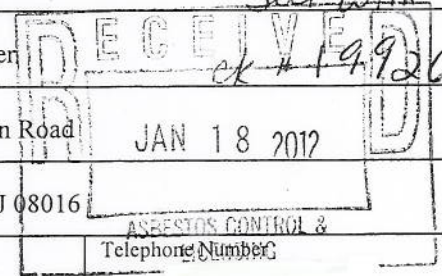


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*No check*

*original sent with*

Date of Notification (1) January 13, 2012		Name of Building Owner/Operator (2) Joseph Brunner	
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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 2016 Bustleton Road	
		City, State, Zip Code Burlington, NJ 08016	
		Name of Contact Joseph Brunner	Telephone Number [REDACTED]



**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 902 Bowsprit Point			Square feet 1700 sf		
City Lanoka Harbor	County (6) Ocean	County Code (7) (STATE USE ONLY)	# 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) 1/24/12		Scheduled Completion Date (11) 1/27/12	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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		

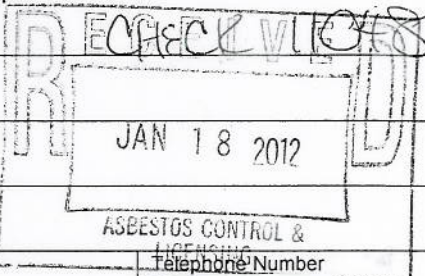
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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	1500 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 1/30/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 1/13/2012	

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



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



Date of Notification (1) 1/13/12		Name of Building Owner/Operator (2) Fairmont Country Club							
Agencies Notified	Type Notification	Street Address 400 Southern Boulevard							
<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 Chatham NJ 07928							
		Name of Contact Alan Jacobs							
<div style="text-align: right;">Telephone Number _____</div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 400 Southern Boulevard		<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) Chatham		Square Feet 2000	# of Floors 2						
		Bldg. Age 40							
County (6) Morris	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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/22/12	Scheduled Completion Date (11) 2/22/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: weekends and off hours		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 type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
North Basement MER			x	pipe fittings	30 LF	x			
South Basement MER			x	pipe fittings	20 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Newburgh, PA					
Completed by Andrew Scott Higgins		Title President	Signature 	Date 1/13/12					



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

Date of Notification (1) <b>01 / 06 / 12</b>		Name of Building Owner/Operator (2) <b>Housing Authority of the City of Paterson</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>60 Van Houten Street.</b>							
		City, State, Zip Code <b>Paterson, NJ 07509</b>							
		Name of Contact <b>Irma Gorham</b>							
Telephone Number <b>973-345-4055</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building No. 4</b>		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 <b>NJ21-1 Riverside Terrace Development</b>		Square Feet <b>5000</b>	# of Floors <b>2 Floors</b>						
City (5) <b>Paterson</b>		Bldg. Age <b>1970</b>							
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering &amp; Environmental Serv</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>SMAC Corp.</b>						
Street Address <b>River Drive Center 1, 4th Floor</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>							
City, State, Zip Code <b>Elmwood Park</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>							
Project Manager for Monitoring Firm <b>Vijay B. Patel</b>	Telephone No. <b>201-794-6900</b>	Telephone No. <b>973-345-4055</b>	License No. <b>01110</b>						
Start Date (10) <b>01 / 16 / 12</b>	Scheduled Completion Date (11) <b>01 / 23 / 12</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
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 <b>1056 SHELTON AVE</b>							
		City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tiles - Mastic 9inx9in</b>	<b>90 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Thourghout - 5 Apartments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gray Duct Insulation</b>	<b>700 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Basement - Crawl Space</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>90 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>	Cubic Yards of Waste <b>10 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>			Disposal Date <b>01/21/2012</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>	Signature <i>Borce Gjorsoski</i>			Date <b>01/13/2012</b>			



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

Date of Notification (1) <b>01 / 06 / 12</b>		Name of Building Owner/Operator (2) <b>Housing Authority of the City of Paterson</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JAN 18 2012 </div> Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>60 Van Houten Street.</b>		City, State, Zip Code <b>Paterson, NJ 07509</b>							
Name of Contact <b>Irma Gorham</b>		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building No. 4</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>NJ21-1 Riverside Terrace Development</b>									
City (5) <b>Paterson</b>		Square Feet <b>5000</b>	# of Floors <b>2 Floors</b>						
		Bldg. Age <b>1970</b>							
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering &amp; Environmental Serv</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>SMAC Corp.</b>						
Street Address <b>River Drive Center 1, 4th Floor</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>							
City, State, Zip Code <b>Elmwood Park</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>							
Project Manager for Monitoring Firm <b>Vijay B. Patel</b>		Telephone No. <b>201-794-6900</b>	License No. <b>01110</b>						
Start Date (10) <b>01 / 16 / 12</b>	Scheduled Completion Date (11) <b>01 / 21 / 12</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
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 <b>1056 SHELTON AVE</b>							
		City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tiles - Mastic 9inx9in	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Thourghout - 5 Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Duct Insulation	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Basement - Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>	Cubic Yards of Waste <b>10 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>		Disposal Date <b>01/21/2012</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>		Signature <i>Borce Gjorsoski</i>				Date <b>1/06/2012</b>	



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)**

DEC 3321 E D  
JAN 18 2012  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>1-13-12</b>		Name of Building Owner/Operator (2) <b>R. LOBOSCO</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>190 TOTOWA ROAD</b>	
		City, State, Zip Code <b>TOTOWA, N.J. - 07512</b>	
		Name of Contact <b>R LOBOSCO</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>R. LOBOSCO</b>		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 <b>190 TOTOWA ROAD</b>			
City (5) <b>TOTOWA</b>		Square Feet <b>1875</b>	# of Floors <b>2</b>
		Bldg. Age <b>68 yrs</b>	
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>1-31-2012</b>	Scheduled Completion Date (11) <b>2-1-2012</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>	
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: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b>	
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)	Abatement Type Removal    Repair    Encapsulate    Enclosure		
<b>BASEMENT/CRAWL SPACE</b>		<b>✓</b>	<b>THERMAL INSULATION</b>
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>
City, State <b>South Kearny N.J. 07032</b>		Cubic Yards of Waste <b>1/2 yd.</b>	Disposal Date <b>2-1-2012</b>
		City, State <b>Newburgh PA, 17242</b>	
Completed by <b>R. VELDRAN</b>	Title Estimator	Signature <b>R Veldran</b>	Date <b>1-13-12</b>



# State of New Jersey - Notification of Asbestos Abatement

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

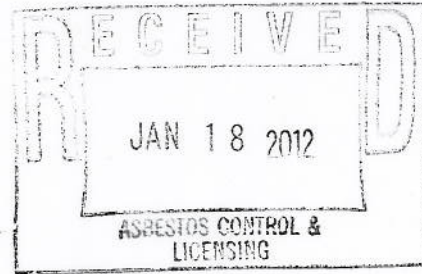
<b>Date of Notification (1)</b> <b>January 12, 2012</b>			<b>Name of Building Owner/Operator (2)</b> <b>New Jersey American Water Company</b>		
<b>Agencies Notified</b> X EPA DCA X DOL X DEP X DOH			<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
<b>Street Address</b> <b>Raritan District, Roselle Water Booster Station</b>			<b>City, State, Zip Code</b> <b>Roselle, NJ c/o PKF Mark III Newtown PA</b>		
<b>Name of Contact</b> <b>Christopher Grys</b>			<b>Telephone Number</b> 		
FACILITY INFORMATION					
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>NJ American Water Company, Roselle Booster Station</b>			<b>Type of Facility (4)</b> <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.) <b>Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 70 years</b>		
<b>Street Address</b> <b>400 West 19<sup>th</sup> Street</b>			<b>Current Use (prior if being demolished): Power Station to be demolished</b>		
<b>City (5)</b> <b>Roselle Park</b>	<b>County (6)</b> <b>Union</b>	<b>County Code (7)</b> <b>(State Use Only)</b>			
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>N/A- Final Inspection By: AECOM, Inc.</b>			<b>ASCM</b> <b>00079</b>		
<b>Street Address</b> <b>30 Knightsbridge Road, Suite 520</b>			<b>Street Address</b> <b>268 MAIN STREET</b>		
<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>			<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>		
<b>Project Manager for Monitoring Firm</b> <b>Mark Connors</b>		<b>Telephone Number</b> <b>732-672-7519</b>		<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>January 26, 2012</b>		<b>Scheduled Completion Date (11)</b> <b>July 31, 2012</b>		<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant to be demolished</b> <b>Phase 1 - January 26, 2012 to February 10, 2012</b> <b>Phase 2- July 1, 2012 to July 31, 2012</b>			<b>Street Address</b> <b>1056 Stelton Road</b> <b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>		
<b>Source of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div>           Renovation            Demolition         </div> <div>           Full Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA		<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> Remove Repair Encap Enclose
<b>Wets Building</b>  <b>East Building</b>  <b>Generator Building</b>	YES NO NA YES NO NA YES NO NA		<b>Roof Felt Paper</b> <b>Flashing</b> <b>Glass Block Caulk</b> <b>Louver Window Caulk</b> <b>Exhaust Flue Pipe Transite</b> <b>Roof Flashing</b> <b>Louver Foam Insulation</b> <b>Exhaust Flue Pipe Transite</b> <b>Roof Flashing</b> <b>Roof Deck</b>	<b>350 SF</b> <b>100 LF</b> <b>108 LF</b> <b>65 LF</b> <b>10 LF</b> <b>100 LF</b> <b>13 LF</b> <b>435 SF</b> <b>100 LF</b> <b>425 SF</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>		<b>Cubic Yards of Waste:</b> <b>40</b>	<b>Name of Registered Landfill</b> <b>Meadowfill Landfill</b>

# State of New Jersey - Notification of Asbestos Abatement

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

<b>Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>Disposal Date</b> <b>July 31, 2012</b>	<b>City, State</b> Route 2, Box 68 Bridgeport, WVA 304-842-2784
<b>Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</b>			
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Marin Graure</i>	<b>Date</b> <b>January 12, 2012</b>

GAC # 2012-308





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

Date of Notification (1) <div style="text-align: center;">January 12, 2012</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">H &amp; D Rosetto</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="text-align: center;">211 North Ocean Avenue</div>	
		City, State, Zip Code <div style="text-align: center;">Seaside Park, NJ 08752</div>	
		Name of Contact <div style="text-align: center;">Denise Rosetto</div>	
		Telephone Number <div style="text-align: center;">201-9936</div>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			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 <div style="text-align: center;">117 Fielder Avenue</div>			<div style="display: flex; justify-content: space-between;"> <div>Square feet <div style="text-align: center;">1000 sf</div></div> <div># of Floors <div style="text-align: center;">1</div></div> <div>Bldg. Age <div style="text-align: center;">60</div></div> </div>		
City <div style="text-align: center;">Ortley Beach</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">1/26/12</div>	Scheduled Completion Date (11) <div style="text-align: center;">1/30/12</div>	Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>			
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	850 sf	X			

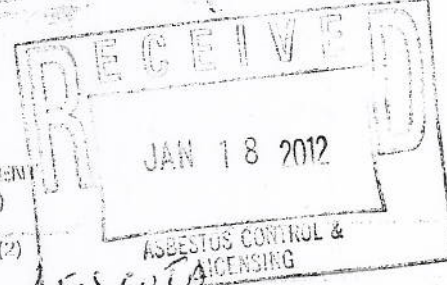
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">2</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">1/31/12</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">1/12/2012</div>

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



1326

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:26 and 17:27)



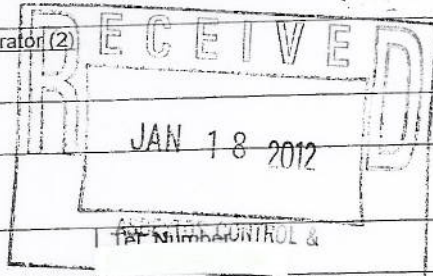
Date of Notification (1) <b>1-13-12</b>		Name of Building Owner/Operator (2) <b>BARBARA LESCOTA</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>145 NORTH 16TH STREET</b>		City, State, Zip Code <b>Bloomfield NJ</b>	
Name of Contact <b>NATE Thompson</b>		Telephone Number <b>7</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>BARBARA LESCOTA</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>145 N. 16TH STREET</b>		Square Feet <b>1500</b>	
City (5) <b>Bloomfield</b>		# of Floors <b>2</b>	
County (6) <b>Bloomfield</b>		Bldg. Age <b>75</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>House</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address <b>95 MONTROSE RD</b>		Name of Abatement Contractor (9) <b>ACE INSULATION CO. INC.</b>	
City, State, Zip Code <b>COLTS NECK NJ 07722</b>		Street Address <b>95 MONTROSE RD</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732 244 1757</b>	
Start Date (10) <b>1-24-12</b>		License No. <b>00004</b>	
Scheduled Completion Date (11) <b>1-28-12</b>		Name of OSHA Monitor <b>ACE INSULATION CO. INC.</b>	
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: <b>7am-7pm</b>		Street Address <b>95 MONTROSE RD</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 3 sf or < 3 ft <input type="checkbox"/> > 160 sf or > 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)	
<b>Pipe</b>		<b>100'</b>	
Name of Registered Waste Hauler <b>ACE INSULATION CO.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	
City, State <b>COLTS NECK NJ 07722</b>		Cubic Yards of Waste <b>2</b>	
Name of Registered Landfill <b>ICESE</b>		City, State <b>BRIDGEMAN PA</b>	
Disposal Date <b>1-23-12</b>		Signature <b>Jack Gable</b>	
Completed By <b>Jack Gable</b>		Title <b>OPS mgr.</b>	
Date <b>1-13-12</b>			



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

EX #500170

<b>Date of Notification (1)</b> 1/10/12		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b>  (X) EPA (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b>  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	



<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Building No. 5 - Tin Building			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 1 James Street			<b>Sq. Feet</b> 4324 <b># of Floors</b> 1	
<b>City (5)</b> Belvidere	<b>County (6)</b> Warren	<b>County Code (7) (State Use Only)</b>	<b>Bldg. Age</b> 30 +/- <b>Current Use (prior if being demolished)</b> Warehouse	

<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.	<b>ASCM No.</b> 00104	<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP
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<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street	
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821	

<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066
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<b>Scheduled Start Date (10)</b> 1/23/2012	<b>Scheduled Completion Date (11)</b> 2/24/2012	<b>Name of OSHA Monitor</b> Testor Tech
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<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -	<b>Street Address</b> 10 59 Jackson Ave.	
	<b>City, State, Zip Code</b> L.I.C. New York, 11101	

**Describe Vacant Bldg. To Be Demolished**  
4324 Sf vacant building to be demolished in its entirety.

**Other - Describe**  
**Source of Work (Check all that apply)**

(X) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work							
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
North Side Interior / Exterior	X	Transite Panels	1300 sf	X			
Exterior Fittings & Pipelines	X	Fittings & Pipe Lines	23 lf	X			
Exterior Roofing	X	Roofing	6500 sf	X			

<b>Name of Reg. Waste Hauler</b> Service Transport Group	<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 40	<b>Name of Reg. Landfill</b> Minerva Enterprises
<b>City, State</b> 58 Pyles Lane - New Castle, DE	<b>Disp. Date</b> 2/24/2012	<b>City, State</b> Waynesburg, OH	

<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> <i>Jonathan P. Monagan</i>	<b>Date</b> 1/10/12
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**Notification of Demolition or Renovation.....(continued)**

**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

JAN 18 2012

ASBESTOS CONTROL &

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the**

**Demolition or Renovation Site:**

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for transite.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 Service Transport Group, Inc.**

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**  
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).**

*Jonathan P. Monahan*

(Signature of Owner/Operator)

(Date) 1/10/12

**XVIII. I Certify that the Above Information is Correct**

*Jonathan P. Monahan*

(Signature of Owner/Operator)

(Date) 1/10/12



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

Date of Notification (1) 01/13/12 Ck: 1728 \$200		Name of Building Owner/Operator (2) Atlantic Health Systems	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Madison Avenue	
		City, State, Zip Code Morristown, New Jersey 07962	
		Name of Contact Michelle DiGangi	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Morristown Medical Center		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 100 Madison Avenue		Square Feet 30,000	# of Floors 2
City (5) Morristown, New Jersey 07962		Bldg. Age 55+	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Medical Center	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue	
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Charles Shneekloth		Telephone No. 908-497-8900	Telephone No. 973-225-8400
License No. 01104			
Start Date (10) 01/25/12	Scheduled Completion Date (11) 01/27/12	Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4PM Start		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Pathology-Lab Level C		X	TSI
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3
Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424		Disposal Date 01/30/12	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 01/13/12



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

CL 3315

Date of Notification (1) <b>1/12/12</b>		Name of Building Owner/Operator (2) <b>Ms. P. SCHMUCKI</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>19 SPRING BROOK RD</b>							
		City, State, Zip Code <b>MORRISTOWN, NJ. 07960</b>							
		Name of Contact <b>Mr. SCHMUCKI</b>	Telephone Number <b></b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. SCHMUCKI</b>		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 <b>19 SPRING BROOK RD</b>									
City (5) <b>MORRISTOWN</b>		Square Feet <b>4200</b>	# of Floors <b>2</b>						
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>1950</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>1/24/12</b>	Scheduled Completion Date (11) <b>1/25/12</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>							
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: <b>24 HOURS</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL INSULATION PAPER</b>	<b>70 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>3.12</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>		Disposal Date <b>1/23/12</b>	City, State <b>Newburgh PA, 17242</b>						
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>1/12/12</b>					



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

**RECEIVED**  
**3322**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>1/13/12</b>		Name of Building Owner/Operator (2) <b>KERBY LANE ASSOCIATES</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1100 PAUSADE AVE</b>							
		City, State, Zip Code <b>UNION CITY, NJ 07087</b>							
		Name of Contact <b>MR. DAN MARK</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>KERBY LANE ASSOCIATES</b>		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 <b>1100 PAUSADE AVE</b>		Square Feet <b>30,000</b>	# of Floors <b>5</b>						
City (5) <b>UNION CITY</b>		Bldg. Age <b>60 yrs</b>							
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Box. Arts.</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>1/25/12</b>	Scheduled Completion Date (11) <b>1/27/12</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>							
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: <b>2AM TO 5PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASMENT METER ROOM</b>			<b>P</b>	<b>THERMAL SYSTEM INSULATION</b>	<b>115 LF</b>	<b>X</b>			
<b>BASMENT GARBAGE ROOM</b>			<b>P</b>	<b>THERMAL SYSTEM INSULATION</b>	<b>95 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>3 1/2</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>				Disposal Date <b>1/27/12</b>	City, State <b>Newburgh PA, 17242</b>				
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>1/13/12</b>			



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

CIC 3323

Date of Notification (1) <b>1/13/12</b>		Name of Building Owner/Operator (2) <b>KEROY LANE ASSOCIATES</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1104 PAUSADE AVE</b>	
		City, State, Zip Code <b>UNION CITY, NJ 07087</b>	
		Name of Contact <b>MR. DAN MARY</b>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>KEROY LANE ASSOCIATES</b>		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 <b>1104 PAUSADE AVE</b>		Square Feet <b>30,000</b>	# of Floors <b>5</b>
City (5) <b>UNION CITY</b>		Bldg. Age <b>60 YRS</b>	
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>BLDG / APTS.</b>	

Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) <b>1/25/12</b>		Scheduled Completion Date (11) <b>1/26/12</b>	
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: <b>2 AM TO 5 PM</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>	
		Street Address <b>280 Huyler St</b>	
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	

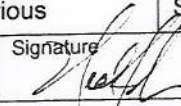
Scope of Work (Check All That Apply)  
☒ ≥ 3 sf or ≥ 3 lf      ☒ Renovation  
☐ ≥ 160 sf or ≥ 260 lf      ☐ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by 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
<b>BASEMENT MECHANICAL ROOM</b>				<b>THERMAL SYSTEMS INSULATION</b>	<b>110 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>2 1/2 CY</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>South Kearny N.J. 07032</b>			Disposal Date <b>1/26/12</b>	City, State <b>Newburgh PA, 17242</b>	
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>1/13/12</b>	



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

Date of Notification (1) <b>January 11, 2012</b>		Name of Building Owner/Operator (2) <b>SUNOCO, INC (R&amp;M) - MARCUS HOOK REFINERY</b>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Blueball Ave &amp; Post Rd.</b>							
		City, State, Zip Code <b>Marcus Hook, PA 19061</b>							
		Name of Contact <b>Mark Strutz</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SUNOCO Eagle Point Refinery</b>		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 <b>US Highway 130 S</b>		Square Feet <b>600,000</b>	# of Floors <b>200' Total Ht.</b>						
City (5) <b>Westville</b>		Bldg. Age <b>30+</b>							
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Refinery</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Accredited Environmental Technologies Inc.</b>		ASCM No. <b>00021</b>	Name of Abatement Contractor (9) <b>NCM Demolition and Remediation, LP</b>						
Street Address <b>28 N. Pennell Rd.</b>		Street Address <b>404 North Berry Street</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>Brea, CA 92821</b>							
Project Manager for Monitoring Firm <b>Tony Keir</b>		Telephone No. <b>610-891-0114</b>	Telephone No. <b>714-672-3500</b>						
Start Date (10) <b>January 25, 2012</b>		Scheduled Completion Date (11) <b>December 31, 2012</b>	License No. <b>01066</b>						
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: <u>Refinery Area closed - Tank Farm, COGEN &amp; WWTP open</u>		Name of OSHA Monitor <b>Accredited Environmental Technologies Inc.</b>							
		Street Address <b>28 N. Pennell Rd</b>							
		City, State, Zip Code <b>Media, PA 19063</b>							
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 type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various Locations as Indicated						X			
Tanks at Cumene, Poly and Alky			X	Thermal System Insulation	32,357 SF	X			
Pipes at Cumene, Poly and Alky			X	Thermal System Insulation	17,506 LF	X			
Transite Panels at Poly and Alky			X	Transite Panels	49,812 SF	X			
Name of Registered Waste Hauler <b>Waste Management Inc.</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>1250</b>	Name of Registered Landfill <b>Gloucester County Solid Waste Landfill</b>				
City, State <b>Deptford, NJ</b>		Disposal Date <b>Various</b>		City, State <b>Swedesboro, NJ</b>					
Completed by <b>Neal Johnson</b>		Title <b>Branch Manager</b>		Signature 		Date <b>1/11/12</b>			



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

APPROVED: PAUL HORNER,  
NJDOH

Date of Notification (1) <u>1</u> / <u>11</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>SEARS HOLDINGS CORPORATION</b>	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3333 BEVERLY ROAD, A2-311B</b> City, State, Zip Code <b>HUFFMAN ESTATES, IL 60179</b> Name of Contact <b>WAYNE CROOK</b>	



<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>SEARS STORE 1464</b>		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 <b>DEPTFORD MALL</b>		Square Feet <b>150,000</b>	
City (5) <b>DEPTFORD</b>		# of Floors <b>2</b>	Bldg. Age <b>50</b>
County (6) <b>GLOUCESTER</b>		Current Use (Prior if being demolished) <b>RETAIL/COMMERCIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>WATTERSON ENVIRONMENTAL</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>650 E. ALGONQUIN ROAD, SUITE 401</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>SCHAMBERG, IL 60173</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>BRIAN RALSTON</b>		Telephone No. <b>847-925-9800</b>	License No. <b>00509</b>
Start Date (10) <u>1</u> / <u>11</u> / <u>12</u>	Scheduled Completion Date (11) <u>1</u> / <u>12</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <b>10:00PM-6:00AM</b>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

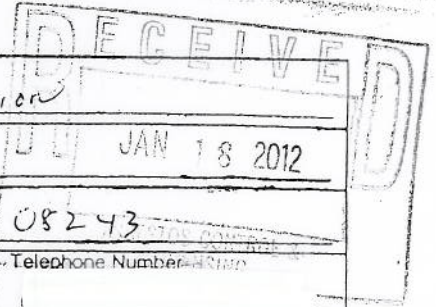
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
STOCK ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>STEPHEN P. DANNER</b>	Title <b>GENERAL MANAGER</b>	Signature <i>Stephen P. Danner</i>		Date <b>1/11/12</b>	



CHECK #  
2189

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

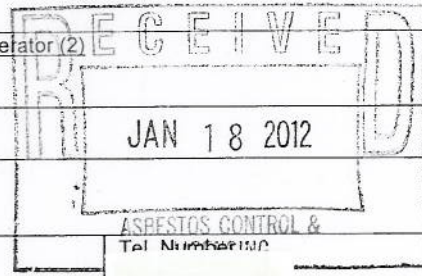


Date of Notification (1) <u>1/17/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>	JAN 18 2012
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number <u>856-779-0472</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>3618 OXFORD LANE</u>			
City (5) <u>OCEAN CITY</u>		Square Feet	# of Floors
			Bldg. Age
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>1/23/12</u>	Scheduled Completion Date (11) <u>1/30/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>1/13/12</u>



520175

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



<b>Date of Notification (1)</b> 1/13/12		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b> (X) EPA (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	
		<b>Tel. Number</b>	

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Main Production Building			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 1 James Street			<b>Sq. Feet</b> 121700 <b># of Floors</b> 2	
<b>City (5)</b> Belvidere	<b>County (6)</b> Warren	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 50 +/- <b>Current Use (prior if being demolished)</b> vacant manufacturing	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.		<b>ASCM No.</b> 00104	<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP	

<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street	
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821	
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066

<b>Scheduled Start Date (10)</b> 1/30/2012	<b>Scheduled Completion Date (11)</b> 4/20/2012	<b>Name of OSHA Monitor</b> Testor Tech
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.
<b>Describe Vacant Bldg. To Be Demolished</b> 121,701 sf building to be demolished in its entirety		<b>City, State, Zip Code</b> L.I.C. New York, 11101
<b>Other - Describe</b>		

**Source of Work (Check all that apply)**

(X) Demolition ( ) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
(X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap.	Enclose
Throughout see attached sheet	X			See attached sheet	See attached sheet	X			

<b>Name of Reg. Waste Hauler</b> Service Transport Group	<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 80	<b>Name of Reg. Landfill</b> Minerva Enterprises
<b>City, State</b> 58 Pyles Lane - New Castle, DE	<b>Disp. Date</b> 4/20/12	<b>City, State</b> Waynesburg, OH	
<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> 	<b>Date</b> 1/13/12



**Notification of Demolition or Renovation.....(continued)****X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods 2012

ASBESTOS CONTROL &  
LICENSING

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:**

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Non-friable removals using wet methods, intact removals and drop poly for transite and caulking etc.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 Service Transport Group, Inc.**

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

*Jonathan P. Manger*

(Signature of Owner/Operator)

(Date) 1/13/12

XVIII. I Certify that the Above Information is Correct

*Jonathan P. Manger*

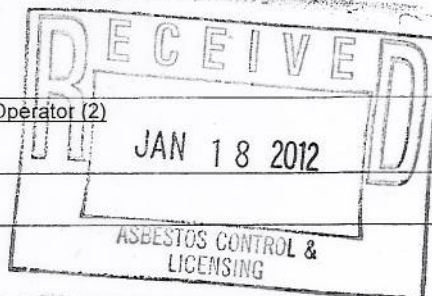
(Signature of Owner/Operator)

(Date) 1/13/12



520174

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



<u>Date of Notification (1)</u> 1/13/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u>

**FACILITY INFORMATION**

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Receiving Building Rm. No. 10		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street		<u>Sq. Feet</u> 16000 <u># of Floors</u> 1 + partial mezz	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	
		<u>Bldg. Age</u> 30 +/- <u>Current Use (prior if being demolished)</u> Warehouse	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.		<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP

<u>Street Address</u> 655 West Shore Trail		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Sparta, NJ 07871		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066

<u>Scheduled Start Date (10)</u> 1/30/2012	<u>Scheduled Completion Date (11)</u> 4/13/2012	<u>Name of OSHA Monitor</u> Testor Tech
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 10 59 Jackson Ave.
<u>Describe Vacant Bldg. To Be Demolished</u> 16,000 sf building to be demolished in its entirety Other - Describe		<u>City, State, Zip Code</u> L.I.C. New York, 11101

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
(X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-Friable Outdoor Work

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Throughout Interior Ceilings	X			Fireproofing	16,000 sf	X			
Throughout Interior	X			Pipe Insulation	200 lf	X			
Throughout Interior Walls	X			Plaster on Walls	5,000 sf	X			
Throughout Interior Ceilings	X			Drop Ceiling	16,000 sf	X			
Exterior Windows	X			Window Caulk	1,100 lf	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 120	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE	<u>Disp. Date</u> 4/13/12	<u>City, State</u> Waynesburg, OH	
<u>Completed by (Print or Type)</u> Jon Monagan	<u>Title</u> Project Coordinator	<u>Signature</u> 	<u>Date</u> 1/13/12



**Notification of Demolition or Renovation.....(continued)****X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means &amp; methods.

JAN 18 2012

ASBESTOS CONTROL &  
LICENSING**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:**

Full negative air containments for fireproofing, plaster and pipe abatement. Wet removal methods. Vacuums will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 Service Transport Group, Inc.**

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

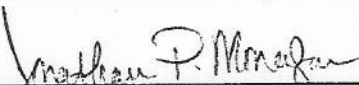
(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

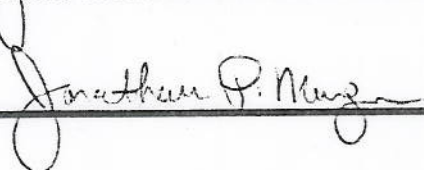
**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**  
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).**



(Signature of Owner/Operator)

(Date) 1/13/12

**XVIII. I Certify that the Above Information is Correct**

(Signature of Owner/Operator)

(Date) 1/13/12



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

*check*

*1251*

Date of Notification (1) <b>1/5/2012</b>		Name of Building Owner / Operator (2) <b>Neemiah McNeil Jr</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>262 Spring Street</b>	
		City, State & Zip Code <b>Trenton, NJ</b>	
		Name of Contact <b>Lisa McNeil</b>	
		Telephone Number	

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JAN 18 2012  
ASBESTOS CONTROL  
LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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 <b>262 Spring Street</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>
City (5) <b>Trenton</b>		County (6) <b>Mercer</b>	Bldg. Age <b>50</b>
County Code (7)		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
City, State & Zip Code		Street Address <b>2129 Rt 33</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>1/6/2011</b>	Scheduled Completion Date (11) <b>1/7/2011</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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 <b>107 Haddon Avenue</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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) <b>Basements</b>	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <div style="text-align: center;"><b>x</b></div>		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) <b>Pipe Insulation</b>
	Amount (Specify SF or LF) <b>160lf</b>		Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>033330</b>	Cubic Yards of Waste
City, State <b>Hamilton, NJ</b>		Name of Registered Landfill <b>Grows Landfill</b>	
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>
		Date <b>1/5/2012</b>	



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

Date of Notification (1) <b>01 / 17 / 12</b>		Name of Building Owner/Operator (2) <b>JC Penney Company Incorporated</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 <b>6501 Legacy Drive</b>							
		City, State, Zip Code <b>Plano, Texas 75024</b>							
		Name of Contact <b>Michael Wittaker</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JC Penney Quaker Bridge Mall</b>		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 <b>500 Quaker Bridge Mall</b>									
City (5) <b>Trenton</b>		Square Feet <b>75,000</b>	# of Floors <b>2</b>						
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>45</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Michael Nehlsen</b>		Telephone No. <b>908-688-7800</b>	License No. <b>00774</b>						
Start Date (10) <b>01 / 30 / 12</b>	Scheduled Completion Date (11) <b>01 / 31 / 12</b>	Name of OSHA Monitor <b>Hillmann Consulting</b>							
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 <b>1600 Route 22 East</b>							
		City, State, Zip Code <b>Union NJ 07083</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<b>Pent House Generator</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>20LF</b>	<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 <b>Express Waste Services LLC</b>		NJDEP Waste Hauler ID No. <b>NJ-804</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>1/31/12</b>		City, State <b>Newburg, PA</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>		Date <b>1/17/12</b>			