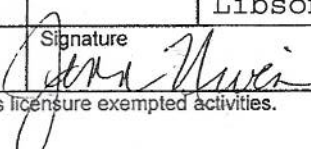


CR 3100

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

RECEIVED

Date of Notification (1) 1-8-13		Name of Building Owner/Operator (2) Albertson's, Inc.		2013 JAN -9 PM 2:58				
Agency 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 250 East Park Center Boulevard					
			City, State, Zip Code Boise, Idaho 83706					
			Name of Contact Donna M. Rowe		Telephone Number [REDACTED]			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ACME Store #7812				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 Long Beach Boulevard and Jerome Avenue								
City (5) Beach Haven		Square Feet 20,000	# of Floors 1	Bldg. Age +/-50				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Svcs.		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.					
Street Address 318 12th Street		Street Address 2251 Fraley Street						
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	Telephone No. 215-533-5155	License No. 00848				
Start Date (10) 1-17-13	Scheduled Completion Date (11) 1-31-13		Name of OSHA Monitor Health & Safety Services					
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 318 12th St. City, State, Zip Code Hammonton, NJ 08037					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
various areas			X	9x9 floor tile (white/blue/gray)	7,300sf	X		
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill A & L Salvage			
City, State Morrisville, PA				Disposal Date	City, State Libson, OH			
Completed by Jennifer Niven		Title Dir. of Operations			Signature 		Date 1-8-13	

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED
2013 JAN -9 PM 2:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1) January 3, 2013		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amendment # 1 Emergency (including justification)	
Street Address 223 North Van Dien Avenue		Street Address 223 North Van Dien Avenue	
City (5) Ridgewood		City, State, Zip Code Ridgewood, NJ 07450-2736	
County (6) Bergen		Name of Contact William Stasiak	
County Code (7) (State Use Only) Bergen		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Cheel 4th Floor - Neuro/Ortho Support Areas		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: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 28 Washington Street		Street Address 268 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades		Telephone Number 347.435.3561	
Scheduled Start Date (10) February 1, 2013		Scheduled Completion Date (11) February 11, 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: Weekends- Friday-Saturday-Sunday- Phase 1- October 19, 2012- October 22, 2012- Completed Phase 2C- February 8, 2013 - February 11, 2013 Phase 3b- February 1, 2013 - February 11, 2013		Name of OSHA Monitor EMSL inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Cheel 4th Floor Neuro/Ortho Support Areas Phases 2b,2c & 3b		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Amount (Specify SF or LF) 1,300 sf	
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose		Cubic Yards of Waste: 30	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		Name of Registered Landfill Meadowfill Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date February 11, 2013	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) Marin Graure		Signature <i>Marin Graure</i>	
Title SENIOR PROJECT MANAGER		Date January 3, 2013	

GAC # 2012-355- Note: 2 & 3rd Phase

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED
2013 JAN -9 PM 2:58
NJ DEPARTMENT OF ENVIRONMENT & LICENSING

Date of Notification (1) October 3, 2012		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification Emergency (including justification)	
Street Address 223 North Van Dien Avenue		City, State, Zip Code Ridgewood, NJ 07450-2736	
Name of Contact William Stasiak		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Cheel 4th Floor – Neuro/Ortho Support Areas		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: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	
Street Address 28 Washington Street		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Ballston Spa, NY 12020		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Jim Miades		Telephone Number 347.435.3561	License Number 00840
Scheduled Start Date (10) October 19, 2012		Scheduled Completion Date (11) January 31, 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: Weekends- Friday-Saturday-Sunday- Phase 1- October 19, 2012- October 22, 2012 Phase 2- TBD Phase 3- TBD		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 type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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)
Cheel 4th Floor Neuro/Ortho Support Areas		<input checked="" type="checkbox"/> VAT & Mastic	1,300 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30
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 October 22, 2012	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 October 3, 2012

GAC # 2012-355

Check #
7912

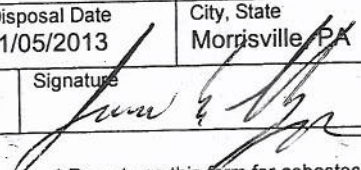
Print Form

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

RECEIVED

2013 JAN -9 PM 2:38

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01/03/2013		Name of Building Owner/Operator (2) Teresita Anoché						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 235 McAdoo Avenue City, State, Zip Code Jersey City, NJ 305 Name of Contact Teresita Anoché Telephone Number					
	Name of Facility Where Abatement is Taking Place (3) Residence Street Address 235 McAdoo Avenue City (5) Jersey City County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2,300 # of Floors 2 Bldg. Age 80 + Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		County Code (7) (STATE USE ONLY) _____ ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc. Street Address 494 E. 41st Street City, State, Zip Code Paterson, NJ 07504 Telephone No. 973-345-0022 License No. 00507					
Start Date (10) January 4, 2013		Scheduled Completion Date (11) January 5, 2013						
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: Unoccupied Basement		Name of OSHA Monitor Same as above Street Address City, State, Zip Code						
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) <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			
					Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		X	Pipe Insulation	60 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.				
City, State Paterson, NJ 07504		Disposal Date 01/05/2013		City, State Morrisville, PA				
Completed by James E. Unger		Title Project Manager		Signature 			Date 01/03/2013	

MD 20619818796
- FOR 2013 -
OPEN FILING

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

Date of Notification (1) 01-04-13		Name of Building Owner/Operator (2) ALCATEL-LUCENT TECHNOLOGIES, INC.					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 MOUNTAIN AVE. City, State, Zip Code MURRAY HILL, NJ 07974 Name of Contact LARRY FEDERICO Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ALCATEL-LUCENT TECHNOLOGIES, INC.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 600 MOUNTAIN AVE.		Square Feet 300000	# of Floors 5				
City (5) MURRAY HILL, NJ. 07974		Bldg. Age 65+					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICES					
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL	ASCM No.	Name of Abatement Contractor (9) UNIPRO, INC.					
Street Address 1600 RT. 22 EAST		Street Address 173 KARKUS AVE.					
City, State, Zip Code UNION, NJ 07803		City, State, Zip Code WOODBIDGE, NJ 07095					
Project Manager for Monitoring Firm MIKE NELSON	Telephone No. 908-688-7800	Telephone No. 732-726-3111	License No. 00615				
Start Date (10) OPEN	Scheduled Completion Date (11) OPEN		Name of OSHA Monitor HILLMANN ENVIRONMENTAL				
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 type="checkbox"/> Other - Describe:		Street Address 1600 RT. 22 EAST City, State, Zip Code UNION, NJ. 07803					
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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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
Name of Registered Waste Hauler NEWARK CARTING, INC.	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROW.S. INC.				
City, State NEWARK, NJ.	Disposal Date	City, State MORRISVILLE, PA.					
Completed by DAVID T. TOLCHIN	Title PRES.	Signature David T. Toldi	Date 01-04-13				

2013 JAN -9
RECEIVED
12:56

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 4, 2013		Name of Building Owner/Operator (2) Dover Blackwell Realty, Inc.	
Agencies Notified EPA DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 64 East Midland Avenue		City, State, Zip Code Paramus, New Jersey 07652	
Name of Contact Tom Allesandrello		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown 3 # of Floors: Bldg. Age: 100 years	
Street Address 1-5 Blackwell Street		Current Use (prior if being demolished): _____	
City (5) Dover	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		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) January 15, 2013		Scheduled Completion Date (11) January 25, 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 type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) First Floor	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 4,200 SF
Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date January 25, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date January 4, 2013

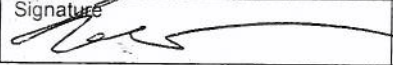
GAC # 2013-366

CHECK #
2591

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

Date of Notification (1) <u>1/4/13</u>		Name of Building Owner/Operator (2) <u>MEW + MACHINES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE</u>	
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>	
		Name of Contact <u>LISA FISHER</u>	Telephone Number <u></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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>159 13TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>AVULOW</u>		Bldg Age <u>40+</u>	
County (6) <u>CARE 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>KLEMCO 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>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>1/15/13</u>	Scheduled Completion Date (11) <u>1/22/13</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>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSIT</u>	Amount (Specify SF or LF) <u>2000#</u>
			Abatement Type Removal X
Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>1/4/13</u>

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

Date of Notification (1) Jan 3, 2013		Name of Building Owner/Operator (2) New Jersey Dept. of Environmental Protection							
Agencies Notified	Type Notification	Street Address 1304 Sloatsburg Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Ringwood, NJ 07456-1799							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Stephen Ellis	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ringwood State Park - Ringwood Manor		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 1304 Sloatsburg Rd.		Square Feet 3000	# of Floors 2						
City (5) Ringwood, NJ 07456-1799		Bldg. Age 100							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) office							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc		ASC No. 00112	Name of Abatement Contractor (9) Academy Construction, Inc						
Street Address 344 West State Street		Street Address 205 Rt. 46 West, Suite 14							
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. (609) 656-8101	License No. 01155						
Start Date (10) Jan. 18, 2013	Scheduled Completion Date (11) Jan. 22, 2013	Name of OSHA Monitor none							
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: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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	X			Vibration Damper	6 SF	X			
Name of Registered Waste Hauler Academy Construction, Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 2	Name of Registered Landfill GROWS LANDFILL					
City, State Totowa, New Jersey		Disposal Date Jan. 22, 2013		City, State Morrisville, PA					
Completed by Frank Marino		Title VP of Operations	Signature 	Date 01/03/2013					

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

OK 2930

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/4/13		Name of Building Owner/Operator (2) Robert Stacer / Residence							
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 148 N Burgee		City, State, Zip Code Tuckerton NJ 08087							
Name of Contact Robert		Telephone Number 7							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Stacer / 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 148 N Burgee		Square Feet 1000+	# of Floors 1						
City (5) Tuckerton NJ 08087		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						
Start Date (10) 1/15/13		Scheduled Completion Date (11) 1/21/13	License No. 00727						
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 <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input 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	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/21/13	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 1/4/13		


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

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ASBESTOS CONTROL & LICENSING

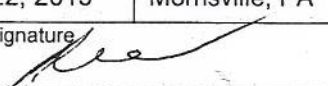
Date of Notification (1) 1/4/13		Name of Building Owner/Operator (2) Mr. & Mrs. Harris							
Agencies Notified	Type Notification	Street Address 56 Wayside Place							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Scott Sloan, contractor							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 56 Wayside Place		Square Feet 2000	# of Floors 2						
City (5) Montclair		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500	License No. 703						
Start Date (10) 1/7/12	Scheduled Completion Date (11) 1/14/12	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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
2nd floor bathroom			x	pipe insulation	20 LF	x			
2nd floor bathroom #2			x	pipe insulation	20 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President		Signature 			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 -9 PM 2:58

ASBESTOS CONTROL & LICENSING

Date of Notification (1) Jan 3, 2013		Name of Building Owner/Operator (2) New Jersey Dept. of Environmental Protection							
Agencies Notified	Type Notification	Street Address 1304 Sloatsburg Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ringwood, NJ 07456-1799							
		Name of Contact Stephen Ellis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ringwood State Park - Ringwood Manor		Type of Facility (4)							
Street Address 1304 Sloatsburg Rd.		<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) Ringwood, NJ 07456-1799		Square Feet 3000	# of Floors 2						
		Bldg. Age 100							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc		ASCM No. 00112	Name of Abatement Contractor (9) Academy Construction, Inc						
Street Address 344 West State Street		Street Address 205 Rt. 46 West, Suite 14							
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. (609) 656-8101	License No. 01155						
Start Date (10) Jan. 18, 2013	Scheduled Completion Date (11) Jan. 22, 2013	Name of OSHA Monitor none							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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	X			Vibration Damper	6 SF	X			
Name of Registered Waste Hauler Academy Construction, Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 2	Name of Registered Landfill GROWS LANDFILL					
City, State Totowa, New Jersey			Disposal Date Jan. 22, 2013	City, State Morrisville, PA					
Completed by Frank Marino		Title VP of Operations	Signature 	Date 01/03/2013					

State of New Jersey - Notification of Asbestos Abatement

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

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Date of Notification (1) January 3, 2013		Name of Building Owner/Operator (2) GGP, Woodbridge Center	
Agencies Notified EPA DCA x DOL x DEP x DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 250 Woodbridge Center Drive		Street Address 250 Woodbridge Center City, State, Zip Code Woodbridge, New Jersey 07095-1321	
City (5) Woodbridge		Name of Contact Kelly Webb Telephone Number 	
County (6) Middlesex		Telephone Number 	
County Code (7) (State Use Only)		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Woodbridge Center Mall- Former Fortunoff Space 1st & 2nd Floors	
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		Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) Criterion Laboratories, Inc.		ASCM No. 	
Street Address 3370 Progress Drive, Suite J		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Bensalem, PA 19020		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Mike Panepresso		Telephone Number 215.244.1300	
Telephone Number 215.244.1300		License Number 00840	
Scheduled Start Date (10) January 12, 2013		Scheduled Completion Date (11) January 14, 2013	
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: 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) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 1st Floor 2nd Floor		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Transite Panels Transite Panels		Amount (Specify SF or LF) 600 SF 700 SF	
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose		Name of Reg. Waste Hauler See Hauler Below # 1 & 2	
NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 30	
Name of Registered Landfill GROWS Landfill		Disposal Date January 14, 2013	
City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784		Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551	
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	
Signature Marin Graure		Date January 3, 2013	

GAC # 2012-364- Note: Schedule Change

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

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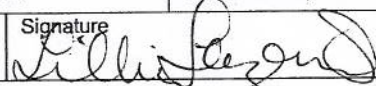
Date of Notification (1) 01/03/13 Ck: 2429 \$200		Name of Building Owner/Operator (2) IFF Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address po Box 8							
		City, State, Zip Code Hazlet, New Jersey 07735							
		Name of Contact Gary Stapperfenne	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances		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 1515 State Route 36		Square Feet 10,000	# of Floors 3						
City (5) Union Beach, New Jersey 07735		Bldg. Age 55+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing Company							
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) 01/18/13	Scheduled Completion Date (11) 01/21/13	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: 5PM Start		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laboratory 214		X		Elbows	30	X			
Laboratory 214		X		Linoleum	1,380 SF	X			
Laboratory 214		X		Transite Fume Hoods	400 SF	X			
Laboratory 214		X		Transite Counter tops	300 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, NJ 07424				Disposal Date 01/28/13	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kaenikova		Title Vice President		Signature <i>Tatiana Kaenikova</i>	Date 01/03/13				

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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)	Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laboratory 150		X		Transite Counter Tops	30 SF	X			
Laboratory 150		X		TSI (t's)	6 each	X			

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2013 JAN -9 PM 2:58
AIRBORNE CONTROL
& LICENSING

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

CK#4756
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Date of Notification (1) 1-4-2013		Name of Building Owner/Operator (2) A & E Restoration and Cleaning							
Agencies Notified	Type Notification	Street Address 2013 JAN -9 PM 2:58							
<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 Princeton, NJ Name of Contact Eric Keisewetter Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 410 Main 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) Pennington		Square Feet	# of Floors 2						
County (6) Mercer		Bldg. Age 50+							
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCN No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 1-14-2013	Scheduled Completion Date (11) 1-21-2013	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 9 am - 5 pm		City, State, Zip Code Lincoln Park, NJ 07035							
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
1st Floor, 2nd Floor, (throughout various rooms)			X	Asbestos plaster walls & ceilings	3,800 SF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary		Signature 		Date 1-4-2013			

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

CK# 4755

Date of Notification (1) 1-3-2013		Name of Building Owner/Operator (2) Mayer & Depew		2013 JAN - 9 PM		APPROVED Phil Depew of Health & Senior Services (signature) Date: 1/3/13 Time: 3:36 PM	
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 # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 309 Lafayette Ave. City, State, Zip Code Kenilworth, NJ 07033		Name of Contact David	
				Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 202 Orchard Street				Square Feet 3000 SF		# of Floors 2	
City (5) Elizabeth				Bldg. Age 50+			
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Jadar Contracting, LLC		
Street Address			Street Address 22 Troy Lane				
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035				
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-706-7950		License No. 01088
Start Date (10) 1-4-2013		Scheduled Completion Date (11) 1-5-2013		Name of OSHA Monitor Jadar Contracting, 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: 9 am - 5 pm				Street Address 22 Troy Lane			
				City, State, Zip Code Lincoln Park, NJ 07035			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> < 23 sf or < 23 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure & negative air Glovebag Procedure Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify: SF or LF)	
		Yes No N/A					
Basement				Asbestos Pipe Insulation		150 LF	
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067			
Completed by Lilia Lazarevich		Title Secretary		Signature Lilia Lazarevich		Date 1-3-2013	

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

CK# 4762

Date of Notification (1) 1-4-2013		Name of Building Owner/Operator (2) Yannuzzi & Sons, Demolition		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Department of Health & Senior Services <i>(Signature)</i> Date: 1/4/13 Time: 2:58 PM </div>					
Agencies Notified		Street Address 152 Rt. 206 South							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Hillsborough, NJ 08844 Name of Contact Joe							
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		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo				Type of Facility (4)					
Street Address 1050 Rt. 202				<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.)					
City (5) Branchburg		Square Feet 2000 SF	# of Floors 1	Bldg. Age 50+					
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House for Demo					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC					
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01088				
Start Date (10) 1-7-2013		Scheduled Completion Date (11) 1-8-2013		Name of OSHA Monitor Jadar Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5pm				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥250 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
Basement			X	Asbestos Pipe Insulation	100 LF	X			
Basement			X	Furnace Insulation	20 SF	X			
1st Floor Kitchen & Hallway			X	12x12 Tiles	140 SF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Lilie Lazarevich		Title Secretary		Signature <i>(Signature)</i>			Date 1-4-2013		

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

Check # 7027

Date of Notification (1) 1/4/13		Name of Building Owner/Operator (2) UMDNJ	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 675 Hoes Lane West	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact John Fata	Telephone Number

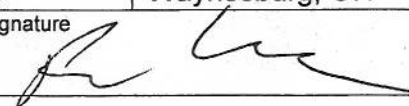
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) UMDNJ – Research Tower			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 and commercial buildings, homes, etc.)		
Street Address 675 Hoes Lane West			Square Feet 180000		
City (5) Piscataway			County (6) Middlesex		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner Horizon Environmental Group			ASCM No.		
Street Address 301 9 th St.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code West Deptford, NJ 08086			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm			Telephone Number 856-848-0800		License Number 00852
Sched. Completion Date (11) 1/21/13			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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 – Describe: <u>EVENINGS</u> <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
Sched. Start Date (10) 1/14/13			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> 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	R	E	E
Room 113		x		Floor tile and mastic	320	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 1/25/13		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 1/4/13

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

RECEIVED
2013 JAN -9 PM 2:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/04/13 Ck: 2442 \$200		Name of Building Owner/Operator (2) Elizabeth Board							
Agencies Notified	Type Notification	Street Address 500 North Broad Street							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07202							
		Name of Contact Harold Kennedy	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abraham Lincoln School # 14		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 50 Grove Street		Square Feet 20,000	# of Floors 2						
City (5) Elizabeth, New Jersey 07202		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 01/18/13	Scheduled Completion Date (11) 01/21/13	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: 5PM Start		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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Gymnasium		X		Pipe Insulation on HVAC units	300 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ 07424			Disposal Date 01/23/13	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kaenikova		Title Vice President	Signature <i>Tatiana Kaenikova</i>	Date 01/04/13					

CK 2441

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

Scanned

1/4/13

Print Form

Date of Notification (1) 01/04/13 CK: 2441 \$200		Name of Building Owner/Operator (2) Park 80 TIC c/o Hampshire Companies		APPROVED NJ Dept. of Health & Senior Services Paul C. Holmes (signature) Date: 1/4/13 Time: 1:50 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 Pehle Avenue City, State, Zip Code Saddle Brook, New Jersey 07663 Name of Contact John Cerebrone Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Park 80 TIC			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 160 Pehle Avenue			Square Feet 20,000		
City (5) Saddle Brook, New Jersey 07663			# of Floors 2		Bldg. Age 55+
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue			
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516		Telephone No. 973-225-8400	
Start Date (10) 01/09/13		Scheduled Completion Date (11) 01/10/13		License No. 01104	
Name of OSHA Monitor J&S Environmental Labs		Street Address 2333 Route 22 West			
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: 6PM Start		City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 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)
	Yes	No	N/A		
2nd FL CLS Conference Room		X		Small pipe fittings	7 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	
City, State Woodland Park, NJ 07424		Disposal Date 01/11/13		Name of Registered Landfill G.R.O.W.S Landfill	
City, State Morrisville, Pennsylvania		Signature Tatiana Kaenikova		Date 01/04/13	
Completed by Tatiana Kaenikova		Title Vice President			