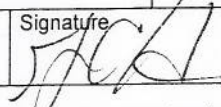



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

No check

Date of Notification (1) 02 / 21 / 12			Name of Building Owner/Operator (2) Avantor Performance Materials						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 002 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 N. Broad Street					
				City, State, Zip Code Phillipsburg, NJ 08865-1271					
				Name of Contact Robert Snyder					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials - Building 135				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 600 N. Broad Street									
City (5) Phillipsburg, NJ 08865-1271				Square Feet 4000	# of Floors 1				
				Bldg. Age 60					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc			Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 318 12th Street			Street Address 550 East Union Street						
City, State, Zip Code Hammonton, NJ 08037-1352			City, State, Zip Code West Chester, PA 129382						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850		Telephone No. 610-701-9000	License No. 00508				
Start Date (10) 01 / 30 / 12		Scheduled Completion Date (11) 03 / 08 / 12		Name of OSHA Monitor Health & Safety Services, 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 Time of Abatement: 7AM-3:30PM-AM				Street Address 318 12th Street					
				City, State, Zip Code Hammonton, NJ 08037-1352					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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) 800 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 135 Boiler House	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation		<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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 10	Name of Registered Landfill BFI Imperial				
City, State Hazleton, PA				Disposal Date TBD	City, State Imperial, PA				
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 2/21/12		

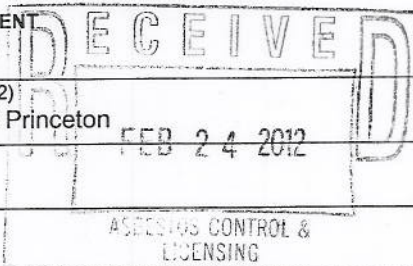
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02-02-12 (3) 02-10-12 (4) 02-21-12		Name of Building Owner/Operator (2) University Medical Center at Princeton		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED Check # 18281 FEB 24 2012 ASBESTOS CONTROL & Telephone Number </div>					
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 #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Michael Antoniadis							
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 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 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/Env. Transport Group(15532/07107)		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 (4)2-21-12				

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

Date of Notification (1) 02-02-12 (3) 02-10-12		Name of Building Owner/Operator (2) University Medical Center at Princeton		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED Check # 18281 FEB 24 2012 ASBESTOS CONTROL Telephone Number _____ </div>					
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 <input type="checkbox"/> Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Princeton, NJ 08540			
						Name of Contact Michael Antoniadis			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) University Medical Center at Princeton: Building # 7				Type of Facility (4)					
Street Address 3850 U.S. RT. 1				<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) Plainsboro, NJ 08536				Square Feet 178,000	# of Floors 1				
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)				Street Address 45-09 Greenpoint Avenue					
<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 Long Island City, NY 11104					
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
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, 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(3)2-10-12		

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



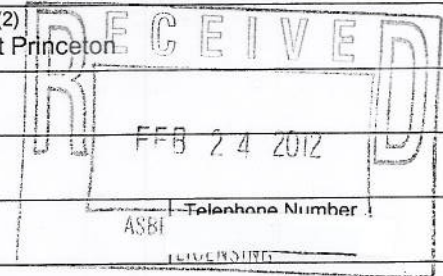
Date of Notification (1) 02-02-12		Name of Building Owner/Operator (2) University Medical Center at Princeton							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 Witherspoon Street							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Michael Antoniadis	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	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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building Walls			x	Drywall Joint Compound	16,000SF	x			
Room 7-23 (B-Bay)			x	Transite Hood Lining	75SF	x			
Throughout Building			x	Mastic	3,200SF	x			
Room 7-33; Kitchen			x	Mastic	200SF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager	Signature			Date 02-02-12			

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



Date of Notification (1) 01-06-11		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Princeton, NJ 08540							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Michael Antoniadis							
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) 01-17-12(1) Project postponed	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 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 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
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 01-16-12			

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

Date of Notification (1) 01-06-11		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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Michael Antoniades							
<div style="text-align: right;">  </div>									
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) 01-17-12	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 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 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 01-06-12		

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

Date of Notification (1) 02/21/2012		Name of Building Owner/Operator (2) Livingston Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 Foxcroft Drive	
		City, State, Zip Code Livingston NJ 07039	
		Name of Contact Paul Ko	
		Telephone Number	

RECEIVED
FEB 24 2012
ASBESTOS CONTROL &

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Riker Hill School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 31 Blackstone Drive		Square Feet # of Floors Bldg. Age
City (5) Livingston	County (6) Essex	County Code (7) (STATE USE ONLY) _____
Current Use (Prior if being demolished) Public School		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No. 00073
Street Address PO Box 316		Name of Abatement Contractor (9) Savic Construction Corp
City, State, Zip Code Thorofare NJ 08086		Street Address 205 Route 46 Suite 15
Project Manager for Monitoring Firm Steve Flanigan		City, State, Zip Code Totowa, NJ 07512
Telephone No. 856-848-0800	Telephone No. 973-339-9735	License No. 01034
Start Date (10) 02/24/2012	Scheduled Completion Date (11) 02/25/2012	Name of OSHA Monitor Savic Construction Corp
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 205 Route 46 Suite 15
		City, State, Zip Code Totowa, NJ 07512

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input 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
Classr.# From 15 to 22 & K2&K3		X		4x4 Caulk boards glue dots	160 SF	x		x	

Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS
City, State Totowa NJ		Disposal Date	City, State Morrisville, PA	
Completed by Sava Savic	Title President	Signature <i>Sava Savic</i>	Date 02/21/2012	

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

Date of Notification (1) 02/21/2012		Name of Building Owner/Operator (2) Livingston Board of Education							
Agencies Notified	Type Notification	Street Address 11 Foxcroft Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ 07039							
		Name of Contact Paul Ko							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Collins School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 67 Martin Road		Square Feet	# of Floors						
City (5) Livingston		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public School							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No. 00073	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 316		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 973-339-9735						
License No. 01034		Name of OSHA Monitor Savic Construction Corp							
Start Date (10) 02/22/2012		Scheduled Completion Date (11) 02/23/2012							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
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 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
Classrooms # 25,26,11,13,14		X		Caulk board glue dots	516 SF	x		x	
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS					
City, State Totowa NJ		Disposal Date		City, State Morrisville, PA					
Completed by Sava Savic		Title President		Signature <i>Sava Savic</i>		Date 02/21/2012			

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

5514

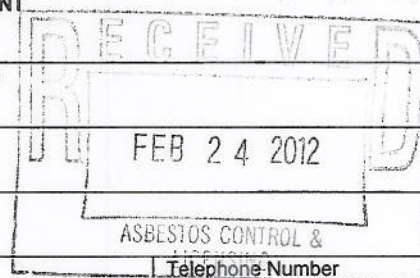
REMEMBER - MAIL IN HARD COPY

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) RB PATERSON LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 810 7th Ave., 10th Floor		City, State, Zip Code New York, NY 10019	
Name of Contact JORDAN BROWN		Name of Facility Where Abatement is Taking Place (3) VACANT PRIVATE RESIDENCE	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 4200	
City (5) PATERSON		# of Floors 3	
County (6) PASSAIC		Bldg. Age 40	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ABCM No.	
Street Address		Name of Abatement Contractor (9) Slavco Construction Inc.	
City, State, Zip Code		Street Address 164 Getty Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, New Jersey 07011-1802	
Telephone No.		Telephone No. 973-478-4848	
Start Date (10) 2/23/12		License No. 00724	
Scheduled Completion Date (11) 3/15/12		Name of OSHA Monitor Slavco Construction Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7:00AM-5:00PM Monday-Saturday		Street Address 164 Getty Ave.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 20 or less SF <input checked="" type="checkbox"/> 2160 or less SF <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure		City, State, Zip Code Clifton, New Jersey 07011-1802	
Location of Asbestos-Containing Material (ACM) in Facility (13) TO BE ABATED		In 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)	
CHIMNEY		160SF	
SIDING		4000SF	
ROOF TAR			
TRANSITE SIDING			
Name of Registered Waste Hauler Slavco Construction Inc.		NJ DEP Waste Hauler ID No. 18508	
City, State Clifton, New Jersey 07011-1802		Cubic Yards of Waste TBD	
Name of Registered Landfill G.R.O.W.S Landfill		Disposal Date TBD	
City, State Morrisville, Pa. 18067		Completed by Vivian D. Jurcovic	
Title Admin. Assistance		Signature Vivian D. Jurcovic	
Date 2/21/12			

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



Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) RB PATERSON LLC							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px;"> FEB 24 2012 ASBESTOS CONTROL & REMOVAL </div>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	810 7th Ave., 10th Floor							
		City, State, Zip Code New York, NY 10019							
		Name of Contact JORDAN BROWN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT PRIVATE RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 439 GETTY AVE..		Square Feet 4200	# of Floors 3						
City (5) PATERSON		Bldg. Age 40							
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address		Street Address 164 Getty Ave.							
City, State, Zip Code		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-478-4848	License No. 00724						
Start Date (10) 2/23/12	Scheduled Completion Date (11) 3/16/12	Name of OSHA Monitor Slavco Construction 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: 7:00AM-5:00PM Monday-Saturday		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
CHIMNEY		X		ROOF TAR	150SF	X			
SIDING	<input checked="" type="checkbox"/>	X		TRANSITE SIDING	4000SF	X			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa. 19067					
Completed by Vivian D. Jurcevic		Title Admin. Assistance	Signature <i>Vivian D. Jurcevic</i>			Date 2/21/12			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 2-20-12		Name of Building Owner/Operator (2) Josh BRAUNSTEIN	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5001 Ventor Ave	
		City, State, Zip Code Ventor NJ	
		Name of Contact Josh	Telephone Number _____

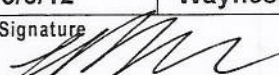
Name of Facility Where Abatement is Taking Place (3) R OFFICE Bldg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5001 Ventor Ave		Square Feet	# of Floors
City (5) Ventor Ave		Bldg. Age	
County (6) Atlantic	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) Ami JOE LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Deland NJ 05075	
Project Manager for Monitoring Firm		Telephone No. 856 824 0971	License No. 01070
Start Date (10) 3-2-12	Scheduled Completion Date (11) 3-6-12	Name of OSHA Monitor SAME	
Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 ft <input checked="" type="checkbox"/> > 150 sf or > 250 ft		City, State, Zip Code	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement CLAUSSPHASE	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) Air Cell Wrap Air Cell Wrap	Amount (Specify SF or LF) 200 LF 200 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler J Robinson Waste		NJDEP Waste Hauler ID No. 18387	Cubic Yards of Waste 5 yd	Name of Registered Landfill WM of PA		
City, State Bellmawr NJ		Disposal Date TBD	City, State Tullytown PA		Date 2-20-12	
Completed by J Hill		Title VP	Signature JH		Date 2-20-12	

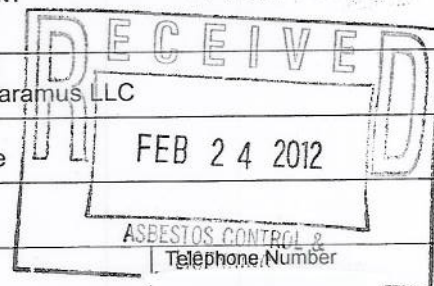
* Do not use this form for asbestos licensure exempted activities.

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

Check No. 20356

Date of Notification (1) February 22, 2012		Name of Building Owner/Operator (2) Estate of Anthony Destefano					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCP Not required per State Reg. 10:27-4 <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 36 Buchannan Road City, State, Zip Code Metuchen, NJ 08840-1012 Name of Contact Ernie Dragos					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Estate of Anthony Destefano		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 665 Lewis Street		Square Feet 3500					
City (5) Avenel, NJ 07001		# of Floors 2					
County (6) Middlesex		Bldg. Age 50 +/-					
County Code (7) (STATE USE ONLY) Middlesex		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 118					
Street Address 464 Valley Brook Avenue		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
City, State, Zip Code Lyndhurst, NJ 07071		Street Address 223 Randolph Avenue					
Project Manager for Monitoring Firm John H. Chiaviello		City, State, Zip Code Clifton, NJ 07011					
Telephone No. 201-438-4839		Telephone No. 973-478-4681					
Start Date (10) March 03, 2012		License No. 00120					
Scheduled Completion Date (11) March 10, 2012		Name of OSHA Monitor McCabe Environmental Services, L.L.C.					
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 464 Valley Brook Avenue					
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Lyndhurst, NJ 07071					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A	Thermal Systems Insulation	75 In ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler B&N&K Restoration Co., Inc.		NJDEP Waste Hauler ID No. 12695	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises, Inc.			
City, State Clifton, NJ 07011		Disposal Date 3/6/12	City, State Waynesburg, OH				
Completed by G. Roger Woodman		Title Safety Officer	Signature 		Date 2/22/2012		

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



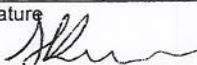
Date of Notification (1) 2/16/2012		Name of Building Owner/Operator (2) Stickley Furniture Co E.C.A Paramus LLC							
Agencies Notified	Type Notification	Street Address Po Box 480/one Stickley Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manlius NY 13104							
		Name of Contact Bill Leier							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 55 West Route 4		Square Feet 14000	# of Floors 1						
City (5) Paramus		Bldg. Age +50							
County (6) Bergen	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) First Phase Group Inc						
Street Address		Street Address 567-52nd Street Suite #16							
City, State, Zip Code		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-758-7158	License No. 001144						
Start Date (10) 2/28/2012	Scheduled Completion Date (11) 3/23/2012	Name of OSHA Monitor J&S Environmental Corp							
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 checked="" type="checkbox"/> Other - Describe: 8 Hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Main floor			X	Floor tile and Mastic	12000	X			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland					
City, State 109-113 Jacobus Ave Kearny NJ 07032			Disposal Date	City, State 620 Newville Rd Newburg PA 17242					
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>	Date 2/16/2012					

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


No check

Date of Notification (1) 02/22/12		Name of Building Owner/Operator (2) 1 Exchange Place JC, LLC c/o Onyx Management							
Agencies Notified	Type Notification	Street Address 30 Montgomery Street, Suite 1205							
<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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Jim O'Donnel							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Exchange Place - Garage		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 1 Exchange Place		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors Inc.						
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mt. Lakes NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-769-6946	License No. 00559						
Start Date (10) 02/14/11	Scheduled Completion Date (11) 03/06/12	Name of OSHA Monitor Long Island 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 110 Colin Drive							
		City, State, Zip Code Holobrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Plaster	3,515 sf	x			
2nd Floor			X	Plaster	4,935 sf	x			
2nd Floor			X	Glue Dabs	2,330 sf	x			
2nd Floor			X	Floor Tile	1,260 sf	x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Veolia ES Greentree Landfill				
City, State Linden, NJ				Disposal Date	City, State Kersey, PA				
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>		Date 02/22/12			



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

Date of Notification (1) 02/22/12		Name of Building Owner/Operator (2) 1 Exchange Place JC, LLC c/o Onyx Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Montgomery Street, Suite 1205							
		City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Jim O'Donnel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Exchange Place - Garage		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 1 Exchange Place		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors Inc.						
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mt. Lakes NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-769-6946	Telephone No. 973-243-9872						
License No. 00559									
Start Date (10) 02/14/11	Scheduled Completion Date (11) 03/06/12	Name of OSHA Monitor Long Island 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 110 Colin Drive							
		City, State, Zip Code Holbrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <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
Lower Roof			X	Roofing Material	200sf	x			
Upper Roof			X	Roofing Material	1690 sf	x			
						x			
						x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Veolia ES Greentree Landfill					
City, State Linden, NJ			Disposal Date	City, State Kersey, PA					
Completed by Slawomir Kielczewski		Title President	Signature 			Date 02/22/12			

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

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) 1 Exchange Place JC, LLC c/o Onyx Management							
Agencies Notified	Type Notification	Street Address 30 Montgomery Street, Suite 1205							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Jim O'Donnel							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Exchange Place - Garage		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 1 Exchange Place		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors Inc.						
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mt. Lakes NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-769-6946	License No. 00559						
Start Date (10) 02/14/11	Scheduled Completion Date (11) 03/06/12	Name of OSHA Monitor Long Island 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 110 Colin Drive							
		City, State, Zip Code Holobrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Plaster	3,515 sf	x			
2nd Floor			X	Plaster	4,935 sf	x			
2nd Floor			X	Glue Dabs	2,330 sf	x			
2nd Floor			X	Floor Tile	1,260 sf	x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Linden, NJ				Disposal Date	City, State Tullytown/Morrisville, PA				
Completed by Slawomir Kielczewski		Title President		Signature 		Date 02/10/12			


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

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) 1 Exchange Place JC, LLC c/o Onyx Management							
Agencies Notified	Type Notification	Street Address 30 Montgomery Street, Suite 1205							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City, NJ 07302							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jim O'Donnel							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Exchange Place - Garage		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 1 Exchange Place		Square Feet							
City (5) Jersey City		# 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 (8) Sky Environmental		ASCM No.							
Street Address 140 Boulevard		Name of Abatement Contractor (9) Environmental Contractors Inc.							
City, State, Zip Code Mt. Lakes NJ 07046		Street Address 235 Watchung Avenue							
Project Manager for Monitoring Firm Leon Shereshevsky		City, State, Zip Code West Orange, NJ 07052							
Telephone No. 973-769-6946		Telephone No. 973-243-9872							
Start Date (10) 02/14/11		License No. 00559							
Scheduled Completion Date (11) 03/06/12		Name of OSHA Monitor Long Island 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 110 Colin Drive							
		City, State, Zip Code Holobrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Lower Roof			X	Roofing Material	200sf	x			
Upper Roof			X	Roofing Material	1690 sf	x			
						x			
						x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Veolia ES Greentree Landfill				
City, State Linden, NJ		Disposal Date		City, State Kersey, PA					
Completed by Slawomir Kielczewski		Title President		Signature 			Date 02/10/12		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3771/12, 3773/12

AMENDMENT # 1


Date of Notification (1) 2/16/12		Name of Building Owner / Operator (2) Anheuser Busch, Inc.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		
Street Address 200 Route 1 South		City, State & Zip Code Newark, NJ 07114-2298		
Name of Contact Mr. Jasse Gross		Telephone Number ASBESTOS CONTAINMENT LICENSING		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Anheuser Busch, Inc.		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 200 Route 1 South		Square Feet 35,000		
City (5) Newark		# of Floors 3		
County (6) Essex		Bldg. Age 50+		
County Code (7)		Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045		
Street Address 64 Broad Street		Name of Abatement Contractor (9) ETS Contracting, Inc.		
City, State & Zip Code Matawan, NJ 07747		Street Address 160 Clay Street		
Project Manager for Monitoring Firm Tom Geiger		City, State & Zip Code Brooklyn, NY 11222		
Telephone Number (732) 290-2217		Telephone Number 718-706-6300		
Scheduled Start Date (10) 02/21/12		License Number 00511		
Scheduled Completion Date (11) 2/24/12		Name of OSHA Monitor Environmental Tactics, 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: Work Area Vacated - Working Hours from 7:00am-3:30pm		Street Address 64 Broad Street		
		City, State & Zip Code Matawan, NJ 0774		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other:				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Stock House	Yes	Pipe Insulation	12LF	Removal
Power House	Yes	Pipe Insulation	22 LF	Removal
BP & S Basement	Yes	Pipe Insulation	10 LF	Removal
Name of Registered Waste Hauler Vision Transport Inc.	NJDEP Waste Hauler ID # NJ-688	Cu. Yds. of Waste 3	Name of Registered Landfill Cumberland County Landfill	
City, State South Kery, NJ	Disposal Date TBD	City, State Shippensburg, PA		
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 		Date 02/16/12

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

Check # 7452

GAC Project # 060-12

Client Project #

Date of Notification (1) February 22, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BLUMENTHAL HALL, BLDG# 7493		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 NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/02/12	Scheduled Completion Date (11) 03/05/12	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: 5 PM FRI TO MON 5 AM (24 HR ACCESS AS NECESSARY)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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) 9 LF
402, MER	<input checked="" type="checkbox"/>	TSI	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 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 03/05/2012	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 22, 2012

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

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 313-12

Date of Notification (1)

February 22, 2012

Agencies Notified

- ☐ EPA
☐ DCA
☒ DOL
☒ DEP - No Longer REQUIRED
☒ DOH

Notification Type

- ☐ Initial Notification
☒ Amended Notification #1 - wrong school name & address listed on consultant specification
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)

MADISON BOARD OF EDUCATION

Street Address

359 WOODLAND AVENUE

City, State, Zip Code

MADISON, NJ 07940

Name of Contact

JOE TRAUSE

Telephone Number

FEB 24 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MADISON CENTRAL AVENUE

Street Address

54 CENTRAL AVENUE

City (5)

MADISON

County (6)

MORRIS

County Code (7)

(State Use Only)

Type of Facility (4)

- ☒ School (K-12)
☐ Subchapter 8 (other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)
 Sq. Feet: **~75,000** # of Floors: **2** Bldg. Age: **60+ years**

Current Use (prior if being demolished): **JUNIOR HIGH SCHOOL**

Name of Monitoring Firm Hired by Bldg. Owner (8)

RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.

ASCM No.

0090

Name of Contractor (9)

GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address

401 ST. JAMES AVENUE

Street Address

268 MAIN STREET

City, State, Zip Code

PHILLIPSBURG, NJ 08865

City, State, Zip Code

BUTLER, NJ 07405

Project Manager for Monitoring Firm

JON GILBERT

Telephone Number

908-454-6316

Telephone Number

973-492-0477

License Number

00840

Scheduled Start Date (10)

02/22/12

Scheduled Completion Date (11)

02/23/12

Name of OSHA Monitor

ENVIROVISION, INC.

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8)
☐ Abatement Performed Outside of Normal Facility Hours - Describe
☐ Facility Occupied During Entire Period of Abatement
Hours 7AM - 7PM (as needed)

Street Address

20-21 WARGARAW ROAD

City, State, Zip Code

FAIRLAWN, NJ

Source of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ 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

Old Boiler Room

☒

BOILER INSULATION

24 SF

☒

Name of Reg. Waste Hauler

**Newark Carting, Inc.
 Newark, NJ 04509**

NJDEP Waste Hauler ID

NJ DEP # 4509

Cubic Yards of Waste:

5 CY

Name of Registered Landfill

G.R.O.W.S. North Landfill

Notes: None

Disposal Date

02/23/12

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

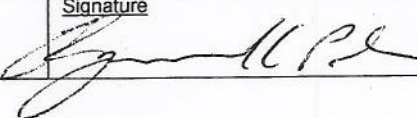
[Signature]

Date

February 22, 2012

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

GAC Project # 313-12

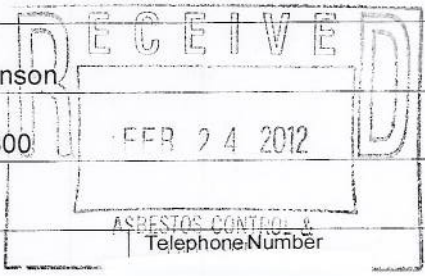
Date of Notification (1) February 10, 2012		Name of Building Owner/Operator (2) MADISON BOARD OF EDUCATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" 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 359 WOODLAND AVENUE		City, State, Zip Code MADISON, NJ 07940	
Name of Contact JOE TRAUSE		Telephone Number ASBEST	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MADISON JUNIOR SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 160 MAIN STREET		Sq. Feet: ~75,000 # of Floors: 2 Bldg. Age: 60+ years	
City (5) MADISON	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCM No. 0090	
Street Address 401 ST. JAMES AVENUE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JON GILBERT		Telephone Number 908-454-6316	License Number 00840
Scheduled Start Date (10) 02/22/12		Scheduled Completion Date (11) 02/23/12	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 7AM - 7PM (as needed)		Name of OSHA Monitor ENVIROVISION, INC.	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13) Old Boiler Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) BOILER INSULATION	Amount (Specify SF or LF) 24 SF
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 5 CY
Notes: None		Name of Registered Landfill G.R.O.W.S. North Landfill	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature 
Disposal Date 02/23/12		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Date February 10, 2012			

Copies To: MADISON BOE Attn: Mr. Joe Trause and RK O&E, Attn: Jon Gilbert

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

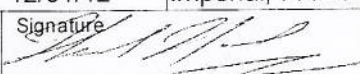
4272

Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	1000 / 1001 Route 202, PO Box 300	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #2	Raritan, NJ 08869	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Project Manager	

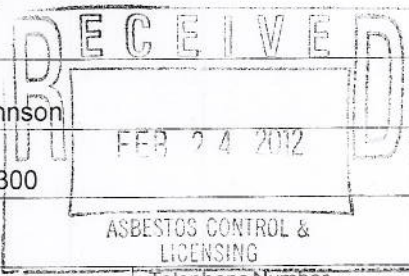


Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson			Type of Facility (4)		
Street Address 1000 / 1001 Route 202			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Raritan, NJ			Square Feet	# of Floors 3	Bldg. Age
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility		
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.		
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781	
Start Date (10) 2/2/12		Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)			Street Address 1500 Kings HWY N, STE 209		
<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 Cherry Hill, NJ 08034		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4.5	Name of Registered Landfill BFI Imperial Landfill	
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126	
Completed by Michael Cooper		Title President	Signature 		Date 2/21/12

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



Date of Notification (1) February 10, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300	
<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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Project Manager	Telephone Number


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)	
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3
County (6) Somerset		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, 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 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TBD	Name of Registered Landfill BFI Imperial Landfill	
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126	
Completed by Michael Cooper		Title President	Signature 		Date 2/10/12

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

4178

Date of Notification (1) February 01, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility						
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
Start Date (10) 2/2/12		Scheduled Completion Date (11) 2/10/12	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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 2/10/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 2/1/12			

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

Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) Tom Guttridge		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">FEB 24 2012</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL & REMEDIATION</div>
Agencies Notified	Type of Notification	Street Address 25 Raynor Road		
<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 Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Tom Guttridge		
				Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 25 Raynor Road			<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.)		
City Morristown	County (6) Morris	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 2	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
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 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/21/12		Scheduled Completion Date (11) 2/22/12		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)			<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		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Clean-up of basement	800 sf	x			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/23/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/21/2012

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


8/25
Emergency

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

REMEMBER - MAIL IN HARD COPY
CHECK # 8125

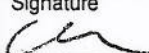
Date of Notification (1) 2-20-12		Name of Building Owner/Operator (2) Sakoutis Bros.						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Changeover	Street Address P.O. Box 84	City, State, Zip Code Colts Neck, NJ 07740					
		Name of Contact John Sakoutis	Telephone Number 609 758-3365					
Name of Facility Where Abatement is Taking Place (3) Stores/Apartments (Bunt-down)		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 57-63 Brighton Ave.		Square Feet 2/3	# of Floors 2/3					
City (5) Long Branch		Bldg. Age 75+						
County (6) Monmouth		Current Use (Prior if being demolished) Stores/Apartments						
Name of Monitoring Firm Hired by Building Owner (8) _____		Name of Abatement Contractor (9) EPC Technologies Inc.						
Street Address _____		Street Address P.O. Box 337						
City, State, Zip Code _____		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm _____		Telephone No. 609 758-3365	Licence No. 00394					
Start Date (10) _____	Scheduled Completion Date (11) _____	Name of OSHA Monitor _____						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____						
		City, State, Zip Code _____						
Scope of Work (Check All That Apply) <input type="checkbox"/> < 23 sf or 23 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glazing Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
Perimeter + in pile			X	Roofing flashing/material	unknown	X		
Inside Pile			X	Floor Tiles	unknown	X		
Standing wall			X	Rough Coat (Plaster)	300 SF	X		
Name of Registered Waste Hauler Sakoutis Bros.		NJDEP Waste Hauler ID No. 20	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management				
City, State Colts Neck, NJ		Disposal Date 2-21-12		City, State Morrisville PA				
Completed by Steve Schenken		Title President		Signature SD Schenken		Date 2-20-12		

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

Date of Notification (1) 2/22/12		Name of Building Owner/Operator (2) Sean Maxwell / Residence							
Agencies Notified	Type Notification	Street Address 103 East 19th Street							
<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 Beach Haven NJ 08008							
		Name of Contact Sean							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sean Maxwell / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 103 East 19th Street		Square Feet 1000+	# of Floors 1.5						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/5/12	Scheduled Completion Date (11) 3/9/12	Name of OSHA Monitor Pernaco 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 <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Exterior Siding			x	Exterior Siding	2100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/9/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 2/23/12			

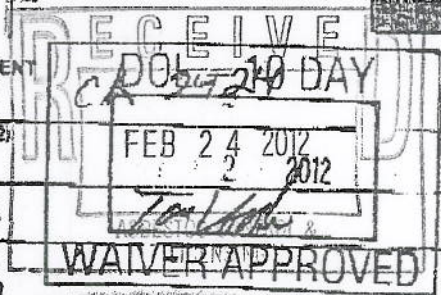
* Emergency *

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

Date of Notification (1) 2/21/12		Name of Building Owner/Operator (2) Hoboken Housing Authority		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 24 2012 ASBESTOS CONTROL </div>					
Agencies Notified	Type Notification	Street Address 311 13 Street Unit 3 B							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken NJ 07030							
		Name of Contact Tom		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken Housing Authority				Type of Facility (4)					
Street Address 311 13 Street Unit 3 B				<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.)					
City (5) Hoboken NJ 07030				Square Feet 1000+	# of Floors 1+				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 2/22/12		Scheduled Completion Date (11) 2/23/12		Name of OSHA Monitor Pernaco Inc					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 329					
<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: Apt Closed				City, State, Zip Code West Berlin NJ 08091					
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 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
Apt 3B			x	Floor Tile / Mastic	300 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 2/24/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 2/21/12			

* Emergency *

REMEMBER - MAIL IN HARD COPY

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12b)

Date of Notification (1) 2/21/12		Name of Building Owner/Operator (2) Hoboken Housing Authority							
Agencies Notified	Type Notification	Street Address 311 13 Street Unit 3 B							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken NJ 07030							
		Name of Contact Tom							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken Housing Authority		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 5 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 311 13 Street Unit 3 B		Square Feet 1000+	# of Floors 1+						
City (5) Hoboken NJ 07030		Bldg. Age 35+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/22/12	Scheduled Completion Date (11) 2/23/12	Name of OSHA Monitor Pernaco 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>Apt Closed</u>		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≤ 5 sf or ≤ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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			Remove	Repair	Encapsulate	Enclosure
Apt 3B			x	Floor Tile / Mastic	300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.H.O.W.S.					
City, State Elm NJ		Disposal Date 2/24/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/21/12		

CHECK #
2225

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

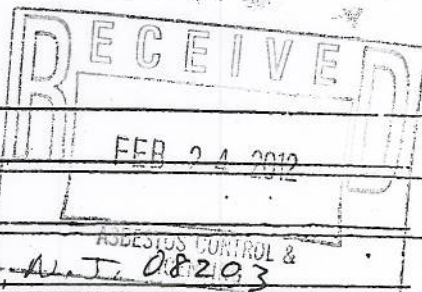
RECEIVED
JAN 24 2012

Date of Notification (1) <u>2/22/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>				
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>				
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number <u>1</u>			
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>305 17TH ST.</u>						
City (5) <u>OCEAN CITY</u>		Square Feet	# of Floors			
County (6) <u>CAPE MAY</u>		Bldg. Age				
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>		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>3/5/12</u>	Scheduled Completion Date (11) <u>3/12/12</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) IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	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
				<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>2/22/12</u>			

CHECK

2226

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:121)



Date of Notification (1) <u>2/22/02</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> NJAC <input type="checkbox"/> NJDOH <input type="checkbox"/> NJDEP	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>P.O. Box</u>	
		City, State, Zip Code <u>BRIGANTINE, N.J. 08203</u>	
		Name of Contact <u>SAME</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.)	
Address <u>336 11TH ST. SOUTH</u>		Square Feet <u>1000 #</u>	# of Floors <u>2</u>
City, State, Zip Code <u>BRIGANTINE, N.J. 08203</u>		Blog Age <u>40 Y</u>	
County Code (7) (STATE USE ONLY) <u>ATLANTIC</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>Klemm Inc.</u>	
Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. <u>856-774-0422</u>		License No. <u>010144</u>	
Date of Notification <u>3/5/12</u>	Scheduled Completion Date (11) <u>3/12/12</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>	

Check all that apply:

☒ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Min. Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (1') and Non-Frangible Procedure

Location of Asbestos Containing Material (ACM) (10) <u>TO BE ABATED</u> in Facility (11) <u>SLIDING</u>	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 (Spec. SF or LF)	X
	Yes	No	N/A			
			X	<u>TRANSITE</u>	<u>1500 #</u>	X

Name of Waste Hauler <u>Klemm Inc.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>ACUA</u>
City, State, Zip Code <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>BRIGANTINE, N.J.</u>
Signature <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>2/22/02</u>

Do not use this form for asbestos licensure exempted activities