

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

Date of Notification (1) 12/29/11		Name of Building Owner/Operator (2) Judith & Tetsuya Fujita					
Agencies Notified	Type Notification	Street Address 67 Whiteoak 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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, New Jersey 07079					
		Name of Contact Judith & Tetsuya Fujita					
		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 67 Whiteoak Drive		Square Feet 10,000	# of Floors 2				
City (5) South Orange, New Jersey 07079		Bldg. Age 55+					
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation				
Street Address 555 Broad Street, Suite K		Street Address 606 McBride Avenue					
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400				
License No. 01104							
Start Date (10) 12/30/11	Scheduled Completion Date (11) 01/04/12	Name of OSHA Monitor J&S Environmental Labs					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Street Address 2333 Route 22 West					
		City, State, Zip Code Union, New Jersey 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 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			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A X	Clean-up of ACM	1,000 SF		X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424		Disposal Date 01/05/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 12/29/11		

REMEMBER - MAIL IN HARD COPY

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

4002 - 10 DAY

Date of Notification (1) 12/27/11 Ck#: 1705		Name of Building Owner/Operator (2) Judith Tetsuya					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 87 Whiteoak Drive		City, State, Zip Code South Orange, New Jersey 07079					
Name of Contact Judith Tetsuya		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 87 Whiteoak Drive		Square Feet 10,000					
City (5) South Orange, New Jersey 07079		# of Floors 2					
County (6) Essex		Bldg. Age 55+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Lilich Corporation					
Street Address		Street Address 606 McBride Avenue					
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm		Telephone No. 973-225-8400					
Telephone No.		License No. 01104					
Start Date (10) 12/30/11		Scheduled Completion Date (11) 12/31/11					
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: 7AM - 3PM		Name of OSHA Monitor J&S Environmental Labs					
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A X	Clean up of ACM	1,000 SF		X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No 18724		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 01/02/12		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 12/27/11	

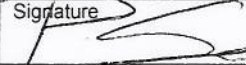
ASB-41 (R.06-08)

* Do not use this form for asbestos licensure exempted activities

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

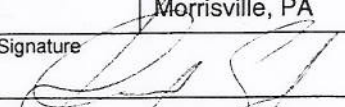
Date of Notification (1) 12/29/11		Name of Building Owner/Operator (2) MS. ECI ROTHSTEIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 360 VANDELINDA AVE City, State, Zip Code TEANECK, NJ. 07666 Name of Contact MS. ROTHSTEIN	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. ROTHSTEIN		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 360 VANDELINDA AVE		Square Feet 2300	# of Floors 2
City (5) TEANECK		Bldg. Age 1940	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 1/13/12		Scheduled Completion Date (11) 1/14/12	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2 AM TO 5 PM		Name of OSHA Monitor Omega Environmental Services	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT			THERMAL INSULATION
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 2129
City, State South Kearny N.J. 07032		Name of Registered Landfill Cumberland County Landfill	
Completed by J. MAIORANO		Title Estimator	Disposal Date 1/14/12
Signature <i>J. Maiorano</i>		Date 12/29/11	

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

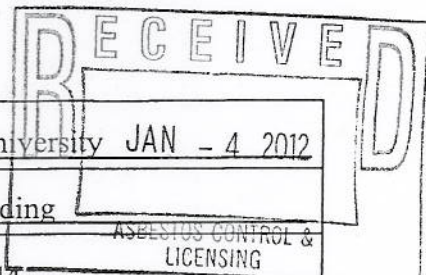
Date of Notification (1) 12/29/2011		Name of Building Owner/Operator (2) Young Jin Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
	Street Address P.O. Box 4016								
	City, State, Zip Code Wayne, New Jersey 07470								
	Name of Contact Edwin Kim								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 129 Market Street		Square Feet 20,000	# of Floors 6						
City (5) Paterson		Bldg. Age 100							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 00127	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address 307 North Walnut Street		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. (610) 431-7545	Telephone No. (973) 928-5040						
Start Date (10) 01/10/2012		Scheduled Completion Date (11) 01/23/2012	License No. 00874						
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>Work performed during building off hours from 7PM to 7AM</u>		Name of OSHA Monitor Sky Contracting, LLC							
Street Address 1385 Valley Road, Suite K		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room				See Attached		x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 12/29/2011		

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

RECEIVED # 1720
JAN - 4 2012
ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 12/28/2011		Name of Building Owner/Operator (2) Market Halsey Urban Renewal							
Agencies Notified	Type Notification	Street Address 165 Halsey St.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Robert Klug							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Market Halsey Urban Renewal		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 165 Halsey St.		Square Feet 2500	# of Floors 2						
City (5) Newark		Bldg. Age 70							
County (6) Essex County	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) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 1/10/2011	Scheduled Completion Date (11) 1/31/2011	Name of OSHA Monitor							
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: 8:00am - 4:00pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MER 9.5	x			Concret Platform	90 SF	x			
MER 9.5	X			Pipe Insulation	60 LF	x			
Halsey St. Bathroom, 2B	x			Pipe Insulation	200 LF	x			
Pump Room 2B	X			Pipe Insulation & Fitting	8 LF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 1	Name of Registered Landfill GROWS				
City, State Clifton, NJ 07013		Disposal Date		City, State Morrisville, PA					
Completed by Dimo Golcev		Title V. President		Signature 		Date 12/28/2011			

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



Date of Notification (1) <u>9/29/11</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u> City, State, Zip Code <u>Princeton, NJ 08544</u>	
		Name of Contact <u>Robert Ortego</u>	Telephone Number <u></u>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Hoyt Chemical Laboratory</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>William Street</u>			
City (5) <u>Princeton, NJ</u>		Square Feet <u>28,000</u>	# of Floors <u>4</u>
		Bldg. Age <u>32</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>labs</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC Associates Inc.</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>Three Terri Lane</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Burlington, NJ 08016</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Michael Keehn</u>		Telephone No. <u>(609) 386-8800</u>	License No. <u>00493</u>
Start Date (10) <u>10/10/11</u>	Scheduled Completion Date (11) <u>2/10/12</u>	Name of OSHA Monitor <u>MECS</u>	
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>7AM- 11PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

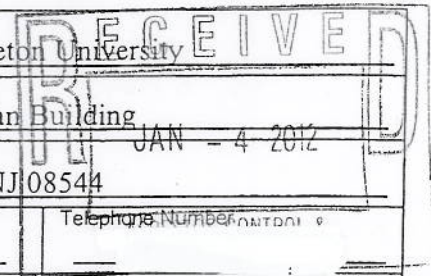
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
<u>Ground to 3rd Floor</u>		<input checked="" type="checkbox"/>		<u>floor tile, sheet floor/mastic</u>	<u>26,985 SF</u>	<input checked="" type="checkbox"/>			
<u>Ground to 3rd Floor</u>		<input checked="" type="checkbox"/>		<u>fume hood and base cabinets</u>	<u>1,650 SF</u>	<input checked="" type="checkbox"/>			
<u>Exterior Roof</u>		<input checked="" type="checkbox"/>		<u>roof flashing material</u>	<u>1,150 SF</u>	<input checked="" type="checkbox"/>			
<u>A Level Floor</u>		<input checked="" type="checkbox"/>		<u>dryer door gasket</u>	<u>6 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Carnevale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>160 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Hamilton, NJ 08610</u>		Disposal Date <u>2/10/12</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>12/29/11</u>		

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

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24485



Date of Notification (1) <u>9/29/11</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u> City, State, Zip Code <u>Princeton, NJ 08544</u>					
		Name of Contact <u>Robert Ortego</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Hoyt Chemical Laboratory</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>William Street</u>		Square Feet <u>28,000</u>	# of Floors <u>4</u>				
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>32</u>					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>labs</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC Associates Inc.</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>Three Terri Lane</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Burlington, NJ 08016</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>Michael Keehn</u>	Telephone No. <u>(609) 386-8800</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>				
Start Date (10) <u>10/10/11</u>	Scheduled Completion Date (11) <u>12/31/11</u>	Name of OSHA Monitor <u>MECS</u>					
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>7AM- 11PM</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
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) 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
<u>Ground to 3rd Floor</u>	<input checked="" type="checkbox"/>	<u>floor tile, sheet floor/mastic</u>	<u>26,985 SF</u>	<input checked="" type="checkbox"/>			
<u>Ground to 3rd Floor</u>	<input checked="" type="checkbox"/>	<u>fume hood and base cabinets</u>	<u>1,650 SF</u>	<input checked="" type="checkbox"/>			
<u>Exterior Roof</u>	<input checked="" type="checkbox"/>	<u>roof flashing material</u>	<u>1,150 SF</u>	<input checked="" type="checkbox"/>			
<u>A Level Floor</u>	<input checked="" type="checkbox"/>	<u>dryer door gasket</u>	<u>6 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Carnevale Disposal</u>	NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>160 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Hamilton, NJ 08610</u>		Disposal Date <u>1/2/12</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/10/11</u>				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 12/28/11		Name of Building Owner/Operator (2) Morristown Board of Education		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN - 4 2012 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 31 Hazel Street				City, State, Zip Code: Morristown, NJ			
		Name of Contact: Mike Laino				Telephone Number: _____			
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3): Hillcrest Elementary 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 Hillcrest Avenue				Square Feet: _____ # of Floors: _____					
City/ (5): Morristown	County (6): Morristown	County Code (7): 07906	Bldg. Age _____ Current Use : School						
Name of Monitoring Firm Hired by Building Owner: Alpha Environmental			ASCM No.: _____	Name of Abatement Contractor (9): Envirocare Enterprises, Inc					
Street Address: 3401 Foster Avenue			Street Address: 358 Broadway						
City, State, Zip Code: Brooklyn, NY 112010			City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: Olumide Ayandeji		Telephone No.: 917-517-1860	Telephone No.: (973) 485-4000	License No.: 01017					
Start Date (10): 01/07/12	Scheduled Completion Date (11): 01/09/12		Name of OSHA Monitor: AmeriSci						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: 117 East 30th Street City, State, Zip Code: New York, New York, 10016						
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	Encapsulat	Enclosure
1st and 2nd floor		X		Window caulking	25 SF	X			
Name of Registered Waste Hauler: Newark Carting NJDEP Waste Hauler ID No.: 4506 Cubic Yards of Waste: 3 Name of Registered landfill: Tullytown Re. Facility									
City, State: Newark NJ 07102 Envirocare		Disposal Date:		City, State: Tullytown, PA					
Completed By: Uju Obiorah		Title: President		Signature: <i>Uju Obiorah</i>		Date: 12/28/11			

2532

-State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



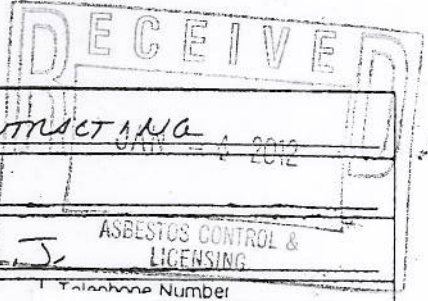
Date of Notification (1): 12/28/11		Name of Building Owner/Operator (2) Morristown Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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: 31 Hazel Street		Telephone Number: _____				
			City, State, Zip Code: Morristown, NJ						
			Name of Contact: Mike Laino						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): Morristown High 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: 50 Early Street				Square Feet: _____ # of Floors: _____					
City/ (5): Morristown	County (6): Morristown	County Code (7): 07906		Bldg. Age _____ Current Use : School					
Name of Monitoring Firm Hired by Building Owner: Alpha Environmental			ASCM No.: EMLS 11506	Name of Abatement Contractor (9): Envirocare Enterprises, Inc					
Street Address: 3401 Foster Avenue				Street Address: 358 Broadway					
City, State, Zip Code: Brooklyn, NY 11210				City, State, Zip Code: Newark, NJ 07104					
Project Manager for Monitoring Firm: Olumide Ayandiji			Telephone No.: 917-517-1860	Telephone No.: (973) 485-4000	License No.: 01017				
Start Date (10): 01/07/12		Scheduled Completion Date (11): 01/09/12		Name of OSHA Monitor: AmeriSci					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____				Street Address: 117 East 30th Street					
				City, State, Zip Code: New York, New York, 10016					
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	Encapsulat	Enclosure
1st and 2nd floor		X		Window caulking	12 SF	X			
Name of Registered Waste Hauler: Newark Carting			NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 Envirocare			Disposal Date:		City, State: Tullytown, PA				
Completed By: Uju Obiorah			Title: President	Signature: <i>Uju Obiorah</i>		Date: 12/29/11			

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

Date of Notification (1) December 30, 2011		Name of Building Owner/Operator (2) EBSI Holdings, LLC		Check # 4282					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 4 2012 ASBESTOS CONF LICENSING </div>					
Street Address 19 Foxcroft Way		City, State, Zip Code Mount Laurel NJ 08054		Name of Contact Stephen Roseman					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Building/Former Bank				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 101 Gaither Drive				Square Feet 2000					
City (5) Mount Laurel				# of Floors 1					
				Bldg. Age 50					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Bank					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341				Street Address 47 S. Lippincott Ave					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-3420		Telephone No. 856-755-0099					
				License No. 00842					
Start Date (10) 1/12/2012		Scheduled Completion Date (11) 1/20/2012		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 107 Haddon Ave					
				City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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			xxx	Sheetrock Spackle		xxx			
Heater Room			XXX	Floor Tile		xxx			
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 10		Name of Registered Landfill Grows Landfill			
City, State Bellmawr, NJ				Disposal Date		City, State Tullytown, PA			
Completed by William Lynch		Title Owner		Signature <i>William Lynch</i>		Date 12-30-2011			

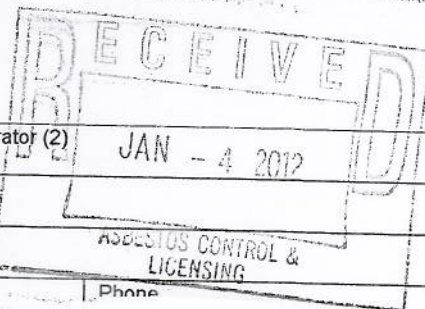
CHECK #
2176

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



Date of Notification (1) <u>12/29/11</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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>155 RT. 50</u>					
		City, State, Zip Code <u>GREENFIELD, N.J.</u>					
		Name of Contact <u>BRUCE BREUNIG</u>					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>8-10 N. SHORE RD.</u>		Square Feet					
City (5) <u>MORRIS</u>		# of Floors					
County (6) <u>COPELAW</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>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Telephone No.		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>1/19/12</u>		License No. <u>00444</u>					
Scheduled Completion Date (11) <u>1/16/12</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 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Entire Structure
<u>SIDING</u>	Yes No N/A <u>X</u>	<u>TRANSITE</u>	<u>800 #</u>	<u>X</u>			
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>12/29/11</u>				

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 12/29/2011		Name of Building Owner/Operator (2) St. Clare's Health Systems	
Agencies Notified (x) EPA (x) DOL (x) DOH () DCA	Notification Type () Initial Notification (X) Amended Notification No.6 () Cancelled	Street Address 25 Pocono Road City, State, Zip Code Denville, NJ 07834 Name of Contact Gene Foley	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Clare's Hospital		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 103 Powerville Road		Sq. Feet 100,000 SF No. of Floors: 3	
City (5) Boonton	County (6) Morris	County Code (7) (State Use Only)	Bldg. Age 68 yrs Current Use (prior if being demolished) Offices
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc		ASCM No. 00104	Name of Contractor (9) Superior Abatement, Inc.
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Sparta, NJ 07871		City State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm John A Sekelsky	Telephone Number 973-651-2039	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 9/13/2010	Scheduled Completion Date (11) 12/31/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (x) Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.		Street Address 2 Henderson Drive, Ste. A	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (X) Mini-Enclosure (x) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.		City, State, Zip Code West Caldwell, NJ 07006	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type
1st, 2nd and 3rd Floors		Spray-on Fireproofing	20,280 SF Rem. Rep. Encap Enclose
1st, 2nd and 3rd Floors		Pipe and Fitting Insulation	4,000 LF X
1st Floor		VAT & Mastic	20,000 SF X
1st Floor		Mastic on Concrete Block	700 SF X
Name of Reg. Waste Hauler Service Transport Group< Inc		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 620
City, State New Castle, DE		Disp. Date Various (as containers are filled)	Name of Reg. Landfill Minerva Landfill
Completed by (Print or Type) Nick Petrovski		Title President	Signature
			Date 5/25/2011

Amended Notification No. 1: Change to the amount of Linear Footage from the original 700 LF to 4,000 LF of Pipe and Fitting Insulation due to typographical error.

Amended Notification No. 2: Additional 700 SF of Mastic on Concrete Block

Amended Notification No. 3: Additional 1,750 SF added to the original 250 SF of VAT & Mastic on 1st Floor.

Amended Notification No. 4: Additional 12,000 SF added to the 2,000 SF of VAT & Mastic on 1st Floor.

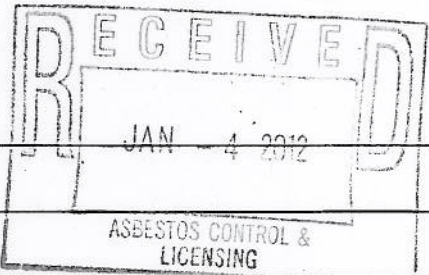
Amended Notification No. 5: Additional 6,000 SF added to VAT/Mastic on 1st Floor and change to Completion Date from 5/31/2011 to New Completion Date of 12/31/2011

Amended Notification No. 6: Change to Completion Date from 12/31/2011 to New Completion Date of 12/31/2012.

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

Date of Notification (1) 12/29/2011		Name of Building Owner/Operator (2) WIDGER CHEVROLET							
Agencies Notified	Type Notification	Street Address 606 ROUTE 10							
<input 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 LIVINGSTON NJ 07039							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact JEFF KOLLAR							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WIDGER CHEVROLET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 606 ROUTE 10		Square Feet	# of Floors						
City (5) LIVINGSTON		Bldg. Age							
County (6) ESSEX	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		Telephone No. 973-769-6946	License No. 00559						
Start Date (10) 01/09/2012	Scheduled Completion Date (11) 01/13/2012	Name of OSHA Monitor LONG ISLAND ANALYTICAL							
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: occupied work hours 7:00 AM- 3:30 PM		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vacant Offices			x	Floor tiles & Mastic	2,000 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 Recover Facility					
City, State Linden, NJ			Disposal Date	City, State Tullytown/ Morrisville, PA					
Completed by Slawomir Kielczewski		Title President	Signature			Date 12/29/2011			

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



Date of Notification (1) 12/20/11		Name of Building Owner/Operator (2) Mr. R. West							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 WOODSTONE RD City, State, Zip Code BASKING RIDGE, NJ 07920 Name of Contact H. WEST Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) M.R. R. WEST		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 45 WOODSTONE RD		Square Feet 2600	# of Floors 2						
City (5) BASKING RIDGE		Bldg. Age 1935							
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 1/5/12	Scheduled Completion Date (11) 1/6/12	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>From 10 AM to 5 PM</u>		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 3 sf or 23 lf <input checked="" type="checkbox"/> 160 sf or 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				VAT	900SF	X			
BASEMENT				THERMAL INSULATION	120LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 527	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 1/6/12	City, State Newburgh PA, 17242						
Completed by J. MAIORANO		Title Estimator	Signature <i>[Signature]</i>				Date 12/20/11		

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

CH# 78356

Friable - Page #1

Date of Notification (1) December 20, 2011		Name of Building Owner/Operator (2) Honeywell International, Inc.							
Agencies Notified	Type Notification	Street Address 101 Columbia Turnpike							
<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 Morristown, New Jersey 07962 Name of Contact John Mojka							
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DECEITVE JAN - 4 2012 Telephone Number </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Colonial Concrete & Harsimus Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 & 150 Kellogg Street		Square Feet 13,100	# of Floors 1						
City (5) Jersey City		Bldg. Age 58							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) Consulting Services of		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 26 Lornezo Court		Street Address 164 Getty Ave.							
City, State, Zip Code Aberdeen Township, New Jersey 07747		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-921-922	Telephone No. 973-478-4848						
Start Date (10) 1-06-12		Scheduled Completion Date (11) 1-31-12	License No. 00724						
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-3:30PM		Name of OSHA Monitor Slavco Construction Inc.							
		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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Harsimus Bldg.			x	Pipe Insulation	5LF	x			
Name of Registered Waste Hauler Slavco Construction Inc. (Friable)		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 12/20/11			

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

Ch# 78356
Non-Friable *Pgett*

Date of Notification (1) December 20, 2011		Name of Building Owner/Operator (2) Honeywell International, Inc.							
Agencies Notified	Type Notification	Street Address 101 Columbia Turnpike							
<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 Morristown, New Jersey 07962							
		Name of Contact John Mojka							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Former Colonial Concrete & Harsimus Building		Type of Facility (4)							
Street Address 75 & 150 Kellogg Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 13,100	# of Floors 1						
County (6) Hudson		Bldg. Age 58							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <i>Abandoned Bldg.</i>							
Name of Monitoring Firm Hired by Building Owner (8) Consulting Services of		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 26 Lornezo Court		Street Address 164 Getty Ave.							
City, State, Zip Code Aberdeen Township, New Jersey 07747		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-921-922	License No. 00724						
Start Date (10) <i>1-16-12</i>	Scheduled Completion Date (11) <i>1-31-12</i>	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 164 Getty Ave.							
<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-3:30PM		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 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
Colonial Concrete			x	Window Glazing	150SF	x			
Colonial Concrete			x	Vat	1500 SF	x			
Colonial Concrete			x	Roof & Flashing	2105SF	x			
Harsimus Bldg. Rm#1, Roof			x	Vat & Mastic, Roof & Mastic	1050SF	x			
Name of Registered Waste Hauler Interstate Waste Services (Non-Friable)		NJDEP Waste Hauler ID No. 18571		Cubic Yards of Waste TBD	Name of Registered Landfill Eagle Sanitation				
City, State Jersey City, NJ 07306		Disposal Date TBD		City, State North Bergen, NJ					
Completed by Vivian D. Jurcevic		Title Admin. Assistance		Signature <i>Vivian D. Jurcevic</i>			Date 12/20/11		

CHECK#
2177

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

RECEIVED
JAN - 4 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>12/29/11</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>						
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>1546 CENTRAL AVE</u>		Square Feet # of Floors Bldg. Age						
City (5) <u>OCEAN CITY</u>								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>1/18/12</u>	Scheduled Completion Date (11) <u>1/17/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>2000 LF</u>	<u>X</u>			
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.V.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>12/29/11</u>			

ASB-41

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

REMEMBER - MAIL IN HARD COPY

NOTIFICATION OF ASBESTOS ABATEMENT
(Paragraph to NJAC 8:26-7 and 12:120-7)

DOL - 10 DAY

Date of Notification (1) 12/28/11		Name of Building Owner/Operator (2) Sonia Oquendo	
Agencies Notified	Type Notification	Street Address 190 Elwood Ave	ASBESTOS CONTROL & LICENSING DEC 28 2011 WAIVER APPROVED
<input type="checkbox"/> IEPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJOL <input type="checkbox"/> DOE <input type="checkbox"/> NJCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104	
		Name of Contact Sonia Oquendo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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, houses, etc.)		
Street Address 132 Verona Ave			Square Feet 1800	# of Floors 2	Bldg. Age 60
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 12/29/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor N/A	
Month Day Year 12 29 11		Month Day Year 12 30 11		Street Address	
Occupancy Status during Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>Off-Hours Descriptive</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descriptive</u>					
City, State, Zip Code					

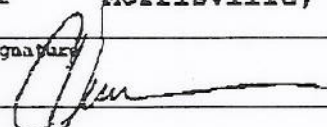
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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, VAP, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	75 lf	X				
Basement			X	Boiler Insulation	18 sf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		HAZOP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 1/2/12		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 12/28/11

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

Date of Notification (1) 12/7/11 -Amended 12/28/11		Name of Building Owner/Operator (2) Tetsuya Fujita	
Agencies Notified	Type Notification	Street Address 67 Whiteoak Drive	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code S. Orange, NJ 07079	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact Tetsuya Fujita	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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 67 Whiteoak Drive			Square Feet 2800		
City (5) South Orange			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 53		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 12/17/11		Sched. Completion Date (11) 1/31/11		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

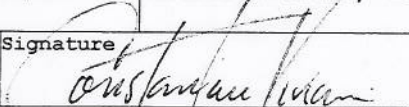
Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-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	ENCLOSURE	ENCLOSURE
Basement			X	VAT	800 SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 3.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/21/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/28/11		

REMEMBER - MAIL IN HARD COPY

State of New Jersey

NOTIFICATION OF ABATEMENT AGREEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check #: 9956

Date of Notification (1)

12/28/11

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOE☐ DCA

Type Notification

☒ Initial
Notification☐ Amended
Notification☒ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Kieran McGlynn

Street Address

34 Elmwood Ave

City, State, Zip Code

Chatham, NJ 07928

Name of Contact

Kieran McGlynn

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private

Street Address

34 Elmwood Ave

City (5)

Chatham

County (6)

Morris

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

3000

of Floors

3

Bldg. Age

82

Current Use (Enter as being demolished)

Residence

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

67

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

12/29/11

Sched. Completion Date (11)

12/30/11

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal FacilityHours - Describe: off hours Descriptors☐ Other - Describe: Other Occupancy Descriptors

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf☐ ≥ 150 sf or ≥ 260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☐ High-velocity Procedure☐ Non-Friable ProcedureLocation of
Asbestos-Containing
Material (ACM)
TO BE ABATED

In Facility

(13)

Is
Location
Normally
Used
Solely
By Main-
tenance/
Custodial
Staff (12)

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Description of
Asbestos-Containing
Material (ACM)
(i.e., thermal systems
insulation, surfacing, var.,
or other miscellaneous)Amount
(Specify
SF or
LF)

25 lf

Abatement Type

RENOVATION

REPAIR

ENCLOSURE

FULL

SURFACE

ENCLOSURE

RENOVATION

REPAIR

ENCLOSURE

FULL

SURFACE

ENCLOSURE

RENOVATION

REPAIR

ENCLOSURE

FULL

SURFACE

ENCLOSURE

RENOVATION

REPAIR

ENCLOSURE

FULL

SURFACE

ENCLOSURE

RENOVATION

REPAIR

ENCLOSURE

FULL

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

Waste Hauler ID No.

17040

Cubic Yards
of Waste C.E.

17040

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

1/2/12

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

12/28/11

CHECK #
2175

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

RECEIVED
DECEMBER 29 2011

Date of Notification (1) <u>12/29/11</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING 2012</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCM <input type="checkbox"/> NJA	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>155 RT. 50</u>
	City, State, Zip Code <u>GREENFIELD, N.J.</u>		ASBESTOS CONTROL & LICENSING
	Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2650 ASBURY AVE.</u>		Square Feet _____	# of Floors _____
City <u>OCEAN CITY</u>		Bldg. Age _____	
County (6) <u>CAPE MAY</u>	Country Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>	
State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/9/12</u>	Scheduled Completion Date (11) <u>11/16/12</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>	

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted ("I") and Non-Frangible Procedure

☐ Renovation
☒ Demolition

Location of Asbestos Containing Material (ACM) to be Abated 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 Method		
	Yes	No	N/A			Removal	Repair	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500#</u>	<u>X</u>		

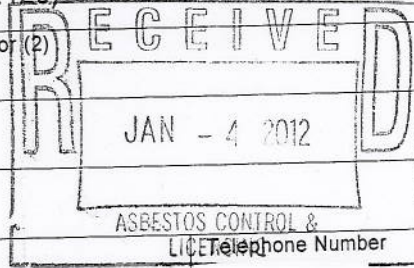
Name of Registered Waste Hauler <u>KLEMM INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
Disposal Date <u>MAPLE SHADE, N.J.</u>		City, State <u>WOODBINE, N.J.</u>			
Inspector's Signature <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/29/11</u>		

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

Check # 8097

Date of Notification (1) 12-30-11		Name of Building Owner/Operator (2) Space Savers							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1071 County Road 1523							
		City, State, Zip Code Flemington NJ 08822							
		Name of Contact Greg Pagano							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Farm		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 114 Oldwick Road		Square Feet	# of Floors 1						
City (5) Whitehouse NJ 08888		Bldg. Age 60+							
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Barn						
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC						
Street Address P.O. BOX 337		Street Address P.O. BOX 337							
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533							
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-758-3365	License No. 00394						
Start Date (10) Jan 9, 2012	Scheduled Completion Date (11) Jan 9, 2012		Name of OSHA Monitor EPC TECHNOLOGIES, 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 P.O. BOX 337							
		City, State, Zip Code NEW EGYPT, NJ 08533							
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 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
Old Barn			X	Siding Shingles	400 SF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ 08533			Disposal Date 1-10-12	City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker	Date 12-30-11					

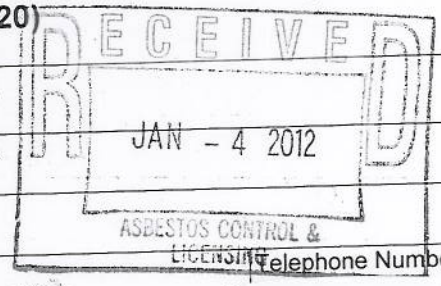
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/29/2011		Name of Building Owner/Operator (2) Rick Fujii						
Agency 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 877 Norgate Drive City, State, Zip Code Ridgewood, NJ 07450 Name of Contact Rick Fujii						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Street Address 877 Norgate Drive City (5) Ridgewood, NJ 07450 County (6) Bergen		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.) Square Feet 50 SF # of Floors Bldg. Age Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) ENVITO VISION		ASCM No.	Name of Abatement Contractor (9) RICI CORP					
Street Address 20-21 WAGARAW ROAD City, State, Zip Code FAIR LAWN, NJ 07410		Telephone No. 973-636-2008	Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055					
Project Manager for Monitoring Firm WILLY MORALES	Scheduled Completion Date (1 1) 01/04/2012	Telephone No. 973-614-1266	License No. 00838					
Start Date (10) 01/04/2012	Name of OSHA Monitor RICI CORP							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055						
Scope of Work (Check all that apply) <input type="checkbox"/> ~: 3 sf or ~: 3 lf <input type="checkbox"/> ~: 1 60 sf or ~: 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Attic			x	PIPE INSULATION	50 SF	x		
Name of Registered Waste Hauler RICI CORP City, State PASSAIC, NJ		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL City, State MORRISVILLE, PA		Signature <i>R. Trajkov</i> Date 12/29/2011		
Completed by RISTO TRAJKOV		Title PRESIDENT						

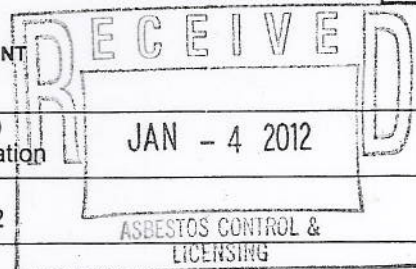
check 1252

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



Date of Notification (1) 12/26/2011		Name of Building Owner / Operator (2) Scott Sirak						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation						
Street Address 116 Murray Avenue		City, State & Zip Code Hamilton, NJ						
Name of Contact Scott Sirak		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 116 Murray Avenue		Square Feet 1500	# of Floors 1					
City (5) Hamilton		County (6) Mercer	County Code (7)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL						
City, State & Zip Code		Street Address 2129 Rt 33						
Project Manager for Monitoring Firm		Telephone Number 215-295-1004	License Number 01091					
Scheduled Start Date (10) 1/04/2012	Scheduled Completion Date (11) 1/05/2011	Name of OSHA Monitor EMSL 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Avenue						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code Westmont, NJ 08108						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 130sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill				
City, State Hamilton, NJ		Disposal Date 1/10/2011		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 12/26/11			

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



Date of Notification (1) 30 December 2011		Name of Building Owner/Operator (2) Port Authority Transit Corporation							
Agencies Notified	Type Notification	Street Address Carlton Street, P.O. Box 4262							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001	City, State, Zip Code Lindenwold, NJ 08084							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ron Binder	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Haddonfield Substation		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 Washington Avenue & Kings Highway		Square Feet N/A	# of Floors N/A						
City (5) Haddonfield		Bldg. Age 43							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Electrical Substation Manhole							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Mattiola Services, LLC						
Street Address		Street Address 2082 B Lucon Road							
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm		Telephone No. 610.539.5634	License No. 01077						
Start Date (10) 13 January 2012		Scheduled Completion Date (11) 15 March 2012							
Name of OSHA Monitor Mattiola Services, LLC		Street Address 2082 B Lucon Road							
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: _____		City, State, Zip Code Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Manhole A	X			Wrap insulation on electric cable	24 LF	X			
Manhole B	X			Wrap insulation on electric cable	24 LF	X			
Name of Registered Waste Hauler American Disposal Systems, Inc.		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste	Name of Registered Landfill JP Mascaro - Pioneer Crossing					
City, State PO Box 348, Lumberton, NJ 08048			Disposal Date	City, State 727 Red Lane Rd, Birdsboro, PA					
Completed by Caroline M. Harper		Title Project Manager	Signature <i>Caroline M. Harper</i>			Date 12/30/11			

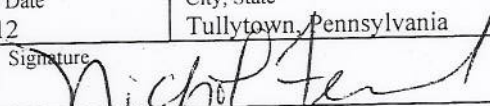
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 30, 2011		Name of Building Owner/Operator (2) Ralco Builders	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	392 Pine Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Manasquan, NJ 08736	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Neil Ducharme	116

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 140 Ocean Bay Blvd.			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Toms River			Square feet 1200 sf		
			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 01/02/12		Scheduled Completion Date (11) 01/03/12		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"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" 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
Exterior		X		Asbestos siding	1150 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 01/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/30/11

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