

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

CK
29883

Page 1 of 5

Date of Notification (1) 01/04/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University 2013 JAN 16 PM 2:58	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address P.O. box 2158	
	Initial	City, State, Zip Code Princeton NJ 08543	
	Notification	Name of Contact Robert Otego	
	Amended Notification Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University --			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 112-116 Alexander Street			Square Feet 5000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 01/16/13 Month/Day/Year		Sched. Completion Date (11) 03/31/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

- ☒ Demolition
☒ >3 sf or >3 if
☒ >160 sf or >260 lf

Renovation

- Full Containment with Negative Pressure
 Mini - Enclosure
 Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. 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 N C L O S U R E
Bldg 116 exterior		<input checked="" type="checkbox"/>		window glazing	560 LF	<input checked="" type="checkbox"/>			
Bldg 116 exterior		<input checked="" type="checkbox"/>		window caulk	252 LF	<input checked="" type="checkbox"/>			
Bldg 112 exterior		<input checked="" type="checkbox"/>		window glazing	560 LF	<input checked="" type="checkbox"/>			
Bldg 112 exterior				window caulk	252 LF				

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill GROWS
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA
Completed By (Print or Type) Mark Goshaw		Title Project Manager	Signature <i>Mark Goshaw</i>	Date 1-15-13

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

Page 2 of 2

Date of Notification (1) 01/04/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification Initial	Street Address 2013 JAN 16 PM 2:58 P.O. box 2158	
	Notification	City, State, Zip Code Princeton NJ 08543	
	x Amended	Name of Contact Robert Otego	
	Notification Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University --			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 112-116 Alexander Street			Square Feet 5000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
City, State, Zip Code Haddon Heights NJ			Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 01/16/13 Month/Day/Year		Sched. Completion Date (11) 03/31/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3 sf or >3 if		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
Bldg 114 exterior		x		window glazing	480 LF	x			
Bldg 114 exterior		x		window caulk	216 LF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 1/5/13

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

**ONLY
* AMENDED OWNER INFO**

Date of Notification (1) 1/14/13		Name of Building Owner/Operator (2) 1000 ROUTE 35 BBMK LLC		2013 JAN 16 PM 2:58					
Agencies Notified		Street Address 2240 ROUTE 35 SUITE 114		City, State, Zip Code NEPTUNE, NJ 07753-6121					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact JACK VAN WAGNER Telephone Number 1					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER BBMK MEDICAL OFFICE 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 1000 HIGHWAY 35 SOUTH				Square Feet 4000 SF	# of Floors 1				
City (5) MIDDLETOWN				Bldg. Age 1950					
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) FINISHING TOUCH ASBESTOS ABATEMENT					
Street Address		Street Address 17 THOMPSON STREET		City, State, Zip Code WEST LONG BRANCH, NJ 07764					
City, State, Zip Code		Telephone No. 732-222-8372		License No. 00040					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 1/18/13		Scheduled Completion Date (11) 1/21/13		Street Address					
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:		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 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
LOWER LEVEL			X	VAT	2000 SF	X			
VESTIBULE ROOF			X	AC ROOF FLASHING	160 SF	X			
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 10 CY		Name of Registered Landfill GROWS NORTH LANDFILL			
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 1/21/13		City, State MORRISVILLE, PA 19067		Date 1/14/13			
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature <i>Joseph P. Miller</i>					

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

No OK as per Diana Miquano
* only Amended Completion date

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

2013 JAN 16 PM 2:58
ASBESTOS CONTROL & LICENSING

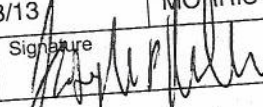
Date of Notification (1) JAN. 14, 2013		Name of Building Owner/Operator (2) BELLCREST PLAZA LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 4000 ROUTE 66 City, State, Zip Code TINTON FALLS, NJ 07724 Name of Contact KATE RUSSO	
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) BELLCREST PLAZA		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 931 FISCHER BLVD		Square Feet 27000	# of Floors 1
City (5) TOMS RIVER		Bldg. Age 30	
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT RETAIL SPACE	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) FINISHING TOUCH ASBESTOS	
Street Address		Street Address 17 THOMPSON STREET	
City, State, Zip Code		City, State, Zip Code WEST LONG BRANCH, NJ 07764	
Project Manager for Monitoring Firm N/A		Telephone No. 732-222-8372	License No. 00040
Start Date (10) 1/8/13		Name of OSHA Monitor	
Scheduled Completion Date (11) 1/18/13		Street Address	
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 Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)

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


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MAIN FLOOR			X	VAT	26,000 SF	X			

Name of Registered Waste Hauler SAKOUTIS BROS. DISPOSAL	NJDEP Waste Hauler ID No. 21243	Cubic Yards of Waste 60 CY	Name of Registered Landfill GROWS NORTH LANDFILL
City, State COLTS NECK, NJ 07722	Disposal Date 1/18/13	City, State MORRISVILLE, PA	
Completed by JOSEPH P. MILLER	Title PRESIDENT	Signature 	Date 1/14/13

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

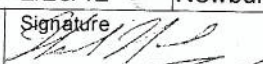
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

648

Date of Notification (1) January 11, 2013		Name of Building Owner/Operator (2) Parker Landscaping & Construction							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	PO Box 4126							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ							
		Name of Contact Manager							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)							
Street Address 700 Charles 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) Gloucester City, NJ		Square Feet	# of Floors						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Current Use (Prior if being demolished) Building							
Street Address 907 Doolittle Drive		Name of Abatement Contractor (9) The MACK Group, LLC							
City, State, Zip Code Bridgewater, NJ 08807		Street Address 1500 Kings HWY N, STE 209							
Project Manager for Monitoring Firm Eric Houseknecht		City, State, Zip Code Cherry Hill, NJ 08034							
Telephone No. (908) 218-1108		Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 1-16-13	Scheduled Completion Date (11) 2/28/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
inside	<input checked="" type="checkbox"/>			pipe insulation	136 lf	<input checked="" type="checkbox"/>			
tank	<input checked="" type="checkbox"/>			tank insulation	510 s/f	<input checked="" type="checkbox"/>			
throughout	<input checked="" type="checkbox"/>			asbestos debris	400 s/f	<input checked="" type="checkbox"/>			
-"-	<input checked="" type="checkbox"/>			transite canopy	965 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20.1	Name of Registered Landfill Cumberland County Landfill					
City, State Newark / Riverdale, NJ		Disposal Date 2/28/12		City, State Newburg, PA					
Completed by Mike Cooper		Title President		Signature 		Date 1/11/13			

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

505

Date of Notification (1) December 20, 2012		Name of Building Owner/Operator (2) Parker Landscaping & Construction								
Agencies Notified	Type Notification	Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	PO Box 4126								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Wayne, NJ								
		Name of Contact Manager	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)								
Street Address 700 Charles 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) Gloucester City, NJ		Square Feet	# of Floors							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Bldg. Age								
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Current Use (Prior if being demolished) Building								
Street Address 907 Doolittle Drive		Name of Abatement Contractor (9) The MACK Group, LLC								
City, State, Zip Code Bridgewater, NJ 08807		Street Address 1500 Kings HWY N, STE 209								
Project Manager for Monitoring Firm Eric Houseknecht		City, State, Zip Code Cherry Hill, NJ 08034								
Start Date (10) 1/14/12	Scheduled Completion Date (11) 2/28/12	Telephone No. (908) 218-1108	License No. 00781							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1500 Kings HWY N, STE 209								
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Cherry Hill, NJ 08034								
<input type="checkbox"/> Other - Describe: _____										
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
inside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
throughout	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20.1	Name of Registered Landfill Cumberland County Landfill						
City, State Newark / Riverdale, NJ		Disposal Date 2/28/12		City, State Newburg, PA						
Completed by Mike Cooper		Title President	Signature 	Date 12/20/12						

CK NO. 31014

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

Date of Notification (1) 1/10/13		Name of Building Owner / Operator (2) George Farghan	
Agencies Notified	Type Notification	Street Address 381 Buttonwood Lane	
<input 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 Cinnaminson, NJ 08077	
		Name of Contact C/O Patrick Larney	Telephone Number

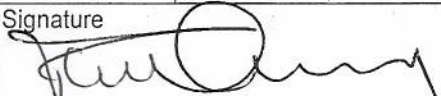
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) George Farghan Residents			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 381 Buttonwood Lane			Square Feet ~2,500	# of Floors 2	Bldg. Age ~ 40 Years
City (5) Cinnaminson	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Residents		
Name of Monitoring Firm Hired by Building Owner (8) R.A. West Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Altchem Environmental Services		
Street Address 2865 South Eagle Road # 359			Street Address 1300 Industrial Highway		
City, State & Zip Code Newtown, PA 18940			City, State & Zip Code Southampton, PA 18966		
Project Manager for Monitoring Firm Ed Aspell		Telephone Number 215 860-5026	Telephone Number 215 953-8500	License Number 00741	
Scheduled Start Date (10) 1/20/13	Scheduled Completion Date (11) 1/22/13		Name of OSHA Monitor Altchem Environmental Services		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1300 Industrial Highway		
			City, State & Zip Code Southampton, PA 18966		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	400 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"/>
	<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 Altchem Environmental Services, Inc	NJDEP Waste Hauler ID No. 23124	Cubic Yards of Waste ~ 3 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Southampton, PA	Disposal Date 02/2013	City, State Waynesburg, PA	
Completed By (Print or Type) Patrick Larney	Title Dir. Of Ops.	Signature 	Date 1/10/13

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

Check # 7268

Date of Notification (1) January 10, 2013		Name of Building Owner / Operator (2) JP Morgan Chase & Co.	
Agencies Notified	Type Notification	Street Address	<div style="text-align: right;">2013 JAN 16 PM 2:58</div> <div style="text-align: center;">ASBESTOS CONTROL & LICENSING</div>
<input 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"/> Cancellation	148 Market Street City, State & Zip Code Paterson, NJ 07505	
		Name of Contact Randee Carcano	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 148 Market Street		Square Feet 50,000	# of Floors 2 +
City (5) Paterson		Bldg. Age 71	
County (6) Passaic		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm William Mener		Telephone Number 908-526-1000	License Number 00817
Scheduled Start Date (10) January 21, 2013	Scheduled Completion Date (11) February 20, 2013	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input 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 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
Area #1 - Basement			x	Pipe Insulation	85 LF	X			
Area #2 - Basement			X	Pipe Insulation	55 LF	X			
Area #3 - Basement			X	Pipe Insulation	20 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date February 21, 2013	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date January 10, 2013

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

ch. 4230

Date of Notification (1) 1-11-2013		Name of Building Owner/Operator (2) A. O'BRIEN	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 74 MADISON STREET	
		City, State, Zip Code HOBOKEN, NJ 07030	
		Name of Contact I PAWLENKO	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) A. O'BRIEN		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 74 MADISON STREET		Square Feet 3500	# of Floors 3
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Bldg. Age 88 YRS.
Current Use (Prior if being demolished) RESIDENCE			

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 S. River St		
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 1-24-13	Scheduled Completion Date (11) 1-29-13	Name of OSHA Monitor Omega Environmental 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 St		
		City, State, Zip Code South Hackensack, N.J. 07606		

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
ROOF			X	ROOFING + FLASHING	1050 SF	X			

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 15 YDS	Name of Registered Landfill Minerva Enterprises	
City, State Hackensack, N.J. 07601		Disposal Date 1-29-13	City, State Waynesburg, Oh		
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 1-11-2013		

State of New Jersey REMEMBER - NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 8:18)				Emergency Notification	
Check# 1549		Name of Building Owner/Operator (2) Pamela E. West		DOI - 10 DAY	
Date of Notification (1) 01 / 10 / 13		Street Address 1015 Jackson Street City, State, Zip Code Camden, NJ 08104		2013 JAN 16 PM 2:56	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 1015 Jackson Street City (5) Camden, NJ 08104 County (6) Camden		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No 973-638-1777 License No 01127	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg # 34A City, State, Zip Code Fair Lawn, NJ 07410		Project Manager for Monitoring Firm Telephone No	
Start Date (10) 01 / 10 / 13		Scheduled Completion Date (11) 01 / 11 / 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 - Describe Time of Abatement AM PM PM AM	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 3 of or > 3 lf <input type="checkbox"/> < 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination <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-Exempt Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Pipe insulation Amount (Specify SIF or LF) 80 LF	
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NUDEP Waste Hauler ID No. 0033785		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N Jevtic		Title Owner		Signature Date 01/10/2013	

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

RECEIVED
2013 JAN 16 PM 2:58
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01 / 10 / 13		Name of Building Owner/Operator (2) Jim Roads							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 0417 Haddonfield St P.O.Box 236 City, State, Zip Code Haddonfield, NJ Name of Contact Jim Roads Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 600 Grove St		Square Feet 3720 Sq Ft							
City (5) Haddonfield		# of Floors 3 floors	Bldg. Age 74 years						
County (6) camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8) Here Tech, Inc..		Name of Abatement Contractor (9) Graham-Tech Environmental Services, LLC							
Street Address 1879-I Old Cuthbert Road		Street Address 14 Read Drive							
City, State, Zip Code Cherryhill, NJ 08034		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Subash Rashia, PH.D		Telephone No. 856-429-5200	License No. 01158						
Start Date (10) 01 / 19 / 13	Scheduled Completion Date (11) 02 / 01 / 13	Name of OSHA Monitor Graham-Tech Environmental Service, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/ _____ PM- _____ AM		Street Address 14 Read Drive City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	170 Lf Ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal system insulation	84Sq Ft	<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"/>
Name of Registered Waste Hauler Graham- Tech Environmental Serv, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date		City, State 1513 Brodowntown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President		Signature <i>Vernice Graham</i>			Date 1-10-13		

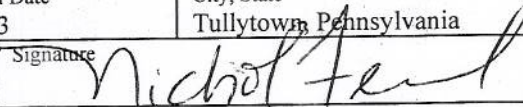
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/11/2013		Name of Building Owner/Operator (2) Michael Wright Construction	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 Madison Avenue City, State, Zip Code Toms River, NJ 08753	
		Name of Contact Michael Wright	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 30 Tobago Avenue					
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2500 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 1/11/13		Scheduled Completion Date (11) 1/15/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >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) 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	2100 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 1/16/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 1/11/2013

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

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

MO# 20613906516

Date of Notification (1) 01 / 11 / 13		Name of Building Owner/Operator (2) Leslie Williams	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 34 Walnut Street		City, State, Zip Code Rutherford, NJ 07070	
Name of Contact Leslie Williams		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 34 Walnut Street		Square Feet	# of Floors
City (5) Rutherford, NJ 07070		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 01 / 23 / 13	Scheduled Completion Date (11) 01 / 24 / 13	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SIF or LF)	Abatement Type Removal Repair Encapsulate Enclosure
Basement		Pipe insulation	150 LF
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD
City, State Wayne, NJ 07470		Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>
Date 01/11/2013			

* 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

Date of Notification (1) 1/9/2013		Check#2350		Name of Building Owner/Operator (2) St Rose of Lima Church	
Agencies Notified		Type Notification		Street Address 11 Grey 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 Newark, NJ 07107	
				Name of Contact Father Joseph Kwiatkowski	
				Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) St Rose of Lima School Building				Type of Facility (4)	
Street Address 540 Orange Street				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Newark, NJ 07107				Square Feet 45,000	# of Floors 2
County (6) ESSEX				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services			ASCM No. 00118	Name of Abatement Contractor (9) EA Services Corporation	
Street Address 464 Valley Brook Avenue				Street Address 426 69th Street	
City, State, Zip Code Lyndhurst, NJ 07071				City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm Jim Ruff			Telephone No. 201-438-4839	Telephone No. 201-295-1700	License No. 01074
Start Date (10) 1/18/2013		Scheduled Completion Date (11) 1/21/2013		Name of OSHA Monitor same as above	
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: starting @ 3:00 PM				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 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)
	Yes	No	N/A		
Crawl space		x		Pipe Insulation & ACM debris	200 LF
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management
City, State PO BOX 5010			Disposal Date tbd		City, State Tullytown Landfill
Completed by Gina Salvador		Title Office Manager		Signature	Date 1/9/2013

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

Date of Notification (1) 1 / 08 / 13		Name of Building Owner/Operator (2) E. I. Dupont		2013 JAN 16 PM 2:58 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road		City, State, Zip Code Parlin, NJ 08859					
		Name of Contact Jim Poltristky		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 725				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 250 Cheesequake Road				Square Feet 10200	# of Floors 1				
City (5) Parlin				Bldg. Age +/- 50					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.					
Street Address 3370 Progress Drive, Suite J		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 215-365-5810	License No. 1156				
Start Date (10) 1 / 23 / 13		Scheduled Completion Date (11) 1 / 23 / 13		Name of OSHA Monitor: USA Environmental Management, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30 AM-3:30 PM / ____ PM- ____ AM				Street Address 8436 Enterprise Avenue					
				City, State, Zip Code Philadelphia, PA 19153					
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) 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
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill				
City, State Philadelphia, PA		Disposal Date 2/23/2013		City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature <i>Dilip Kumar</i>			Date 1-8-13		

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

Date of Notification (1) 1-11-2013		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 South Livingston Ave.							
<input 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 Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers, Apt. 5M		Type of Facility (4)							
Street Address 220 Jersey Str.		<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) Elizabeth		Square Feet	# of Floors Bldg. Age						
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Unit						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp.						
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						
Start Date (10) 1-22-2013		Scheduled Completion Date (11) 1-23-2013	License No. 01193						
Name of OSHA Monitor Loznica Management Corp.									
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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	VAT (no mastic)	74 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville Pa 19067					
Completed by Stevan Lazarevich		Title VP	Signature <i>S. Lazarevich</i>			Date 1-11-2013			

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

APPROVED: TOM VOORHEES,
NJDOH NJPOL
CR #2393

OK 2393

Date of Notification (1) 1/10/2013		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address One Hess Plaza		City, State & Zip Code Woodbridge, NJ 07095	
Name of Contact John Philbin		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		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 615 River Road		Square Feet	# of Floors
City (5) Edgewater	County (6) Bergen	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) AET Inc.		ASCM No.	
Street Address 28 N. Pennell Road		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Media, PA 19063		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 1/11/2013	Scheduled Completion Date (11) 1/16/2013	Name of OSHA Monitor Bristol Environmental 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 – Describe: <input type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag Procedures	
		<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	Enclosure
Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices multiple areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint compound assoc. with sheet rock	800 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"/>
	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill
City, State New Castle, Delaware	Disposal Date 1/16/2013	City, State Morrisville, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>	Date 1/11/13

G.I. 12260

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

Date of Notification (1) 01/10/2013		Name of Building Owner/Operator (2) BERKELEY COLLEGE							
Agencies Notified	Type Notification	Street Address 44 RIFLE CAMP ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3	City, State, Zip Code WOODLAND PARK, NJ 07424							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact TOM ALESSANDRELLO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BERKELEY COLLEGE BUILDING# 5 & 4		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 44 RIFLE CAMP ROAD		Square Feet 20,000	# of Floors 4						
City (5) WOODLAND PARK		Bldg. Age 1940							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COLLEGE/SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No. 0079	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 20-21 WAGARAW ROAD BUILDING 34A		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	License No. 00853						
Start Date (10) 12/14/2012	Scheduled Completion Date (11) 01/31/2013	Name of OSHA Monitor ROLLAND BARNHART							
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: OCCUPIED NJAC 5:23-8 REGULAR HOURS WITH WEEKENDS & EVENING IF NECESSARY TO FINISH		Street Address 21 PERRINE AVENUE							
		City, State, Zip Code SOUTH AMBOY, NJ 08879							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
LOWER, GRUND & SECOND FLOOR		X		PIPE INSULATION	3,150	X			
LOWER, GROUND & SECOND FLOOR		X		VAT	1,065	X			
GROUND FLOOR		X		PIPE INSULATION	45	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 04181	Cubic Yards of Waste 50 YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY		Disposal Date 12/17/2012		City, State WAYNESBURG, OH					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature		Date 01/10/2013			

B & G proj. #: 2012-139 Amended 5

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

*** Additional footage ***

Check # 5717

2013 JAN 16 PM 2:58

Date of Notification (1) 10/1/10 11/13		Name of Building Owner/Operator (2) UMDNJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 30 Bergen Street, ADMC 301, Facilities Planning, Management and Construction		City, State, Zip Code Newark, NJ 07101	
Name of Contact Matthew Peterson		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Stanley S Bergen Jr. Building, GA Level & 6th Floor ***** (Non Sub 8) *****			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 65 Bergen Street			Square Feet # of Floors Bldg. Age		
City (5) Newark, NJ 07101	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Company		ASCM No. 00110	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 7 Pleasant Hill Road		Street Address 105 Ryerson Road			
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 09/17/12***		Sched. Completion Date (11) 01/31/2013***			
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: <input checked="" type="checkbox"/> Other-Describe: occupied shift: 4:00 pm - 12:30 am					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ wrap & cut
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
SEE ATTACHED LIST OF LOCATIONS & FOOTAGE				SEE ATTACHED LIST LOCATIONS & FOOTAGE					
O & M		X		O & M		X	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 100	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/17/12 - 1/31/13***	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 01/11/2013

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Completion Date Extended

n/a

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2013 JAN 16 PM 2:58
ASBESTOS
LICENSING

Date of Notification (1) <u>10/1/10</u> <u>12/1/13</u>		Name of Building Owner/Operator (2) UMDNJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 30 Bergen Street, ADMC 301, Facilities Planning, Management and Construction		City, State, Zip Code Newark, NJ 07101	
Name of Contact Matthew Peterson		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Stanley S Bergen Jr. Building, GA Level & 6th Floor ***** (Non Sub 8)*****			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 65 Bergen Street			Square Feet		
City (5) Newark, NJ 07101			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Company		ASCM No. 00110		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 7 Pleasant Hill Road		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code Cranbury, NJ 08512		Telephone Number 973-696-6869		License Number 0378	
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 09/17/12***		Sched. Completion Date (11) 01/31/2013***		Street Address 105 Ryerson Road	
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: occupied shift: 4:00 pm - 12:30 am				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ wrap & cut
☒ Glovebag procedure
☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
SEE ATTACHED LIST OF LOCATIONS & FOOTAGE				SEE ATTACHED LIST					
O & M		X		O & M		X	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 100	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/17/12 - 1/31/13***	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 01/02/2013

CHECK#
2596

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

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2013 JAN 16 PM 2:58

Date of Notification (1) <u>1/11/13</u>		Name of Building Owner/Operator (2) <u>BORG MOORE</u>	
Agencies Notified (3) NJDEP NJDOH NJMVC	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u>	
		City, State, Zip Code <u>BRIGANTINE, N.J. 08216</u>	
		Name of Contact <u>STACE</u>	Telephone Number (4) <u></u>

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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Address <u>930 N. SHORE DRIVE</u>		Square Feet <u>1000</u>	8 of Floors <u>2</u>
City, State, Zip Code <u>BRIGANTINE, N.J. 08216</u>		Block Age <u>40T</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>Klemm Inc.</u>	
Street Address <u></u>		Street Address <u>369 S. SPRUE AVE</u>	
City, State, Zip Code <u></u>		City, State, Zip Code <u>MARLE SHORE, N.J. 08012</u>	
Telephone No. <u></u>		Telephone No. <u>856-774-0422</u>	License No. <u>000144</u>

Date of Completion <u>1/24/13</u>	Scheduled Completion Date (11) <u>1/31/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
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 <u>369 S. SPRUE AVE</u>	
		City, State, Zip Code <u>MARLE SHORE, N.J. 08012</u>	

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500</u>
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure		

Location of Asbestos Containing Material (ACM) to be Abated in Facility (13) <u>SLIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500</u>

Name of Waste Handler <u>KLEMM INC.</u>	NJOEP Waste Handler ID No. <u>17904</u>	Cubic Yards of Waste <u></u>	Name of Registered Lab <u>ACUA</u>
City, State, Zip Code <u>MARLE SHORE, N.J.</u>	Disposal Date <u></u>	City, State <u>BRIGANTINE, N.J.</u>	Signature <u>Joseph Klemm</u>
Signature <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>1/11/13</u>

* Do not use this form for asbestos licensure exempted activities

NJ Dept of Health & Senior Services
 (signature)
 Date: 1/11/13 Time: 2:58

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

2013 JAN 16 PM 2:58
 Check # 8063

Date of Notification (1) 1/11/13		Name of Building Owner/Operator (2) Goldberg Realty							
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"/> Assisted <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 CLINTON ROAD		City, State, Zip Code WEST CALDWELL - N.J. 07006							
Name of Contact RICHARD SHUTWELL		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SHORE GARDEN 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 355 BATH AVE		Square Feet 2,000							
City (5) LONG BRANCH		# of Floors 2							
County (6) MONMOUTH		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. 201-262-5841							
Start Date (10) 1/11/13		Scheduled Completion Date (11) 2/11/13							
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.							
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friction 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, VAV, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
APARTMENT #13 CORN			✓	PIPE INSULATION	150 LF	✓			
APARTMENT #14 CORN			✓	PIPE INSULATION	150 LF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 1/11/13		City, State Bethlehem, PA 18015					
Title JOSEPH VOCATURO		Signature J. Vocaturo		Date 1/11/13					

Date of Notification (1) 0 1 / 1 1 / 1 3		Name of Building Owner/Operator (2) Newark Public Schools	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Vocational High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 301 West Kinney Street			Square Feet 35000		
City (5) Newark, NJ 07103			# of Floors 3		
County (6) Essex			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 1253 North Church Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Jim Guillard			Telephone Number 856-840-8800		
Telephone Number 856-840-8800			License Number 00807		
Scheduled Start Date (10) 0 1 / 1 1 / 1 3			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 0 1 / 1 4 / 1 3			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

☐ Demolition
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	E N C L O S U R E	C A P S U L E	E N C I S U R E
Hallways - 5 Locations 2' x 2' cuts	X	Ceiling Plaster	20 SF	X			

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature B. F.		Date 1/11/13	

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

Date of Notification (1) 1-11-2013		Name of Building Owner/Operator (2) Meyer & Depew		<div style="text-align: right;"> APPROVED NJ Dept. of Health Senior Services <i>[Signature]</i> Date: 2/11/13 Time: 12:45 </div>					
Agencies Notified		Type Notification		Street Address					
<input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		309 Lafayette Avenue 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)					
Street Address 1558 Wyndmoor Ave.				<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) Hillside				Square Feet 1500 SF	# of Floors 2				
County (6) Union				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		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp.					
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. 01193				
Start Date (10) 1-14-2013		Scheduled Completion Date (11) 1-15-2013		Name of OSHA Monitor Loznica Management Corp.					
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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥280 lf		<input 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
Basement			X	Boiler Insulation	90 SF	X			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Stevan Lazarevich		Title VP		Signature <i>[Signature]</i>		Date 1-11-2013			

Date of Notification (1) 01/08/13		Name of Building Owner/Operator (2) Newark Public Schools	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number & LICENSING	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Vocational High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 301 West Kinney Street		Square Feet # of Floors Bldg. Age 35000 3 50	
City (5) Newark, NJ 07103	County (6) Essex	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 1253 North Church Street		Street Address 180 Sargeant Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Jim Guillard		Telephone Number 973-614-0377	
Telephone Number 856-840-8800		License Number 00807	
Scheduled Start Date (10) 01/11/13		Sched. Completion Date (11) 01/14/13	
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 - Describe: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Four Strong Builders, Inc.	
		Street Address 180 Sargeant Avenue	
		City, State, Zip Code Clifton, NJ 07013	

Scope of Work (Check all that apply)

☐ Demolition
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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	ENCLOSURE	ENCLOSURE	ENCLOSURE
Incinerator Room	X	Pipe Insulation	15 LF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA		Date 1/8/13	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 1/8/13	

No check

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

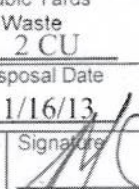
RECEIVED
2013 JAN 16 PM 2:58
ASBESTOS CENTRAL
LICENSING

Date of Notification (1) <u>1/3/13</u>		Name of Building Owner/Operator (2) <u>Mrs. Barbara Nelson</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>704 River Road</u> City, State, Zip Code <u>Ewing, NJ 08628</u>						
		Name of Contact <u>Barbara Nelson</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>1310 Lawrence Road</u>		Square Feet <u>1400</u>						
City (5) <u>Lawrence Twp., NJ</u>		# of Floors <u>2</u>	Bldg. Age <u>75</u>					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>1/14/13</u>	Scheduled Completion Date (11) <u>1/24/13</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input 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 IN Facility</u> (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) <u>120 lf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>			<u>Thermal Pipe Insulation</u>	<u>120 lf</u>	<input checked="" type="checkbox"/>			
					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/24/13</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature _____		Date <u>1/14/13</u>			

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

CK # 2506

2013 JAN 16 PM 2:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>1/3/13</u>		Name of Building Owner/Operator (2) <u>Mrs. Barbara Nelson</u>	
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 <u>704 River Rd</u> City, State, Zip Code <u>Ewing, NJ 08628</u>	
		Name of Contact <u>Barbara Nelson</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1310 Lawrence Road</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>
City (5) <u>Lawrence Twp., NJ</u>		Bldg. Age <u>80</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>1/14/13</u>	Scheduled Completion Date (11) <u>1/16/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
			<u>120 lf</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/16/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>1/3/13</u>