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

RECEIVED Page 1 of 3

Date of Notification (1) 11/19/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	Initial	P.O. box 2158	
	Notification	City, State, Zip Code	
	x Amended	Princeton NJ 08543	
	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 138-140 Alexander Street			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 138-140 Alexander Street			Square Feet 5000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 50+		
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	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 12/04/12 Month/Day/Year		Sched. Completion Date (11) 02/28/13 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)

Demolition	x Renovation	Full Containment with Negative Pressure
>3 sf or >3 if		Mini - Enclosure
x >160 sf or >260 lf		x Glovebag Procedure
		x 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) (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 140 exterior		x		cement board exterior	2025 SF	x			
Bldg 140 exterior		x		window caulk	165 LF	x			
Bldg 140 2nd fl bathroom		x		joint compound	249 SF	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 Goshaw		Title Project Manager	Signature <i>Mark Goshaw</i>	Date 1-18-13	

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

Page 2 of 3

Date of Notification (1) 11/19/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 138-140 Alexander street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 138-140 Alexander Street			Square Feet 5000		
City (5) Princeton			# of Floors 2		
County (6)			Bldg. Age 50+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce 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 610-364-9622		
Telephone Number 856-547-0505			Licence Number 1103		
Scheduled Start Date (10) 12/04/12 Month/Day/Year			Sched. Completion Date (11) 02/28/31 Month/Day/Year		
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: 7:00 AM - 3:30 PM Other - Describe:			Name of OSHA Monitor Criterion Labs		
			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini - Enclosure	<input checked="" type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> >160 sf or >260 lf			

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) (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 M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Bldg 138 exterior		x		cement board exterior	2025 SF	x			
Bldg 138 exterior		x		window caulk	180 LF	x			
Bldg 138 Basement		x		flu packing	1 SF	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 1-18-13

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

Date of Notification (1) 11/19/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	Initial	P.O. box 2158	
	Notification	City, State, Zip Code	
	x Amended	Princeton NJ 08543	
	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 138-140 Alexander Street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 138-140 Alexander Street			Square Feet 5000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 2
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) 12/04/12 Month/Day/Year		Sched. Completion Date (11) 02/28/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 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 x >3 sf or >3 lf x >160 sf or >260 lf	x Renovation	Full Containment with Negative Pressure
		x Mini - Enclosure
		Glovebag Procedure
		x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Bldg 138-140 exterior garages		x		cement board exterior	640 SF	x			
Bldg 138-140 exterior rear porch		x		roof material	200 SF	x			
						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 Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 1-18-13

Date of Notification (1) <u>0</u> / <u>1</u> / <u>1</u> <u>5</u> / <u>1</u> <u>3</u>		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <input type="checkbox"/> JEPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> IDOL <input checked="" type="checkbox"/> DOH <input 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 2013 JAN 22 PM 2:58	

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.		
ASCM No. 00003			Street Address 180 Sargeant Avenue		
Street Address 1253 North Church Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Moorestown, NJ 08057			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Jim Guillard			License Number 00807		
Telephone Number 856-840-8800			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Start Date (10) 0 / 1 / 1 6 / 1 3			Sched. Completion Date (11) 0 / 1 / 1 8 / 1 3		
Month / Day / Year			Month / Day / Year		
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: 2nd Shift <input type="checkbox"/> Other - Describe:					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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	E	N	E
Basement Hallway - 3 Locations	X	Pipe Insulation	9 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 1/15/13	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 1/15/13	

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

Date of Notification (1) January 17, 2013		Name of Building Owner/Operator (2) Vincent Bonner	
Agencies Notified	Type of Notification	Street Address 2 Scarlet Lane	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Howell, NJ 07731	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Huey	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 75 Marcellus Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Manasquan			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Bldg. Age 60		
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 2500 sf			
		Current Use (Prior if being demolished) Residence			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 1/17/13	Scheduled Completion Date (11) 1/18/13	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure			
		<input type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glovebag Procedure			
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2200 sf	X			

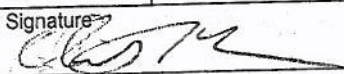
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 1/21/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 1/17/2013

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

* Emergency *

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

REK 2958

Date of Notification (1) 1/18/13		Name of Building Owner/Operator (2) Boyed School							
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1200 bay Boulevard							
		City, State, Zip Code Seaside Heights NJ 08752							
		Name of Contact Tom							
		Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Boyed School		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 1200 bay Boulevard		Square Feet 1000+	# of Floors 1						
City (5) Seaside Heights NJ 08752		Bldg. Age 35+							
County (6) Ocean	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) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/21/13	Scheduled Completion Date (11) 1/22/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
office area			x	Floor tile	10 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/22/13		City, State Elm NJ					
Completed by Anthony T Perna		Title President		Signature 				Date 1/18/13	

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

CIR# 1737

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2013 JAN 22 PM 2:58

Date of Notification (1) 1-18-13		Name of Building Owner/Operator (2) TFM BUILDERS	
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		Street Address 10 MINISINK AVE City, State, Zip Code MANASQUAN NJ 08736 Name of Contact Tom TFM Telephone Number [REDACTED]	
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		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) TFM BUILDERS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 10 MINISINK AVE		Square Feet 1500	
City (5) MANASQUAN		# of Floors 2	
County (6) MONMOUTH		Bldg. Age 75	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) House	
Street Address		County Code (7) (STATE USE ONLY)	
City, State, Zip Code		ASCM No.	
Project Manager for Monitoring Firm		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Telephone No.		Street Address 95 MONROVE RD	
Start Date (10) 1-31-13		City, State, Zip Code COLTS NECK NJ 07722	
Scheduled Completion Date (11) 2-7-13		Telephone No. 732-294-1757	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		License No. 00029	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 sf or >3 sf <input checked="" type="checkbox"/> >160 sf or >260 sf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Name of OSHA Monitor ACE INSULATION CO INC	
Location of Asbestos-Containing Material (ACM) Basement		Street Address 95 MONROVE RD	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code COLTS NECK NJ 07722	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Name of OSHA Monitor ACE INSULATION CO INC	
Pipe Tile		Street Address 95 MONROVE RD	
Amount (Specify SF or LF) 160LF ~ 120SF ~		City, State, Zip Code COLTS NECK NJ 07722	
Name of Registered Waste Hauler ACE INSULATION CO		Abatement Type Removal Enclosure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
City, State COLTS NECK NJ 07722		Name of Registered Landfill GROWS	
Cubic Yards of Waste 3		City, State Tullytown PA	
Disposal Date 2-7-13		Signature [Signature]	
Completed By Jack GALL		Title OPS mgr	
Date 1-18-13		Date 1-18-13	

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

CKH
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Date of Notification (1) 1-18-13		Name of Building Owner/Operator (2) GFA DEVELOPMENT & CO. LLC					
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		Street Address 727 PARITAN RD City, State, Zip Code CLARIE NJ 07066 Name of Contact Don					
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		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) GFA DEVELOPMENT CO LLC		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 2020 STILES RD		Square Feet 5000	# of Floors 1				
City (5) LINDEN		Bldg. Age 80					
County (6) UNION		Current Use (Prior if being demolished) WARE HOUSE					
County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) ACE INSULATION CO INC					
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 95 MONTROSE RD					
Street Address		City, State, Zip Code COLTS NECK NJ 07722					
City, State, Zip Code		Telephone No. 732 294 1757	License No. 00029				
Project Manager for Monitoring Firm		Name of OSHA Monitor ACE INSULATION CO INC					
Start Date (10) 1-28-13		Scheduled Completion Date (11) 2-2-13					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am 7pm							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Grovabag 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
		TRANSIT PANEL	1000 SF				
		PIPE	220 LF				
Name of Registered Waste Hauler ACE INSULATION CO INC		NJDEP Waste Hauler ID No. 12486	Cubic Yards of Waste 6	Name of Registered Landfill IGSL			
City, State COLTS NECK NJ 07728		Disposal Date 2-4-13	City, State BETHLEHEM PA		Date 1-18-13		
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL				

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

CLRH
1737
2013 JAN 22 PM 2:58
RECEIVED

Date of Notification (1) 1-18-13		Name of Building Owner/Operator (2) MARY BOEH 1262IN	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 211 HARVARD AVE		City, State, Zip Code POINT PLEASANT BEACH NJ	
Name of Contact DOUG LENTZ		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) KLGIN		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 211 HARVARD AVE		Square Feet 1200	# of Floors 1
City (5) POINT PLEASANT BEACH		Bldg. Age 79	
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 1-28-13	Scheduled Completion Date (11) 2-2-13	Name of OSHA Monitor ACE INSULATION CO INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address 95 MONTROSE RD	
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		City, State, Zip Code COLTS NECK NJ 07722	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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	
			SIDING
			2000
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3
City, State COLTS NECK NJ 07722		Disposal Date 2-1-13	Name of Registered Landfill GROWS
Completed By Jack GALL		Title OPS mgr	City, State TULLYTOWN PA
		Signature Jack GALL	Date 1-18-13

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

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Date of Notification (1) 1-18-13		Name of Building Owner/Operator (2) WORLD VOLKS WAGEN	
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 636 CLIFTON AVE City, State, Zip Code TOMS RIVER NJ	
		Name of Contact ABATARZ BIRRA	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WORLD VOLKS WAGEN		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 636 CLIFTON AVE		Square Feet 2600	# of Floors 1
City (5) TOMS RIVER		Bldg. Age 75	
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 1-28-13		Scheduled Completion Date (11) 2-4-13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Name of OSHA Monitor ACE INSULATION CO INC	
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 checked="" type="checkbox"/> Demolition		Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722	
		<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)		Amount (Specify SF or LF) 2600 SF
	Yes	No	
BURNED SIDH			SIDING
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2
City, State COLTS NECK NJ 07722		Disposal Date 2-2-13	Name of Registered Landfill GROWS
Completed By Jack GALL		Title OPS MGR	City, State TULLYTOWN PA
		Signature Jack GALL	Date 1-18-13

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

Date of Notification (1) 1-18-13		Name of Building Owner/Operator (2) Joe Robertson						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 92 Grange Ave City, State, Zip Code Fair Haven NJ 07704						
		Name of Contact Joe Robertson	Telephone Number 732-241-1111					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 92 Grange Ave		Square Feet	# of Floors 2					
City (5) Fair Haven NJ 07704		Bldg. Age 75+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609-758-3365	Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 1-29-13	Scheduled Completion Date (11) 1-29-13	Name of OSHA Monitor EPC Technologies, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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
Basement Boiler Room	x			pipe Insulation	40 LF	x		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 1-30-13		City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 1-18-13			

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

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Date of Notification (1) 1-18-13		Name of Building Owner/Operator (2) David Zack					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Oakland Street City, State, Zip Code Red Bank, NJ 07701 Name of Contact David Zack Telephone Number 07701					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Multi-Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 31 Oakland Street		Square Feet	# of Floors 2				
City (5) Red Bank NJ 07701		Bldg. Age 65+					
County (6) Monmouth		County Code (7) (STATE USE ONLY) 07701					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394				
Start Date (10) 1-28-13	Scheduled Completion Date (11) 2-5-13		Name of OSHA Monitor EPC Technologies, Inc				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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) Basement/Crawlspace	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation	Amount (Specify SF or LF) 180 LF	Abatement Type		
	Removal	Repair			Encapsulate	Enclosure	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 2-5-13	City, State Morrisville PA		Date 1-18-13		
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 1-18-13		

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

Check # 7029

Date of Notification (1) 1/15/13		Name of Building Owner/Operator (2) North Jersey Developmental Center	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 169 Minnisink Road	
		City, State, Zip Code Totowa, NJ 07511	
		Name of Contact Steven Slaughter	Telephone Number 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Administration Center, NJDC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 169 Minnisink Road			Square Feet 6000	# of Floors 1	Bldg. Age ~ 70
City (5) Totowa	County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 1/16/13	Sched. Completion Date (11) 1/21/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		


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)			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	N	E	
Basement – two locations	x			TSI – pipe/elbows	6 LF	X				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 2	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 1/25/13	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 1/15/13

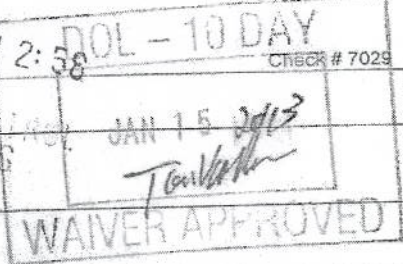
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State of New Jersey

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

Date of Notification (1) 1/15/13		Name of Building Owner/Operator (2) North Jersey Developmental Center	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 169 Minnisink Road	
		City, State, Zip Code Totowa, NJ 07511	
		Name of Contact Steven Slaughter	
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Administration Center, NJDC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 169 Minnisink Road			Square Feet 6000	# of Floors 1	Bldg. Age ~ 70
City (5) Totowa	County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 1/16/13	Sched. Completion Date (11) 1/21/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

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

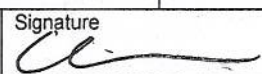
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Basement - two locations	x			TSI - pipe/elbows	6 LF	X			
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 2	Name of Registered Landfill Minerva Landfill				
City, State Lincoln Park, NJ		Disposal Date 1/25/13		City, State Waynesburg, OH					
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 1/15/13			

* Emergency *

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

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2013 JAN 22 PM 2:58

Date of Notification (1) 1/16/13		Name of Building Owner/Operator (2) Robert Bloodgood / Residence							
Agencies Notified	Type Notification	Street Address 121 Marine Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Waretown NJ 08758							
		Name of Contact Robert							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Robert Bloodgood / Residence		Type of Facility (4)							
Street Address 121 Marine Road		<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) Waretown NJ 08758		Square Feet 1000+	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Residence							
Street Address		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/17/13	Scheduled Completion Date (11) 1/18/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
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 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
Exterior Siding			x	Exterior Siding	1300 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/18/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/16/13		

Emergency

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

Check #
8464

Date of Notification (1) 1-14-13		Name of Building Owner/Operator (2) 2013 JAN 22 PM 2:58 Tom PIRRO					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Van Liew AVE	City, State, Zip Code Milltown NJ 08850				
		Name of Contact Tom PIRRO	Telephone Number 1				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 50 Van Liew AVE		Square Feet	# of Floors 2				
City (5) Milltown NJ 08850		Bldg. Age 60+					
County (6) Middlesex		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394				
Start Date (10) 1-15-13	Scheduled Completion Date (11) 1-15-13						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies, Inc					
		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) 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
Basement Furnace rm.	<input checked="" type="checkbox"/>		Cardboard TSI	35F to 125F	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 21	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 1-16-13		City, State Monroville PA			
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 1-14-13	

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1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

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Family Dressing
50 Van Liew Ave
in NJ 08810

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Department of Health and Human Services
National Family Violence Data Center
P.O. Box 10000
Ft. Worth, Texas 76101
Telephone: (817) 755-1234
Fax: (817) 755-1235

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Technologies Inc.

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Serial No 0099

Security Co. Inc.

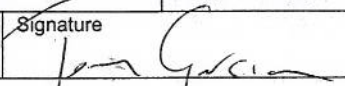
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 16. YES NO 65
 17. YES NO 65
 18. YES NO 65
 19. YES NO 65
 20. YES NO 65
 21. YES NO 65
 22. YES NO 65
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 19678 / (1) 5746

Date of Notification (1) 01-16-13		Name of Building Owner/Operator (2) Vornado Realty Trust / North Plainfield							
Agencies Notified	Type Notification	Street Address 210 Route 4 East							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact John Baytala							
<div style="text-align: right;">RECEIVED 2013 JAN 22 PM 2:58 & LICENSURE</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1280 Route 22 West		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) North Plainfield		Square Feet	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Absolutely Clean Environmental (ACE)		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 53 Orleans Green		Street Address 200 Broad Street							
City, State, Zip Code Coram, NY 11727		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Jeff Sheridan		Telephone No. (516) 644-3253	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 12-03-12	Scheduled Completion Date (11) 02-28-12	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Floor will be vacated during entire period of abatement</u>		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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
Ground Floor: Unit # 1			x	VAT/Mastic	66,300SF	x			
Ground Floor: Unit # 1			x	Transite	1,600SF	x			
Ground Floor: Unit # 2			x	Mastic	9,580SF	x			
Ground Floor: Unit # 5			x	Mastic	29,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Tom Garcia		Title Project Manager		Signature 		Date 01-16-13			

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2013 JAN 22

Square Feet or
& Linear Feet)

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

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2013 JAN 22 PM 2:58

Date of Notification (1) 1/15/13		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified	Type Notification	Street Address P.O. Box 5042							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #002 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095-5042							
		Name of Contact Richard J. Kraczynski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Bay Bridge (Vincent R. Casciano Memorial Bridge)		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 Connection spanning Newark & Bayonne		Square Feet N/A	# of Floors N/A						
City (5) Jersey City		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Bridge							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Mattiola Services, LLC							
Street Address		Street Address 2082 B Lucon Road							
City, State, Zip Code		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 610.539.5634	License No. 01077						
Start Date (10) 02/01/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor Mattiola Services, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Not occupied: Outside work on bridge and road shoulder		Street Address 2082 B Lucon Road							
		City, State, Zip Code Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Beneath/within sidewalk and road			X	Concrete encased transite pipe	3300 LF	X			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Waste Management, Inc.					
City, State Keyport, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Caroline M. Harper		Title Project Manager	Signature <i>Caroline M. Harper</i>	Date 1/15/13					


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

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2013 JAN 22 PM 2:58
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Date of Notification (1) 1/16/13		Name of Building Owner/Operator (2) MR. WYLIE PALMER						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 NORMANDY HEIGHTS RD City, State, Zip Code MORRISTOWN, NJ. 07960 Name of Contact MR. PALMER Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR PALMER		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 26 NORMANDY HEIGHTS RD		Square Feet 2200						
City (5) MORRISTOWN		# of Floors 2	Bldg. Age 70 YRS					
County (6) MORRIS		County Code (7) (STATE USE ONLY) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		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. 201-329-7444	License No. 00388					
Start Date (10) 1/29/13	Scheduled Completion Date (11) 1/31/13	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT			X	VAT	680 SF	X		
BASEMENT			X	THERMAL INSULATION	140 LF			X
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 4 cy	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 1/31/13		City, State Waynesburg, Oh				
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>			Date 1/16/13	

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

Check # 9035

Date of Notification (1) 1-15-13		Name of Building Owner/Operator (2) Macy's, Inc.							
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 7 West Seventh Street							
		City, State, Zip Code Cincinnati, OH 45202							
		Name of Contact Sandi Carter	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Macy's Preakness		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 Hamburg Turnpike		Square Feet 50,000	# of Floors 2						
City (5) Wayne		Bldg. Age 50yrs.							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) shopping center							
Name of Monitoring Firm Hired by Building Owner (8) Pennonni Associates, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 515 Grove Street		Street Address 923 Haws Avenue							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 610-239-9920						
License No. 00398		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Start Date (10) 2-4-13	Scheduled Completion Date (11) 2-15-13	Street Address 923 Haws Avenue							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Break room		X		floor tile & mastic	525 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 2-15-13		City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager		Signature 			Date 1-15-13		

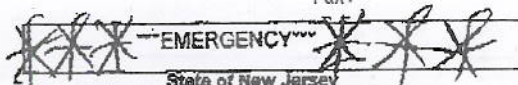
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2013 JAN 22 PM 2:58

Date of Notification (1) Jan 16/2013		Check # 2354		Name of Building Owner/Operator (2) St Lawrence Church					
Agencies Notified		Type Notification		Street Address 1 Saint Lawrence Place					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Weehawken, NJ 07086					
				Name of Contact F. James Whelan					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Lawrence Church - Rectory 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 1 Saint Lawrence Place				Square Feet 3,000	# of Floors 1				
City (5) Weehawken, NJ 07086				Bldg. Age 30+					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office -Rectory					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 1/28/13		Scheduled Completion Date (11) 1/31/2013		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 Other - Describe: <u>Starting @ 4:00 PM</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement		x		Pipe Insulation	120 LF	x			
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 <i>Gina Salvador</i>			Date 1/16/2013		

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

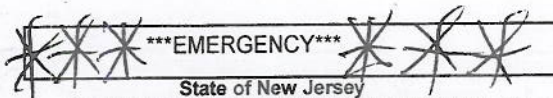


B & G Proj # 2013-14

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

Check # 5725

Date of Notification (1) 01/16/2013		Name of Building Owner/Operator (2) Jacob Allen		APPROVED NJ Dept. of Health & Senior Services (Signature) <i>[Signature]</i> Date: 1/16/13 Time: 2:00 PM	
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 185 Lexington Avenue City, State, Zip Code Maplewood, NJ 07040 Name of Contact Jacob Allen	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Jacob Allen			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 185 Lexington Avenue			Square Feet		
City (5) Maplewood, NJ 07040			# of Floors		Bldg. Age
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code		Telephone No. 973-696-6869		License No. 00378	
Project Manager for Monitoring Firm		Scheduled Completion Date (11) 01/22/2013		Name of OSHA Monitor B & G Restoration, Inc.	
Start Date (10) 01/22/2013		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 105 Ryerson Road	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf		<input 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
basement		X		pipe (wrap & cut)	
Name of Registered Waste Hauler B & G Restoration, Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1	
City, State Lincoln Park, NJ		Disposal Date 01/23/2013		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Tullytown, PA		Signature <i>[Signature]</i>		Date 01/16/2013	
Completed by Gordana Luna		Title Secretary/Treasurer			



B & G Proj # 2013-14

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

Check # 5725

Date of Notification (1) 01/16/2013		Name of Building Owner/Operator (2) Jacob Allen							
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 185 Lexington Avenue		City, State, Zip Code Maplewood, NJ 07040							
Name of Contact Jacob Allen		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jacob Allen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 185 Lexington Avenue		Square Feet # of Floors Bldg. Age							
City (5) Maplewood, NJ 07040		Current Use (Prior if being demolished) residential							
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc.							
Street Address		Street Address 105 Ryerson Road							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. License No. 973-696-6869 00378							
Start Date (10) 01/22/2013		Scheduled Completion Date (11) 01/22/2013							
Name of OSHA Monitor B & G Restoration, Inc.		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 <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input 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 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			X	pipe (wrap & cut)	72 lf	X			
Name of Registered Waste Hauler B & G Restoration, Inc.		NJDEP Waste Hauler ID No. 19563		Cubic Yards of Waste 1		Name of Registered Landfill Tullytow Resource & Recovery Center			
City, State Lincoln Park, NJ		Disposal Date 01/23/2013		City, State Tullytown, PA					
Completed by Gordana Luna		Title Secretary/Treasurer		Signature 		Date 01/16/2013			

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

RECEIVED

No checks

Date of Notification (1) 10/1/2012		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 checked="" type="checkbox"/> Amended R#8-1/17/13 <input 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						
	<div style="text-align: right;">2013 JAN 22 PM 2:58</div> <div style="text-align: center;">ASBESTOS CONTROL & LICENSING</div>								
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 Smith Street & Convery Boulevard		Square Feet	# of Floors						
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Boiler Room							
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 Turotzy		Telephone Number 800-969-6AET	City, State & Zip Code Bristol, PA 19007						
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) ON HOLD 1/17/13	Telephone Number (215)788-6040	License Number 00509						
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 – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM – 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.							
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"/> ≥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) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL					
City, State Bristol, PA		Disposal Date 11/16/12	City, State MORRISVILLE, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 10/1/12		

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

RECEIVED
 Cl # 2395

Date of Notification (1) 10/1/2012		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 checked="" type="checkbox"/> Amended R#7-1/15/13 <input 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 Smith Street & Convery Boulevard		Square Feet	# of Floors
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street	
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) REV# DON SITE 1/16 - 1/18/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7:00 AM - 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.	
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"/> ≥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) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dispatch Office, Bathroom, Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Wall Panel	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL	
City, State Bristol, PA		Disposal Date 11/16/12	City, State MORRISVILLE, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 10/1/12

ON SITE TUES. 11/6/12.

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

RECEIVED

2013 JAN 22 PM 2:58

Date of Notification (1) 10/1/2012		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 checked="" type="checkbox"/> Amended R#6-11/16/12 <input 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						
	<p align="center">FACILITY INFORMATION</p> Name of Facility Where Abatement is Taking Place (3) Hess Corporation Street Address Smith Street & Convery Boulevard City (5) Perth Amboy County (6) Middlesex County Code (7)								
	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Boiler Room								
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street							
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040						
License Number 00509									
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<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 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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL					
City, State Bristol, PA		Disposal Date 11/16/12	City, State MORRISVILLE, PA						
Completed By (Print or Type)		Title	Signature			Date			
			<i>[Signature]</i>			10/1/12			

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

2013 JAN 22 PM 2:58

Date of Notification (1) 10/1/2012		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 checked="" type="checkbox"/> Amended R#5-11/5/12 <input 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 Smith Street & Convery Boulevard		Square Feet	# of Floors
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCN 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		City, State & Zip Code Bristol, PA 19007	
Telephone Number 800-969-6AET		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) 11/16/2012		
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 - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.	
		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 checked="" type="checkbox"/> Glove Bag Procedures
		<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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<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 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 Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State Bristol, PA	Disposal Date 11/16/12	City, State MORRISVILLE, PA	

Completed By (Print or Type) _____ Title _____ Signature _____

RECEIVED
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:20) 2012 MAR 22 PM 2:58

Date of Notification (1) 10/1/2012		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 checked="" type="checkbox"/> Amended R#4-10/26/12 <input 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 Street Address Smith Street & Convery Boulevard City (5) Perth Amboy County (6) Middlesex County Code (7)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Boiler Room							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. Street Address 28 N. Pennell Road City, State & Zip Code Media, PA 19063 Project Manager for Monitoring Firm Dave Turotsy Telephone Number 800-969-6AET		Name of Abatement Contractor (9) Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007 Telephone Number (215)788-6040 License Number 00509							
Scheduled Start Date (10) 10/16/2012		Scheduled Completion Date (11) 11/16/2012							
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 - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc. 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"/> ≥ 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"/> 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input checked="" 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 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 Bristol Environmental, Inc. City, State Bristol, PA		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8 Disposal Date 11/16/12	Name of Registered Landfill GROWS LANDFILL City, State MORRISVILLE, PA					

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

RECEIVED
JAN 22 PM 2:58

Date of Notification (1) 10/1/2012		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 checked="" type="checkbox"/> Amended R#3-10/25/12 <input 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 Smith Street & Convery Boulevard		Square Feet	# of Floors						
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age							
County Code (7) 		Current Use (Prior if being demolished) Boiler Room							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street							
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040						
License Number 00509		Scheduled Start Date (10) 10/16/2012							
Scheduled Completion Date (11) 11/16/2012		Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 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"/> ≥ 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) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<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 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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL				
City, State Perth Amboy, NJ		Disposal Date 11/16/12		City, State MORRISVILLE, PA					

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

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address One Hess Plaza	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-10/24/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Woodbridge, NJ 07095	
		Name of Contact John Philbin	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Hess Corporation				Type of Facility (4)	
Street Address Smith Street & Convery Boulevard				<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) Perth Amboy	County (6) Middlesex	County Code (7)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.			Current Use (Prior if being demolished) Boiler Room		
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			City, State & Zip Code Bristol, PA 19007		
Telephone Number 800-969-6AET			Telephone Number (215)788-6040		
Scheduled Start Date (10) 10/16/2012			License Number 00509		
Scheduled Completion Date (11) 11/16/2012			Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM			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 checked="" type="checkbox"/> Glove Bag Procedures
		<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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	341 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input checked="" 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 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 8	Name of Registered Landfill GROWS LANDFILL
City, State New Castle, Delaware	Disposal Date	City, State	

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

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
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 checked="" type="checkbox"/> Amended R#1-10/10/12 <input 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 No. _____	

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 Smith Street & Convery Boulevard			Square Feet _____ # of Floors _____ Bldg. Age _____		
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Boiler Room		

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 28 N. Pennell Road			Street Address 1123 Beaver Street	
City, State & Zip Code Media, PA 19063			City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Dave Turotzy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 10/16/2012	Scheduled Completion Date (11) 11/16/2012			

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 - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM - 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.	
		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

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 ≥ 260 lf	<input type="checkbox"/> Demolition	<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) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	141 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input checked="" 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 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	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CL# 2351

Date of Notification (1)
10/1/2012

Agencies Notified
☐ EPA
☐ DEP
☒ DOL 6250
☒ DOH 6381
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Hess Corporation

Street Address
One Hess Plaza

City, State & Zip Code
Woodbridge, NJ 07095

Name of Contact
John Philbin

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Hess Corporation

Street Address
Smith Street & Convery Boulevard

City (5)
Perth Amboy

County (6)
Middlesex

County Code (7)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc.

Street Address
28 N. Pennell Road

City, State & Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Dave Turosky

Telephone Number
800-969-6AET

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215)788-8040

License Number
00509

Scheduled Start Date (10)
10/11/2012

Scheduled Completion Date (11)
11/16/2012

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours - Describe:
☒ Facility Occupied During Abatement: 8:30 AM - 3:30 PM

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☐ 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	Encapsulation	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	141 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input checked="" 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 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				NJDEP Waste Hauler ID #	Cubic Yards	Name of Registered			


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

Date of Notification (1) January 16, 2013		Name of Building Owner/Operator (2) Parker Landscaping & Construction	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	PO Box 4126	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # 2	Wayne, NJ	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Manager	

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)	
Street Address Water 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		Bldg. Age	
County Code (7) Gloucester		Current Use (Prior if being demolished) Building	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	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 <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034	
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) <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
inside	<input checked="" type="checkbox"/>			pipe insulation	136 l/f	<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 1/16/13	

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 <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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address PO Box 4126		City, State, Zip Code Wayne, NJ	
Name of Contact Manager		Telephone Number	

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ASBESTOS CONTROL & LICENSE

Name of Facility Where Abatement is Taking Place (3) 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 700 Charles Street			Square Feet		
City (5) Gloucester City, NJ			# of Floors		
County (6) Gloucester			Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Building			
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCN No. 0021		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108		Telephone No. (973) 759 - 5000	
Start Date (10) 1-16-13		Scheduled Completion Date (11) 2/28/12		License No. 00781	
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 The MACK Group, LLC.		
Street Address 1500 Kings HWY N, STE 209			City, State, Zip Code Cherry Hill, NJ 08034		


Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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
inside	<input checked="" type="checkbox"/>			pipe insulation	136 l/f	<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 <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address PO Box 4126		City, State, Zip Code Wayne, NJ	
Name of Contact Manager		Telephone Number	

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 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 700 Charles Street		Square Feet	# of Floors
City (5) Gloucester City, NJ		Bldg. Age	
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.	ASC No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht	Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 1/14/12	Scheduled Completion Date (11) 2/28/12	Name of OSHA Monitor The MACK Group, LLC.	
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 1500 Kings HWY N, STE 209	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code Cherry Hill, NJ 08034	

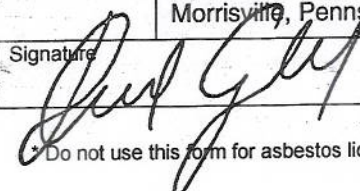
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
inside	<input checked="" type="checkbox"/>			pipe insulation	136 l/f	<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 12/20/12

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

No check

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Date of Notification (1) 06/29/12		Name of Building Owner/Operator (2) Sharp Management, LLC							
Agencies Notified	Type Notification	Street Address 43 Samworth Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 03 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07012							
		Name of Contact Mr. Michael DeBlasio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Felician College - Milton Court Residence Hall		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 21 Milton Court		Square Feet 80,000 +	# of Floors 4						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.		ASCM No. 00021	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 907 Doolittle Drive		Street Address 163 Sargeant Avenue							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Eric Houseknecht		Telephone No. 908-218-1108	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 07/16/12	Scheduled Completion Date (11) 03/29/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied Building		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathrooms-ThroughOut Building		X		Cementitious Fireproofing	35,700 SF	X			
Floors and In Pipe Chases									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 01/15/13			

No
check

Check # 8048

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

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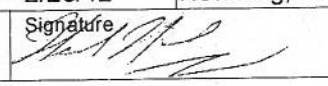
Date of Notification (1) 1/3/13		Name of Building Owner/Operator (2) MR. CARLSON						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation						
Street Address 309 STEVENS AVE.		City, State, Zip Code RIVERWOOD NJ 07450						
Name of Contact JOHN		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) CARLSON		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 309 STEVENS AVE		Square Feet 1800	# of Floors 2					
City (5) RIVERWOOD		Bldg. Age 60						
County (6) BERGEN		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.						
City, State, Zip Code		Street Address 105 Lowell Road						
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452						
Telephone No.		Telephone No. 201-262-5841	License No. 00156					
Start Date (10) 1/15/13	Scheduled Completion Date (11) 1/16/13	Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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		City, State, Zip Code Hackensack, NJ 07606						
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		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE	Amount (Specify SF or LF) 60 LF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, New Jersey 07457		Disposal Date 1/15/13 on		City, State Bethlehem, PA 18015				
Completed by R. McDonald		Title President	Signature R. McDonald		Date 1/3/13			

No check

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

Date of Notification (1) January 17, 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 # 3	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

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FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)							
Street Address 700 Water 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 Bldg. Age							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.	ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht	Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000							
Start Date (10) 1-16-13	Scheduled Completion Date (11) 2/28/12	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 <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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) <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
inside	<input checked="" type="checkbox"/>			pipe insulation	136 l/f	<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"/>			
transite canopy	<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 1/17/13						

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

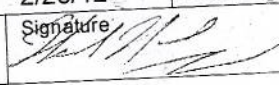
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Date of Notification (1) January 16, 2013		Name of Building Owner/Operator (2) Parker Landscaping & Construction	
Agencies Notified		Street Address PO Box 4126	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Wayne, NJ	
Type Notification		Name of Contact Manager	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number	

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ASBESTOS CONTROL & LICENSING

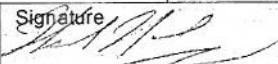
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)
Street Address Water street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, 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) 1-16-13	Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000
Scheduled Completion Date (11) 2/28/12	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 <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1500 Kings HWY N, STE 209
Scope of Work (Check All That Apply)		City, State, Zip Code Cherry Hill, NJ 08034
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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) <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
inside	<input checked="" type="checkbox"/>			pipe insulation	136 lf	<input checked="" type="checkbox"/>			
tank	<input checked="" type="checkbox"/>			tank insulation	510 sf	<input checked="" type="checkbox"/>			
throughout	<input checked="" type="checkbox"/>			asbestos debris	400 sf	<input checked="" type="checkbox"/>			
-"	<input checked="" type="checkbox"/>			transite canopy	965 sf	<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		Date 1/16/13
Completed by Mike Cooper		Title President	Signature 		

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


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Date of Notification (1) January 11, 2013		Name of Building Owner/Operator (2) Parker Landscaping & Construction							
Agencies Notified	Type Notification	Street Address PO Box 4126							
<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	City, State, Zip Code Wayne, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
Start Date (10) 1-16-13		Scheduled Completion Date (11) 2/28/12	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 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 sf	<input checked="" type="checkbox"/>			
throughout	<input checked="" type="checkbox"/>			asbestos debris	400 sf	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			transite canopy	965 sf	<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)**

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Date of Notification (1) December 20, 2012		Name of Building Owner/Operator (2) Parker Landscaping & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address PO Box 4126		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) <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 700 Charles Street		Square Feet	# of Floors						
City (5) Gloucester City, NJ		Bldg. Age							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
Start Date (10) 1/14/12	Scheduled Completion Date (11) 2/28/12	License No. 00781							
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 The MACK Group, LLC.							
Street Address 1500 Kings HWY N, STE 209		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <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
inside	<input checked="" type="checkbox"/>			pipe insulation	136 l/f	<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 12/20/12					