

No
Check

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

RECEIVED

2013 JAN -7 PM 2:58

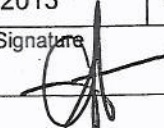
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01/02/2013		Name of Building Owner/Operator (2) The Prudential Insurance Company of America						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 751 Broad Street, Fifth Floor		City, State, Zip Code Newark, New Jersey 07102						
Name of Contact Mr. Richard Hummers		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Pharmacy		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 673 Broad Street		Square Feet 10,000	# of Floors 3					
City (5) Newark		Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Prior Use Commercial)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations Inc.		ASCM No. 00104	Name of Abatement Contractor (9) PAL Environmental Services					
Street Address 655 West Shore Trail		Street Address 11-02 Queens Plaza South						
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Long Island City, NY 11101						
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	Telephone No. 718-349-0900					
License No. 00853								
Start Date (10) POSTPONED	Scheduled Completion Date (11) 3/31/2013	Name of OSHA Monitor Martin McRea						
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: Building is Vacant & Scheduled for Demolition		Street Address 714 Kennedy Blvd						
		City, State, Zip Code Bayonne, NJ 07002						
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
Entire Building				See attached	X			
See attached ACM table for details				ACM table for details				
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 360	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967 / Bronx, NY 10474		Disposal Date 3/31/2013	City, State Waynesburg, OH 44688					
Completed by ANN ALI		Title ADMINISTRATION	Signature			Date 01/02/2013		

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)

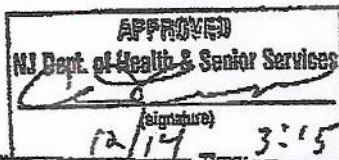
RECEIVED
2013 JAN -7 PM 2:58
AIR QUALITY CONTROL
& LICENSING

Date of Notification (1) 01/02/2013		Name of Building Owner/Operator (2) The Prudential Insurance Company of America						
Agencies Notified	Type Notification	Street Address 751 Broad Street, Fifth Floor						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, New Jersey 07102						
		Name of Contact Mr. Richard Hummers						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Wiss 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 671 Broad Street		Square Feet 60,000	# of Floors 10					
City (5) Newark		Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Prior Use Commercial)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations Inc.		ASCN No. 00104	Name of Abatement Contractor (9) PAL Environmental Services					
Street Address 655 West Shore Trail		Street Address 11-02 Queens Plaza South						
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Long Island City, NY 11101						
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	License No. 00853					
Start Date (10) POSTPONED	Scheduled Completion Date (11) 3/31/2013	Name of OSHA Monitor Martin McRea						
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: Building is Vacant & Scheduled for Demolition		Street Address 714 Kennedy Blvd						
		City, State, Zip Code Bayonne, NJ 07002						
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) <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
Entire Building			See attached ACM table for	See attached	x			
See attached ACM table for details			details	ACM table				
				for details				
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967 / Bronx, NY 10474		Disposal Date 3/31/2013		City, State Waynesburg, OH 44688				
Completed by ANN ALI		Title ADMINISTRATION		Signature 		Date 01/02/2013		

No check

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

Date of Notification (1) 01/02/2013		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 751 Broad Street, Fifth Floor		City, State, Zip Code Newark, New Jersey 07102							
Name of Contact Mr. Richard Hummers		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Planet Wings Restaurant		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 677 Broad Street		Square Feet 9,000	# of Floors 3						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Prior Use Commercial)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations Inc.		ASCM No. 00104	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 655 West Shore Trail		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	Telephone No. 718-349-0900						
License No. 00853		Name of OSHA Monitor Martin McRea							
Start Date (10) POSTPONED	Scheduled Completion Date (11) 3/31/2013		Street Address 714 Kennedy Blvd						
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: Building is Vacant & Scheduled for Demolition			City, State, Zip Code Bayonne, NJ 07002						
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
Entire Building				See attached ACM table for details	See attached ACM table for details	x			
See attached ACM table for details									
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 160	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967 / Bronx, NY 10474		Disposal Date 3/31/2013	City, State Waynesburg, OH 44688						
Completed by ANN ALI		Title ADMINISTRATION	Signature [Signature]	Date 01/02/2013					



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

RECEIVED
2013 Check # 8044
SAN 8045
3 802438
SUBJECT: CONTROL & LICENSING

Date of Notification 12/14/12		Name of Building Owner/Operator (2) COVANTA ESSEX PLANT							
Agencies Notified <input type="checkbox"/> EPA <input 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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 183 RAYMOND BLVD City, State, Zip Code NEWARK NJ, 07101							
Name of Facility Where Abatement is Taking Place (3) COVANTA ESSEX PLANT		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 183 RAYMOND BLVD		Square Feet 20,000	# of Floors 3						
City (5) NEWARK		Bldg. Age 20							
County (6) ESSEX		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-6841	License No. 00158						
Start Date (10) 01-02-13		Scheduled Completion Date (11) 01-10-13							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
FRONT OFFICE			X	MASTIC	1,370 SF				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Discardal Date 01/10/13	City, State Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature R. McDonald			Date 12/31/12			

*POSTPONED

APPROVED
NJ Dept. of Health & Senior Services
(signature)
12/14/12 3:15

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

RECEIVED
2013 JAN -7 ② 8045
Check # 8044
2:58 PM
LICENSING

Date of Notification (1) 12/14/12		Name of Building Owner/Operator (2) COVANTA ESSEX PLANT							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 183 RAYMOND BLVD		City, State, Zip Code NEWARK NJ, 07101							
Name of Contact BRAD MILLER		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COVANTA ESSEX PLANT		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 183 RAYMOND BLVD		Square Feet 20,000							
City (5) NEWARK		# of Floors 3							
County (6) ESSEX		Bldg. Age 30							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) POWER PLANT / OFFICE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5641							
Start Date (10) POSTPONED		License No. 00158							
Scheduled Completion Date (11)		Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
FRONT OFFICE			X	MASTEC	420 SF				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverton, New Jersey 07457		Disposal Date 12/15/12		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 12/17/12			

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

Date of Notice 12/30/12

ck
6175

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JUN -7 PM 2:58
ASBESTOS CONTROL
& LICENSING

Type Notification		Name of Building Owner / Operator (2) Anheuser Busch, Inc.		
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	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 200 Route 1 South		
		City, State & Zip Code Newark, NJ 07114		
		Name of Contact Jesse Gross		Telephone Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Brewing, Packaging & Shipping			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
200 Route 1 South			Square Feet 150000 +/-	# of Floors 4
City (5) Newark	County (6) Essex	County Code (7)	Bldg. Age 60 +/-	
Current Use (Prior if being demolished) Brewery				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 12/31/12	Scheduled Completion Date (11) 01/03/13		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road	
			City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> <input checked="" type="checkbox"/> Renovation Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Mini-Enclosure Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Glove-bag Procedure Other:				
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
BP&S, Line #55	N/A	TSI	40 LF	Removal
Name of Registered Waste Hauler Freehold Cartage				
NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 10	Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 01/04/13	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 12/30/12

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

Date of Notice 9/24/12

RECEIVED
2012 SEP 28 AM 1:00
ASBESTOS CONTROL & LICENSING

Type Notification		Name of Building Owner / Operator (2) Church and Dwight	
Agencies Notified	Emergency Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	326 Half Acre Road	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Cranbury, NJ 08512	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		Mike Roman	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warehouse		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
326 Half Acre Road		Square Feet	# of Floors
		100,000	1.5
City (5) Cranbury	County (6) Mercer	Bldg. Age 60	
County Code (7)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	
Street Address 64 Broad Street		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Matawan, NJ 07747		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Tom Gelger		City, State & Zip Code Monroe Township, NJ 08831	
Telephone Number 732-290-2217		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 10/5/12	Scheduled Completion Date (11) 10/6/12	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Clean up	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
MER	N/A	TSI Pipe	11 LF
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 3	Name of Registered Landfill TRRF
City, State Freehold, NJ	Disposal Date 10/8/12	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature Dominick Tringali	Date 9/24/12

Emergency
Notif.

OK 11284

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

RECEIVED
2013 JAN -7 PM 2:58

Date of Notification (1) 1/2/13		Name of Building Owner/Operator (2) Archdiocese of Newark	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 171 Clifton Ave City, State, Zip Code Newark NJ Name of Contact Telephone Number	

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) 219 3rd St/St Mary Church	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 219 3rd St	Square Feet # of Floors Bldg Age
City (5) Jersey City	
County (6) Hudson	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental	ASCM No 00118	Name of Abatement Contractor (9) F. G. S. & Son Inc
Street Address 464 Valley Brook Ave	Street Address 513 E 32nd St	
City, State, Zip Code Lyndhurst NJ	City, State, Zip Code Paterson, NJ	
Project Manager for Monitoring Firm Jim Ruff	Telephone No 201-438-4839	Telephone No 973-345-2222
Start Date (10) 1/3/13	Scheduled Completion Date (11) 1/8/13	License No #00021
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 Occupied		Name of OSHA Monitor Same

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Church Marion Hall	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) Pipe Insulation	Amount (Specify SF or LF) 90 LF	Abatement Type		
						Removal	Repair	Enclosure

Name of Registered Waste Hauler Eastern Waste	NJDEP Waste Hauler ID No	Cubic Yards of Waste	Name of Registered Landfill TRRF Landfill
City, State Freehold NJ	Disposal Date	City, State Tullytown PA	
Completed by Frank Grisz	Title Pres.	Signature [Signature]	Date 1/2/13

ASB-4*

* Do not use this form for asbestos licensure exempted activities

Damage Flood Storm Sandy

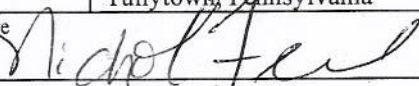
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) January 4, 2013		Name of Building Owner/Operator (2) K C Homes	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	5039 Industrial Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Wall Twp., NJ 07727	
<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	K C Homes	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
168 West Bay Way			<input type="checkbox"/> Subchapter 8 (other than K12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Chadwick Beach	Ocean		1000 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9)		
City, State, Zip Code			Guardian Contracting, Inc.		
Project Manager for Monitoring Firm			Street Address		
Telephone Number			1889 Route 9, Unit 61		
Scheduled Start Date (10) 1/4/13			City, State, Zip Code		
Scheduled Completion Date (11) 1/7/13			Toms River, New Jersey 08755-1271		
Occupancy Status During Abatement (Check only one)			Telephone Number		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			732-349-9932		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			License Number		
<input type="checkbox"/> Other - Describe _____			00624		
Scope of Work (Check all that apply)			Name of OSHA Monitor		
<input type="checkbox"/> >3 sf or ≥3 lf			E.M.S.L. Analytical		
<input type="checkbox"/> ≥160 sf or ≥260 lf			Street Address		
<input type="checkbox"/> Renovation			1056 Stelton Road		
<input checked="" type="checkbox"/> Demolition			City, State, Zip Code		
<input type="checkbox"/> Full Containment with Negative Pressure			Piscataway, New Jersey 08854		
<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			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	850 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 1/8/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 1/4/2013		

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

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

Check
8448

Date of Notification (1) 1-4-13		Name of Building Owner/Operator (2) Bruce + Barbara Clark					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 871 Clover Drive City, State, Zip Code North Wales PA 19454 Name of Contact Bruce Clark Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single family Shore house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 211 Glendola Ave		Square Feet	# of Floors 2				
City (5) Beach Haven NJ 08008		Bldg. Age 60+					
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609 758-3365	Telephone No. 609-758-3365	License No. 00394				
Start Date (10) 1-14-13	Scheduled Completion Date (11) 1-24-13	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 checked="" 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 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
Exterior Walls			x	Siding Shingles	1700 SF	x	
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 1-24-13	City, State Morrisville PA				
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 1-4-13				

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

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2013 JAN -7 PH 2:58

Date of Notification (1) 1-3-13		Name of Building Owner/Operator (2) Anne Ercolano	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 78 GRISSTAN AVE	City, State, Zip Code Cedar Grove NJ 07707
Name of Facility Where Abatement is Taking Place (3) Single family shore house		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 8 Dover Ave		Square Feet	# of Floors
City (5) Ortley Beach NJ 08751		Bldg. Age	
County (6) Ocean		Current Use (Prior if being demolished) Shore House	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394
Start Date (10) 1-5-13		Scheduled Completion Date (11) 1-13-13	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies, Inc	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 360 lf		Street Address P.O. Box 337	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code New Egypt NJ 08533	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Action-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Exterior Walls	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous) Siding Shingles	Amount (Specify SF or LF) 1100 SF
Name of Registered Waste Hauler EPC Technologies	NJ DEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management
City, State NE NJ	Disposal Date 1-13-13	City, State Morrisville PA	
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 1-3-13

ASB-4

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

State of New Jersey - Notification of Asbestos Abatement

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

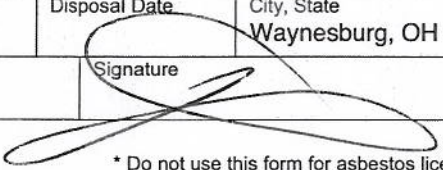
Date of Notification (1) January 2, 2013		Name of Building Owner/Operator (2) Mrs. Marjorie Haldeman	
Agencies Notified EPA DCA x DOL x DEP x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 6 Troy Court City, State, Zip Code Madison, New Jersey Name of Contact Marorie Haldeman	
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
Street Address 6 Troy Court		Current Use (prior if being demolished): _____	
City (5) Madison	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Butler, NJ 07405	
Telephone Number 973-636-9145		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) January 12, 2013		Scheduled Completion Date (11) January 13, 2013	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	Amount (Specify SF or LF) 140 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Name of Registered Landfill Meadowfill Landfill	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date January 13, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>
		Date January 2, 2013	

GAC # 2013-365

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

ck #1655

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Date of Notification (1) January 2, 2013		Name of Building Owner/Operator (2) Newark Housing Authority							
Agencies Notified	Type Notification	Street Address 500 Broad Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Newark, NJ							
		Name of Contact James Craig	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Otto E. Kretchmer Elderly		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 31-35 Van Vechten Avenue		Square Feet Apprx 160,000	# of Floors 12						
City (5) Newark		Bldg. Age Apprx. 1966							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. _____	Name of Abatement Contractor (9) Joseph Environmental LLC						
Street Address 2519 Highway 35, Bldg A, Suite 202		Street Address 80 Varsity Road							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Newark NJ 07106							
Project Manager for Monitoring Firm Zachary Lewis		Telephone No. 7325971174	License No. 00761						
Start Date (10) January 2, 2013	Scheduled Completion Date (11) January 18, 2013	Name of OSHA Monitor Joseph Environmental LLC							
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: Units suffered fire damage and are unoccupied in apt.		Street Address 80 Varsity Road							
		City, State, Zip Code Newark, NJ 07106							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Unit 9A (31 Van Vechten) 30 yd Cont.		X		VAT for Re-Bagging at Container	15 Bags	X			
Unit 9 D (35 Van Vechten)		X		VAT	800 SF	X			
Name of Registered Waste Hauler Joseph Environmental LLC		NJDEP Waste Hauler ID No. 04541	Cubic Yards of Waste 12	Name of Registered Landfill Tri-State Transfer/Minerva Enterprises					
City, State 80 Varsity Road, Newark, NJ 07106		Disposal Date		City, State Waynesburg, OH					
Completed by Rhett Zidziunas		Title Owner	Signature 			Date 1/2/13			

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

CK 2828

Date of Notification (1) 1/3/13		Name of Building Owner/Operator (2) Ted Fluehr / Residence	
Agencies Notified	Type Notification	Street Address 16 East 89th St	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Brant Beach NJ 08008	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact TJ	Telephone Number _____

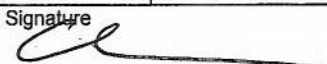
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)* Ted Fluehr / 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 16 East 89th St		Square Feet 1000+	# of Floors 2
City (5) Brant Beach NJ 08008		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 1/14/13	Scheduled Completion Date (11) 1/18/13	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2700 SF	x			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 1/18/13	City, State Mpprisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 1/3/12

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

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2013 JAN -7 PM 2:58

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 1-3-2013		Name of Building Owner / Operator (2) Mr. Chris Baker	
Agencies Notified	Type Notification	Street Address 2855 Nottingham Way	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hamilton, NJ 08619	
		Name of Contact Mr. Chris Baker	
		Telephone Number	

FACILITY INFORMATION

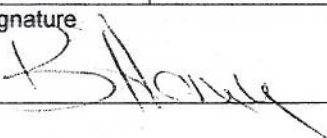
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2855 Nottingham Way			Square Feet 1,357		
City (5) Hamilton, NJ 08619			County (6) Mercer		Bldg. Age 70
County Code (7)			Current Use (Prior if being demolished) Residential Dwelling		

Name of Monitoring Firm Hired by Building Owner (8) Healthy & Safety Services, LLC		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 318 12th Street		Street Address 2115 Hamilton Ave, Ste 202		
City, State & Zip Code Hammonton, NJ 08037		City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 609-704-8850	Telephone Number 609-977-6159	License Number 01185

Scheduled Start Date (10) 01/16/2013	Scheduled Completion Date (11) 01/17/2013	Name of OSHA Monitor J&S Environmental Laboratories 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Robinson Waste Disposal Service, Inc.		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Voorhees, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 1/02/2013

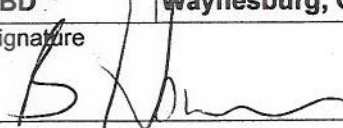
CHECK #
2490

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

RECEIVED
2013 JAN 13 PM 2:38

Date of Notification (1) <u>1/13/13</u>		Name of Building Owner/Operator (2) <u>ESSENTECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA		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. 08230</u>	
Name of Contact <u>BRUCE BREUNIG</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>18 BARONNE PLACE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		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>856-779-0422</u>	
Start Date (10) <u>1/14/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>1/21/13</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>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY (13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<u>SIDING</u>		<u>TRANSITE</u>	
<u>1400#</u>		<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	
Name of Registered Landfill <u>C.M.C. M.U.A.</u>		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>1/13/13</u>	

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

Date of Notification (1) 1-03-2013		Name of Building Owner / Operator (2) Ashland Inc							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	500 Diederich Boulevard							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code							
<input type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Ashland, KY 41101							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact							
<input type="checkbox"/> DCA		Craig S. Stevens							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Hercules Site		Type of Facility (4)							
Street Address North Market Street		<input type="checkbox"/> School (K-12)							
City (5) Greenwich Township, NJ 08027		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) Gloucester	County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
		Square Feet 30,000	# of Floors 1						
		Bldg. Age 50							
		Current Use (Prior if being demolished) vacant administration building							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts, LLC		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 286 Sunset Road		Street Address 2115 Hamilton Ave, Ste 202							
City, State & Zip Code Barrington, NJ 08007		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Michael Menz	Telephone Number 856-628-6020	Telephone Number 609-977-6159	License Number 01185						
Scheduled Start Date (10) 01/21/2013	Scheduled Completion Date (11) 02/04/2013	Name of OSHA Monitor J&S Environmental Laboratories Inc							
Occupancy Status During Abatement (Check only one)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Union, NJ 07083							
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm									
Describe:									
<input type="checkbox"/> Facility Occupied During Abatement									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Mini-Enclosure							
<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Glove Bag Procedures							
<input type="checkbox"/> Demolition		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Exterior 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior door & window caulk	1,200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Green Floor tile & mastic	5,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Green Floor tile & mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 			Date 01/03/2013			

RECEIVED
2013 JAN -7 PM 2:58
& LICENSE

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

GAC Project # 060-12

Client Project #

Date of Notification (1) January 2, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 additional materials & location <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TILLET HALL, BLDG# 4146		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.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
Street Address LIVINGSTON CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 01/02/13		Scheduled Completion Date (11) 02/04/13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM (Phased)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Basement, 1st, 2nd, 3rd Floors	<input checked="" type="checkbox"/>	TSI - Fittings	<9 LF
1st Fl. Mens & Ladies Rooms	<input checked="" type="checkbox"/>	VAT	140SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612		Disposal Date 02/04/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date January 2, 2013

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

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

GAC Project # 060-12

Client Project #

Date of Notification (1) December 21, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TILLET HALL, BLDG# 4146		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 LIVINGSTON CAMPUS		Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 01/02/13	Scheduled Completion Date (11) 02/04/13	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 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) in Facility (13) Basement, 1st, 2nd, 3rd Floors	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - Fittings	Amount (Specify SF or LF) <9 LF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJDEP # 22612		Disposal Date 02/04/13	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date December 21, 2012	

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

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

VIA U.S. MAIL
CH# 1044

Date of Notification (1) 1/2/13		Name of Building Owner/Operator (2) Mr. Fabian Malovini								
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CLEVELAND AVE								
		City, State, Zip Code South River N.J.								
		Name of Contact Mr. Malovini	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 30 CLEVELAND AVE		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		Square Feet 2500	# of Floors 2							
City (5) South River N.J.		Bldg. Age 60								
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC							
Street Address		Street Address P.O. Box 814								
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857								
Project Manager for Monitoring Firm		Telephone No. 732 238-7500	License No. 00806							
Start Date (10) 01/14/13		Scheduled Completion Date (11) 2/14/13								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC								
		Street Address P.O. Box 814								
		City, State, Zip Code Old Bridge N.J. 08857								
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	
BASEMENT			X	Floor Tile 9x9	350 S/F	X				
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.						
City, State Old Bridge N.J. 08857		Disposal Date 2/14/13		City, State Horsham PA.		Date 1/2/13				
Completed by CARLOS AMEIDA		Title President		Signature <i>(Signature)</i>						

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

Check # 841

Date of Notification (1) <u>12/28/12</u>		Name of Building Owner/Operator (2) <u>STEPHANIE CULBERSTON</u>		APPROVED NJ Dept. of Health & Senior Services <u>Paul C. Hynes</u> (signature) Date: <u>1/28/13</u> Time: <u>1:07 PM</u>	
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 <u>680 Waverly Road</u> City, State, Zip Code <u>EDGEWOOD - NJ 07450</u>	
		Name of Contact <u>STEPHANIE CULBERSTON</u>		Telephone Number <u>3</u>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>CULBERSTON</u>				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 <u>680 Waverly Road</u>				Square Feet <u>FLOOR</u>	
City (5) <u>EDGEWOOD - NJ 07450</u>				# of Floors <u>2</u>	
County (6) <u>BERGEN</u>				Bldg. Age <u>50</u>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <u>RESIDENT</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <u>A. Mao Contracting Inc.</u>	
Street Address				Street Address <u>105 Lowell Road</u>	
City, State, Zip Code				City, State, Zip Code <u>Glen Rock, N.J. 07452</u>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>201-262-5841</u>	
				License No. <u>00156</u>	
Start Date (10) <u>12/28/12</u>		Scheduled Completion Date (11) <u>1/28/13</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyler Street</u>	
				City, State, Zip Code <u>Hackensack, NJ 07606</u>	
Steps of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 2160 sf or 2280 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
<u>KITCHEN</u>		<u>X</u>		<u>LINOLEUM floor</u>	
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Cubic Yards of Waste	
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
				City, State <u>Bethlehem, PA 18015</u>	
Completed by <u>Josiah Vocaturo</u>		Title <u>PROJECT MANAGER</u>		Signature <u>J. Vocaturo</u>	
				Date <u>12/28/12</u>	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

Check # 8255

Date of Notification (1) 1/2/13		Name of Building Owner/Operator (2) SCOTT COURT APARTMENTS		APPROVED NJ Dept. of Health & Senior Services Paul C. Palmer (signature) Date: 1/2/13 Time: 1:20 PM	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 6 SCOTT COURT City, State, Zip Code RIVERDALE, PARK NJ 07660 Name of Contact RICH. S. Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement Is Taking Place (3) SCOTT COURT APARTMENTS			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 6 SCOTT COURT			Squares Feet 12,000		
City (5) RIVERDALE PARK			# of Floors 2		
County (6) BERGEN			Bldg. Age 56		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) APT 5		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address				Street Address 105 Lowell Road	
City, State, Zip Code				City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 1/2/13		Scheduled Completion Date (11) 1/3/13		License No. 00156	
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 Other - Describe:				Name of OSHA Monitor Omega Environmental Services Inc.	
				Street Address 280 Huyler Street	
				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		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)	
OUTSIDE VAULT		X		PIPE	
				150 LF	
				X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	
City, State Riverdale, New Jersey 07457		Disposal Date 1/2/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		City, State Bethlehem, PA 18015	
		Signature R. McDonald		Date 1/2/13	

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

CK 8444

Date of Notification (1) 1-3-13		Name of Building Owner/Operator (2) Walter Rickard						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 115 Berkeley Ave City, State, Zip Code Beach Haven NJ 08008						
		Name of Contact Walter Rickard	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Shore House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 115 Berkley Ave		Square Feet	# of Floors 2					
City (5) Beach Haven NJ 08008		Bldg. Age 100+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 1-13-13	Scheduled Completion Date (11) 1-20-13							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies, Inc						
		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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
Basement Water Tank	X			Cardboard Wrap	36 SF	X		
Basement/crawlspace	X			Pipe Insulation	170 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 1-21-13	City, State Morrisville PA					
Completed by Steve Schenker	Title President	Signature Steve Schenker			Date 1-3-13			

RECEIVED
2013 JAN -7 PM 2:56
LICENSING

CK
8443

Emergency

REMEMBER

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

DOL - 10 DAY

2013 JAN -7 PM 2:58
RECEIVED

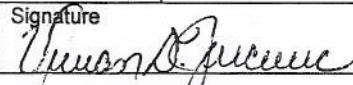
Date of Notification (1) Jan 1, 2013		Name of Building Owner/Operator (2) Kevin Duggan			
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> LCOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 119 West Swordfish Way	City, State, Zip Code Lavallette, NJ 08735		
		Name of Contact Kevin Duggan	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Single family Shore Home		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 119 West Swordfish Way		Square Foot	# of Floors 1		
City (5) Lavallette, NJ 08735		Bldg Age 60+			
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Shore house		
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc.		
Street Address P.O. Box 337		Street Address P.O. Box 337			
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533			
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394		
Start Date (10) 1-3-13	Scheduled Completion Date (11) 1-13-13	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 checked="" type="checkbox"/> 3 or 23 ft <input checked="" type="checkbox"/> 160 sf or 260 sf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			
exterior walls			Siding Shingles	900 SF	X
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 5	Name of Registered Landfill Waste Management	
City, State NE NJ		Disposal Date 1-14-13	City, State Morrisville PA		
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 1-1-13	

* Do not use this form for asbestos activities exempted activities

7-0111

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

*REC'd # 6544
2013 JAN -7 PM 2:58
ASBESTOS CONTROL & LICENSING*

Date of Notification (1) January 2, 2013		Name of Building Owner/Operator (2) County of Bergen							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Bergen County Plaza, 4th Floor City, State, Zip Code Hackensack, New Jersey 07601 Name of Contact John cascone Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Street Address Bergen county Justice Center City (5) Hackensack		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.) Square Feet 130,000 # of Floors 4.5 Bldg. Age 50 Yrs						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial Office & Court Room							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. _____	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 307 N. Walnut Street		Street Address 164 Getty Ave.							
City, State, Zip Code West Chester, Pa 19830		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	Telephone No. 973-478-4848 License No. 00724						
Start Date (10) 1-11-13	Scheduled Completion Date (11) 2-15-13		Name of OSHA Monitor Slavco Construction Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Abatement work will be conducted from 4:00pm to 12:30am</u>			Street Address 164 Getty Ave. City, State, Zip Code Clifton, New Jersey 07011-1802						
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 124- Floor		X		Floor Tiles	150SF	X			
Room 124- Floor		X		Fireproofing & Debris	11,400SF	X			
Room 124- Floor		X		Pipe Insulation	300LF	X			
<div style="display: flex; justify-content: space-between;"> <div> Name of Registered Waste Hauler Slavco Construction Inc. </div> <div> NJDEP Waste Hauler ID No. 18508 </div> <div> Cubic Yards of Waste </div> <div> Name of Registered Landfill G.R.O.W.S LANDFILL </div> </div>									
City, State Clifton, New Jersey 07011-1802					Disposal Date TBD	City, State Morrisville, Pa			
Completed by Vivian D. Jurcevic		Title Office Manager		Signature 		Date January 2, 2013			