nd Floor		X		Pipe Insulation including Elbows	5,000 LF	X			
1st Floor		X		Window Caulking	475 LF	X			
1st Floor		X		Ceiling Plaster	1,475 SF	X			
Mezzanine		X		Window Caulking	575 LF	X			
Mezzanine		X		Ceiling Plaster	2,650 SF	X			
Auditorium		X		Window Caulking	225 LF	X			
Auditorium		X		Ceiling Plaster	2,400 SF	X			
Auditorium		X		Pipe Insulation	1,200 LF	X			
Bsmt. Pump Room (Small)		X		Pipe Insulation including Elbows	200 LF	X			
Bsmt. Large Store Rm (Elec Equip)		X		Pipe Insulation including Elbows	700 LF	X			
Bsmt, Electrical & Transformer Rooms		X		Pipe Insulation	260 LF	X			
Bsmt., Boiler Room/Pump Room		X		Pipe Insulation including Elbows	2,000 LF	X			
Bsmt., Boiler Room/Pump Room		X		Tank Insulation	600 SF	X			
Bsmt., Boiler Room/Pump Room		X		Furnace & Breaching Insul. Cover	2,000 SF	X			
Bsmt., Small Room (Kens Plumb)		X		Pipe Insulation including Elbows	150 LF	X			
Bsmt., Hall Restrooms & Janitor Closet		X		Pipe Insulation including Elbows	125 LF	X			
Basement, Linen Room		X		Pipe Insulation including Elbows	300 LF	X			
Basement, Hallways		X		Pipe Insulation including Elbows	1,515 LF	X			
Basement, Hallways		X		Cut Pipe w/ Insulation lying on floor	150 LF	X			
Basement, Elevator Bank		X		Pipe Insulation including Elbows	70 LF	X			
Basement, Gym		X		Window Caulking	175 LF	X			
Basement, Gym		X		Pipe Insulation including Elbows	2,000 LF	X			
Basement, Gym Locker Room		X		Pipe Insulation including Elbows	200 LF	X			
Basement, Gym Shower Room		X		Pipe Insulation including Elbows	300 LF	X			
Basement, Stair Janitor's Closet		X		Pipe Insulation including Elbows	25 LF	X			

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		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB - 7 2012 </div>	
Agencies Notified	Type Notification	Street Address 1490 Good Intent Road			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Deptford, NJ 08096			
		Name of Contact Mr. Kessler		Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4)		
Street Address 1490 Good Intent Road			<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) Deptford			Square Feet 1225	# of Floors 2	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.		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)				Street Address	
<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>				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) February 1, 2012		Name of Building Owner/Operator (2) Paul Bachman <i>Ch 2004</i>	
Agencies Notified	Type of Notification	Street Address 527 Clark Street City, State, Zip Code Westfield, NJ 07090 Name of Contact Fred Kimak	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Telephone Number <i>7 2012</i>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

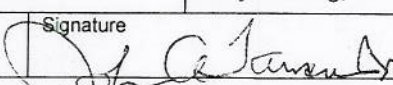
FACILITY INFORMATION

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 K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 820 Ramapo Way					
City Westfield	County (6) Union	County Code (7) (STATE USE ONLY)	Square feet 5000 sf	# of Floors 2	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 7321-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/14/12		Scheduled Completion Date (11) 2/16/12	Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						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			
<div style="display: flex; justify-content: space-between;"> <div> Name of Registered Waste Hauler Guardian Contracting, Inc. </div> <div> NJDEP Waste Hauler ID No. 20223 </div> <div> Cubic Yards of Waste 3 </div> <div> Name of Registered Landfill T.R.R.F. </div> </div>									
City, State Toms River, New Jersey		Disposal Date 2/17/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 2/1/2012	

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

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

Date of Notification (1) 2/3/2012		Name of Building Owner/Operator (2) River Produce		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB - 7 2012 ASBESTOS CONTROL </div>					
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Tom Bauer							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 205 Jackson Street				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Englewood				Square Feet 1,000	# of Floors 0				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Bldg. Age N/A					
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) <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>				Street Address 10-59 Jackson Avenue					
				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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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			

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

Check # 1269

Emergency Notification

Date of Notification (1) 02/03/2012		Name of Building Owner/Operator (2) Craig Kearney	
Agency Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	178 Devon Street City, State, Zip Code Kearny, NJ 07032	
		Name of Contact John Kearney	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4)	
Street Address 178 Devon 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) Kearny, NJ 07032		Square Feet	# of Floors
County (6) Hudson		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner(s) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address 20-21 Wagaraw Road, Bldg. # 34A			Street Address 576 Valley Rd #283	
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Wayne, NJ 07470	
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)			Street Address 20-21 Wagaraw Road, Bldg. # 34A	
<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 Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >150 sf or >200 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	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		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc.	
City, State Wayne, NJ 07470			Disposal Date	City, State Tullytown, PA	
Completed by N. Jovic	Title Owner	Signature <i>N. Jovic</i>		Date 02/03/2012	

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

Print Fo

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

Date of Notification (1) 02/02/12 CK#1795 \$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 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	
Name of Facility Where Abatement is Taking Place (3) Nicholas Murray Butler School #23		Name of Contact Pablo Munoz	
Street Address 801 Union Avenue		Telephone Number	
City (5) Elizabeth, New Jersey 07207		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.)	
County (6) Essex		Square Feet 10,000	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		County Code (7) (STATE USE ONLY)	Bldg. Age 55+
Street Address 300 Grand Avenue		Current Use (Prior if being demolished) School	
City, State, Zip Code Englewood, New Jersey 07631		Name of Abatement Contractor (9) Lilich Corporation	
Project Manager for Monitoring Firm Anthony Valentine		Street Address 606 McBride Avenue	
Start Date (10) 02/03/12		Telephone No. 201-569-6708	City, State, Zip Code Woodland Park, New Jersey 07424
Scheduled Completion Date (11) 02/05/12		Telephone No. 973-225-8400	License No. 01104
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 5PM-Start		Name of OSHA Monitor J&S Environmental Labs	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf		Street Address 2333 Route 22 West	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Union, New Jersey 07083	
<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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Kitchen	X	O&M Pipe Insulation	5 LF
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 8:80 and 12:120)

NJ Dept. of Health & Senior Services

Print Form

(signature)

Date: 2/2/12 Time: 9:12

Date of Notification (1) 02/02/12 CK#1799 \$200		Name of Building Owner/Operator (2) Elizabeth Public Schools	
Agencies Notified	Type Notification	Street Address 500 N. Broad Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07207	
		Name of Contact Pablo Munoz	Telephone Number
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	License No. 01104
Start Date (10) 02/04/12	Scheduled Completion Date (11) 02/06/12	Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9AM		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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frisbie Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Room 104		X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/2
City, State Woodland Park, New Jersey 07424		Name of Registered Landfill G.R.O.W.S Landfill	
Disposal Date 02/06/12		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova	Title Vice President	Signature Tatiana Kalenikova	Date 02/02/12

CK 3348

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

Date of Notification (1) 2/3/12		Name of Building Owner/Operator (2) MS. WILHE TRUOTOLA							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 27 FAIRWAY ST							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact MS. TRUOTOLA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. TRUOTOLA		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 27 FAIRWAY ST		Square Feet 2000	# of Floors 2						
City (5) Bloomfield		Bldg. Age 1940							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 2/14/12	Scheduled Completion Date (11) 2/15/12	Name of OSHA Monitor Omega Environmental Services							
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: from 8 to 5 PM		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL INSULATION	65 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler GLOBAL WASTE SERVICES		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste 1 1/2	Name of Registered Landfill MINERVA ENTERPRISES LLC					
City, State HACKETTSTOWN, NJ		Disposal Date 2/15/12		City, State WAYNESBURG, OH					
Completed by J. MAIORANO		Title Estimator		Signature <i>J. Maiorano</i>		Date 2/3/12			

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

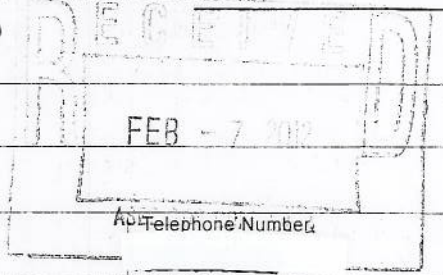
Check # 1291

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 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)

Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
Gr Tech LLC		Gr Tech LLC
Street Address		Street Address
		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
		Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.
		973-638-1777
Start Date (10)	Scheduled Completion Date (11)	License No.
02/12/2012	02/13/2012	01127
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Envirovision Consultants, Inc
		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 ☒ Renovation
☐ ≥160 sf or >260 lf ☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ 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	Encapsulate	Enclosure
Basement			x	Duct insulation	140 SF	x		

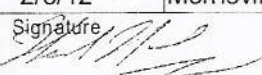
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA
Completed by	Title	Signature	Date
N. Jevtic	Owner	<i>N. Jevtic</i>	02/02/2012

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) February 03, 2012		Name of Building Owner/Operator (2) Highview Star Properties, L.L.C.	
Agencies Notified	Type Notification	Street Address 33 Cotters Lane	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, NJ 08816	
		Name of Contact Matt Schlindwein	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) unknown		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 101 Industrial Lane		Square Feet	# of Floors
City (5) Little Ferry, NJ		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000
Start Date (10) 2/4/12		Scheduled Completion Date (11) 2/6/12	License No. 00781
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor The MACK Group, LLC.	
		Street Address 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) site	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Freehold		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1.1
City, State Freehold, NJ		Disposal Date 2/6/12	Name of Registered Landfill GROWS
Completed by Mike Cooper		Title President	Signature 
			Date 2/3/12

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		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Check # 4432 </div>					
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Howell, NJ 07731			
						Name of Contact Eddie Ramirez			
				Telephone Number					
FACILITY INFORMATION									
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 8 (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				Bldg. Age 70					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence							
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)				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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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			

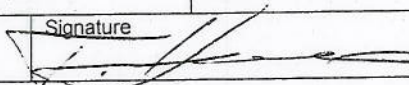
CHECK#
2214

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

RECEIVED
FEB - 7 - 2012
ASBESTOS CONTROL
LICENSING

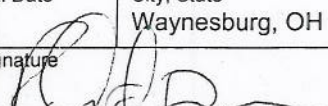
Date of Notification (1) <u>2/3/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> 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 77 TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
		Name of Contact <u>FRANK EDUARDO</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>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. <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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000#</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
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>				

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	Type Notification	Street Address PO Box 6362							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 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 Dunnhams Corner Dr.		Square Feet 7500	# of Floors 2						
City (5) East Brunswick		Bldg. Age 85							
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	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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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)

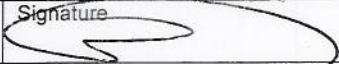
check # 18254

Date of Notification (1) 02-02-12		Name of Building Owner/Operator (2) University Medical Center at Princeton							
Agencies Notified	Type Notification	Street Address 253 Witherspoon Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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 type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
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Date of Notification (1) February 1, 2012		Job #:		Name of Building Owner/Operator (2) Heart Institute of Southern New Jersey					
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 <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1400 East Route 70 City, State, Zip Code Cherry Hill, NJ 08002 Name of Contact Jennifer Minton					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Heart Institute of Southern New Jersey Street Address 1400 East Route 70 City (5) Cherry Hill County (6) Camden				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.) Square Feet 15,000 # of Floors 1.5 Bldg. Age 50 years County Code (7) (STATE USE ONLY) Current Use (prior if being demolished) Medical Building					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs Street Address 3370 Progress Way City, State, Zip Code Bensalem, PA 19020		ASCM No.		Name of Contractor (9) Prime Group Remediation, Inc. Street Address 4343 'G' Street City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm Jim Weltz		Telephone Number 215-244-1300		Telephone Number 215-533-3503 License Number 00858					
Scheduled Start Date (10) February 17, 2012		Scheduled Completion (11) February 24, 2012		Name of OSHA Monitor Environmental Management International Inc. Street Address 34 E. Germantown Pike, Suite 204 City, State, Zip Code East Norristown, PA 19401					
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: _____									
Source of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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) 150 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office Area		x		Floor Tile and Mastic		X			
Name of Reg. Waste Hauler The Prime Group Remediation City, State Philadelphia, PA		NJDEP Waste Hauler ID #		Cubic Yards of Waste 2 Disposal Date Feb 27, 2012	Name of Reg. Landfill Minerva (DEP #15-1292) City, State Waynesburg OH				
Completed by Vincent Primavera	Title Project Manager			Signature 		Date February 01, 2012			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) February 3, 2012		Job #:	Name of Building Owner/Operator (2) Phil Mackey						
Agencies Notified	Notification Type		Street Address						
<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		9 Church Street City, State, Zip Code Lambertville, NJ 08530 Name of Contact Phil Mackey						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 9 Church Street			Type of Facility (4)						
Street Address 9 Church 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) Lambertville			Square Feet 3,000	# of Floors 2					
County (6) Hunterdon			Bldg. Age 50 years						
County Code (7) (STATE USE ONLY)			Current Use (prior if being demolished) Empty						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.	Name of Contractor (9) Prime Group Remediation, Inc.						
Street Address 3370 Progress Way			Street Address 4343 'G' Street						
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Philadelphia, PA 19124						
Project Manager for Monitoring Firm Jim Weltz	Telephone Number 215-244-1300	Telephone Number 215-533-3503	License Number 00858						
Scheduled Start Date (10) February 13, 2012	Scheduled Completion (11) February 14, 2012	Name of OSHA Monitor Criterion Labs							
Occupancy Status During Abatement (Check only one)		Street Address 3370 Progress Way							
<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 Bensalem, PA 19020							
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 The Prime Group Remediation		NJDEP Waste Hauler ID #	Cubic Yards of Waste 2	Name of Reg. Landfill Minerva (DEP #15-1292)					
City, State Philadelphia, PA			Disposal Date Feb 27, 2012	City, State Waynesburg OH					
Completed by Vincent Primavera	Title Project Manager	Signature 				Date February 03, 2012			

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*Do not use this form for asbestos licensure exempted activities

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



Date of Notification: 2/8/2012

Name of Building Owner/Operator (1): Exxon Mobil Environmental Services

Street Address: 52 Bechem Street

City, State, Zip Code: EVERETT, MA. 02147

Name of Contact: Eric W. Errico

Telephone Number: [blank]

Asbestos Abatement Type: ☒ Initial, ☐ Renovation, ☐ Demolition

Emergency Response: ☐ Emergency, ☐ Non-Emergency

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Dupont Laboratory Montebello Plant

1 Avenue J

County: Essex

County Code (7) (STATE USE ONLY): 001200

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

Square Feet: N/A

of Floors: N/A

Current Use (If not being demolished): manufacturing

Name of Monitoring Firm (Not the Building Owner) (8): ARCADIS

Street Address: 194 Forbes Road

City, State, Zip Code: Braintree, MA 02184

Project Manager for Monitoring Firm: Greg Donkato

Telephone No.: 781-366-7300

ASCM No.: [blank]

Name of Abatement Contractor (9): Terra Abatement Services, Inc.

Street Address: 5787 Stadium Drive

City, State, Zip Code: KALAMAZOO, MICHIGAN 49001

Telephone No.: 269-375-9095

License No.: 010840

Scheduled Completion Date (11): 2/13/12

Occupancy Status During Abatement (Check only one): ☒ Facility closed/vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: [blank]

Street Address: 14625 Doster Rd.

City, State, Zip Code: Plainville, MI 49080

Notes (If any - Check all that apply): ☒ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☒ Glovebag Procedure, ☐ Non-Exempted ("I" and Non-Frangible Procedure)

☒ Renovation, ☒ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED (i.e. facility, etc.)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Other
access to tanks 97, 98, 101	<input checked="" type="checkbox"/>	Thermal Systems Insulation	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rooms # 3-6-7	<input checked="" 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"/>

Name of Registered Waste Handler: [blank]

NJDER Waste Handler ID No.: 1605

Cubic Yards of Waste: 120

Disposal Date: 3-5-12

Name of Registered Landfill: [blank]

City, State: [blank]

Signature of Director of Abatement Services: [Signature]

Date: 11/31/12

Signature of Building Owner/Operator: [Signature]

Date: 1/16/2012