

**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*check # = 2697*

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652	
Name of Contact melisa michaelis		Telephone Number	

**RECEIVED**  
 JUL 20 2012  
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)		
Street Address 314 route 4 west			Square Feet 10,000	# Of Floors 1	Build Age 20+
City (5) paramus	County (6) bergen	County Code (7)	Current Use (Prior if being demolished) car dealer		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd		Street Address 462 Getty Avenue			
City, State, Zip Code fairfield nj 07004		City, State, Zip Code Clifton, NJ 07011			
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816	Telephone Number 973-772-3660		
Schedul Start Date (10) 7 / 23 / 12		Sched. Completion Date (11) 8 / 30 / 12		License Number 0117	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos Containing <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		ENCLOSURE	ENCLOSURE
				R E M O V A L	R E P A I R		
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA 18015	
Completed by (Print or Type) PAUL MAST	Title VICE PRESIDENT	Signature <i>Paul Mast</i>	
		Date 07/03/12	



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652	
Name of Contact melisa michaelis		Telephone	

**REC**  
**IVED**  
JUL 5 2012

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)		
Street Address 314 route 4 west			<div style="display: flex; justify-content: space-between;"> <div>Square Feet 10,000</div> <div># Of Floors 1</div> </div>		
City (5) paramus	County (6) bergen	County Code (7)	Current Use (Prior if being demolished) car dealer		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd			Street Address 462 Getty Avenue		
City, State, Zip Code fairfield nj 07004			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816	Telephone Number 973-772-3660		
Sched. Start Date (10) 7 / 9 / 12		Sched. Completion Date (11) 8 / 30 / 12		License Number 00117	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

**Scope of Work (Check All That Apply)**  

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

☒ Renovation  
☐ Full Containment with Negative Pressure  
☐ Mini - Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos Containing <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
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	100 sf	<input checked="" type="checkbox"/>	
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015	
Completed by (Print or Type) paul mast		Title vp	Signature <i>Paul Mast</i>	
			Date 6 15 2012	



check # 3696

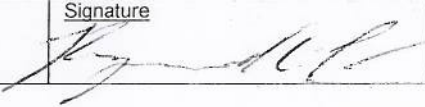
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<div> <div>2012</div> <div>ember</div> <div>ROL &amp;</div> </div>	
<div> <div>ding Age</div> <div>50+</div> </div>	
<div>er</div>	
<div>00117</div>	
<div>e</div>	
<div>ENCAPSUL</div>	<div>ENCLOSUR</div>
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
<div>Date</div>	
<div>07/03/12</div>	



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

GAC Project # 060-12

Client Project #

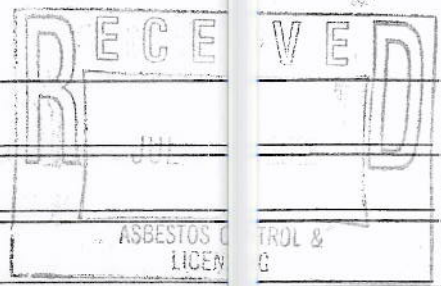
Date of Notification (1) <b>June 29, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY 27 ROAD 1, BLDG 4086, LIVINGSTON</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b> Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>OLD QUEENS, BLDG# 3000</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg Age: <b>200+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>	City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	Licenses Number <b>00840</b>
Scheduled Start Date (10) <b>07/13/12</b>	Scheduled Completion Date (11) <b>07/16/12</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>FRI 5PM - MON 5AM (24 Hrs as Necessary)</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Rooms 201 &amp; 201B</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI-PIPE INSULATION</b>	Amount (Specify SF or LF) <b>30 LF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.C. / S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>07/16/2012</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>June 29, 2012</b>

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



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

17 1349

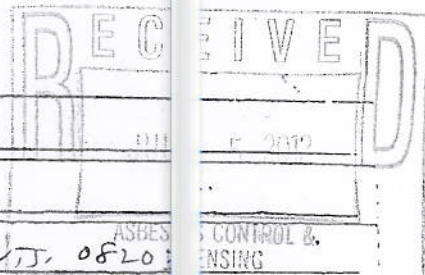


Date of Notification (1) <u>06/07/12</u>		Name of Building Owner/operator (2) <u>College of Saint Elizabeth</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2 Convent Road</u>	
		City, State, Zip Code <u>Morristown NJ 07960</u>	
		Name of Contact <u>Jim Gerrish</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>College of Saint Elizabeth- Henderson Hall</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12 buildings, <input checked="" type="checkbox"/> Other (i.e., private & commercial homes, etc.)	
Street Address <u>2 Convent Road</u>		Square Feet	# of Floors
City (5) <u>Morristown NJ 07960</u>		Bldg. Age _____	
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior If being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>Whitman</u>		ASCM No.	Name of Abatement Contractor (9) <u>Nick Restoration LLC</u>
Street Address <u>116 Tices Lane, Unit B-1</u>		Street Address <u>72 Brookside Rd</u>	
City, State, Zip Code <u>East Brunswick, NJ 08816</u>		City, State, Zip Code <u>Randolph, NJ 07869</u>	
Project Manager for Monitoring Firm <u>Kevin Lovely</u>	Telephone No. <u>732-390-5858</u>	Telephone No. <u>973 933-2550</u>	License No. <u>01133</u>
Start Date (10) <u>06/11/12</u>	Scheduled Completion Date (11) <u>06/15/12</u>	Name of OSHA Monitor <u>J&amp;S Environmental</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>10PM-6AM</u>		Street Address <u>2333 Rt 22 W</u>	
		City, State, Zip Code <u>Union, NJ 07083</u>	
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
Location of Asbestos -Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Room 113,115,116,118,120,122</u>		<u>x</u>	<u>Table tops, Transite</u>
Name of Registered Waste Hauler <u>Newark Carting</u>	NJDEP Waste Hauler ID No.	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S</u>
City, State <u>Newark, NJ</u>	Disposal Date <u>TBD</u>	City, State <u>Tullytown, PA</u>	
Completed By <u>Elvira Mrda</u>	Title <u>President</u>	Signature <u>Elvira Mrda</u>	Date <u>07/12</u>

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<u>X</u>			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:124)



Date of Notification (1) <b>7/2/12</b>		Name of Building Owner/Operator (2) <b>BOB MOORE</b>	
Agencies Notified BIDB DEF C LAW J J	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 322</b>	
		City, State, Zip Code <b>BRIGANTINE, N.J. 08202</b>	
		Name of Contact <b>SAME</b>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial homes, etc.)	
Address <b>340 TH STREET SOUTH</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>
City, State, Zip Code <b>BRIGANTINE</b>		Current Use (Prior to being dem.) <b>VACANT</b>	
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <b>Klemm Inc.</b>	
Name of Monitoring Firm Hired by Building Owner <b>N/A</b>		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J.</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-774-0422</b>	License No. <b>610-141</b>
Date of Completion <b>8/27/12</b>	Scheduled Completion Date (11) <b>9/5/12</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
Emergency 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 <b>369 S. SPRUCE AVE</b>	
		City, State, Zip Code <b>MAPLE SHADE, N.J.</b>	

Check all that apply:

<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Press
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Min. Enclosure
	<input type="checkbox"/> Glovebag Procedure
	<input checked="" type="checkbox"/> Non-Exempted (1") and Non-Friable

Location of Asbestos-Containing Material (ACM) (i.e., in Facility)	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 L)
	Yes	No	NA		
<b>CEILING</b>			<b>X</b>	<b>TRANSITE</b>	<b>1500</b>

Waste Hauler <b>Klemm Inc.</b>	NJOEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste	Name of Registered Lab <b>ACUA</b>
City, State <b>MAPLE SHADE, N.J.</b>		Disposal Date	City, State <b>BRIGANTINE, N.J.</b>
Signature <b>Joseph Klemm</b>	Title <b>V/P</b>	Signature <b>Joe Klemm</b>	



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

Date of Notification (1) <b>7/2/12</b>		Name of Building Owner/Operator (2) <b>JOHATHON HAND EXCAVATING</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 198</b>	
		City, State, Zip Code <b>CAPE MAY COURT HOUSE</b>	
		Name of Contact <b>SAME</b>	Telephone <b>A</b>

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>19725 SUNSET DRIVE</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>
City (5) <b>STONE HARBOR</b>		Bldg Age <b>40+</b>	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>VACANT</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>		
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>		
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0422</b>	License No. <b>0144</b>	

Start Date (10) <b>7/16/12</b>	Scheduled Completion Date (11) <b>7/23/12</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>369 S. SPRUCE AVE</b>	
		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	

Scope of Work (Check all that apply)				
<input type="checkbox"/> < 25 sq ft or < 23 ft	<input checked="" type="checkbox"/> 25 to 150 sq ft or 23 to 260 ft	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)
	Yes	No	N/A		
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>200</b>

Name of Registered Waste Hauler <b>KLEMMCO INC.</b>	NJOEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Lab <b>C.M.C.</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>		Disposal Date	City, State <b>WOODBRIDGE, N.J.</b>
Completed By <b>JOSEPH KLEMM</b>	Title <b>OWNER</b>	Signature <i>Joseph Klemm</i>	



Fax:

Jul 2 2012

07:31am P001/001

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

NJ Dept. of Health & Senior Services  
*Paul J. Hannon*  
(signature)  
Date: 7/2/12 Time: 7:31 AM

Date of Notification (1) <b>6/29/12</b>		Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>							
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 <b>E.A. MacMillan Building</b>		City, State, Zip Code <b>Princeton, NJ 08544</b>							
Name of Contact <b>Robert Ortego</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Guyot Hall- Steam Tunnel</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>Washington Road</b>		Square Feet <b>NA</b>	# of Floors						
City (5) <b>Princeton</b>		Bldg. Age							
County (8) <b>Princeton</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>exterior trench</b>							
Name of Monitoring Firm Hired by Building Owner (9) <b>Pennoni Associates Inc.</b>		Name of Abatement Contractor (10) <b>Stevens Environmental Services, Inc.</b>							
Street Address <b>515 Grove Street</b>		Street Address <b>PO Box 322</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Allentown, NJ 085</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>(856) 547-0502</b>	Telephone No. <b>(609) 259-9688</b>						
Start Date (10) <b>7/2/12</b>	Scheduled Completion Date (11) <b>7/30/12</b>	Name of OSHA Monitor <b>MFCS</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM - 3:30PM</b>		Street Address <b>PO Box 341</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
City, State, Zip Code <b>Crosswicks, NJ 085</b>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>exterior trench</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td align="center"><b>X</b></td> </tr> </table>	Yes	No	N/A			<b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>pipe insulation</b>
Yes	No	N/A							
		<b>X</b>							
			Amount (Specify SF or LF) <b>155 LF</b>						
Name of Registered Waste Hauler <b>Stevens Environmental Services Inc.</b>		NJDEP Waste Hauler ID No. <b>18292</b>	Cubic Yards of Waste <b>2 CU</b>						
City, State <b>Freehold, NJ</b>		Disposal Date <b>7/30/12</b>	Name of Registered Landfill <b>T.R.R. Inc.</b>						
Completed By <b>Mahlon E. Stevens</b>		Title <b>Project Manager</b>	City, State <b>Tully, PA</b>						

A58-41  
MAR 00

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

CONTROL &  
USING

(2)  
l buildings.

Bldg. Age

(Shed)  
ch

00493

Abatement  
Type

Removal	Repair	Encapsulate	Enclosure
<b>X</b>			

Inc.

n, PA

6/29/12



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

STEVENS ENVIRONMENTAL SERVICES INC  
2709552  
RECEIVED


Date of Notification (1) <u>6/29/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u>	
		City, State, Zip Code <u>Princeton, NJ 08544</u>	
		Name of Contact <u>Robert Ortego</u>	Telephone Number <u></u>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Guyot Hall- Steam Tunnel</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>Washington Road</u>		Square Feet <u>NA</u>	# of Floors <u></u>
City (5) <u>Princeton</u>		Bldg. Age <u></u>	
County (6) <u>Princeton</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>exterior trench</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>Pennoni Associates Inc.</u>		ASCM No. <u></u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>515 Grove Street</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Haddon Heights, NJ 08035</u>		City, State, Zip Code <u>Allentown, NJ 08511</u>	
Project Manager for Monitoring Firm <u>Alan Lloyd</u>		Telephone No. <u>(856) 547-0502</u>	Telephone No. <u>(609) 259-9688</u>
Start Date (10) <u>7/2/12</u>	Scheduled Completion Date (11) <u>7/30/12</u>	License No. <u>00493</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Name of OSHA Monitor <u>MECS</u>	
		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08511</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 Process	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>exterior trench</u>			<u>pipe insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Freehold, NJ</u>		Disposal Date <u>7/30/12</u>	Name of Registered Landfill <u>T.R.R.F.</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>6/29/12</u>	



\* Emergency \*

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

C/K 262

Date of Notification (1) 6/30/12		Name of Building Owner/Operator (2) Folcher Enterprises, LLC	
Agencies Notified	Type Notification	Street Address 146 Blackwood Barnsboro Rd	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sewell NJ 08980	
		Name of Contact Fran	Telephone
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) HH Haddonfield Road LLC		Type of Facility (4)	
Street Address 225 Haddonfield 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) Cherry Hill NJ 08034		Square Feet 1000+	# of Floors 2
County (6) Camden	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.	Telephone No. 856-753-9800
Start Date (10) 7/3/12		Scheduled Completion Date (11) 7/6/12	Licens 00727
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Pernaco Inc	
<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: 1st floor vacant		Street Address PO Box 329	
		City, State, Zip Code West Berlin NJ 08091	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-F	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1st Floor various areas			Floor Tile only
			2000 SF
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State Elm NJ		Disposal Date 7/6/12	Name of Registered Landfill G.R.O.W.S
Completed by Anthony T Perna		Title President	Signature 

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			



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

Date of Notification (1) <b>5 / 17 / 12</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4-6/29/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortega</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, <input type="checkbox"/> Other (i.e., private and commercial homes, etc.)							
Street Address <b>Washington Rd</b>		Square Feet	# of Floors						
City (5) <b>Princeton</b>		Bldg. Age							
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>6 / 8 / 12</b>	Scheduled Completion Date (11) <b>7 / 20 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-3:00PM/11:00PM-AM</b>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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 L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH L</b>		IDFILL			
City, State <b>NEW CASTLE, DE</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19</b>		7				
Completed By (Print or Type) <b>Brian Scaffaro</b>		Title <b>Estimator</b>	Signature <i>Brian Scaffaro</i>		Date <b>6/29/12</b>				

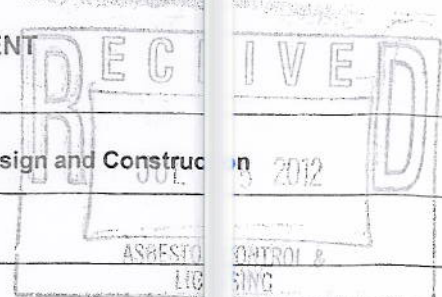


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">5 / 17 / 12</div>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-6/29/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortega</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Washington Rd</b>		Square Feet	# of Floors
City (5) <b>Princeton</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License <b>00509</b>
Start Date (10) <div style="text-align: center;">6 / 8 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 20 / 12</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:00PM/11:00PM-</u> AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input 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) <b>TO BE ABATED IN Facility (13)</b>	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	
<b>West Fan Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste
City, State <b>NEW CASTLE, DE</b>		Disposal Date	Name of Registered Landfill <b>G.R.O.W.S. NORTH MORRISVILLE, PA</b>
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	
Date <b>6/29/12</b>			



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



Date of Notification (1) <b>5 / 17 / 12</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3-6/27/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>				
		City, State, Zip Code <b>Princeton, NJ 08544</b>				
		Name of Contact <b>Robert Ortega</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address <b>Washington Rd</b>		Square Feet	# of Floors			
City (5) <b>Princeton</b>		Bldg. Age				
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>			
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>				
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>				
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License <b>00508</b>			
Start Date (10) <b>6 / 8 / 12</b>	Scheduled Completion Date (11) <b>7 / 2 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-3:00PM/11:00PM-AM</b>		Street Address <b>1123 BEAVER STREET</b>				
		City, State, Zip Code <b>BRISTOL, PA 19007</b>				
Scope of Work (Check all that apply)						
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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		N/A		
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 L	Abatement Type
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 S	Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 E	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 S	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH L</b>		WDFILL
City, State <b>NEW CASTLE, DE</b>		Disposal Date	City, State <b>MORRISVILLE, PA 15</b>			
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro / jk</i>		Date <b>6/27/12</b>	



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

Date of Notification (1) <b>5 / 17 / 12</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2-6/22/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>	
		City, State, Zip Code <b>Princeton, NJ 08544</b>	
		Name of Contact <b>Robert Ortega</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address <b>Washington Rd</b>		Square Feet	# of Floors <b>5</b>
City (5) <b>Princeton</b>		Bldg. Age <b>1960s</b>	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	Licenses <b>005</b>
Start Date (10) <b>6 / 8 / 12</b>	Scheduled Completion Date (11) <b>6 / 28 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-3:00PM/11:00PM-AM</b> <b>* BEGINNING MON, 6/25/12</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Scope of Work (Check all that apply)			
<input 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			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Valve Packing
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH</b>
City, State <b>BRISTOL, PA 19007</b>	Disposal Date	City, State <b>MORRISVILLE, PA 29067</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	Date <b>6/22/12</b>



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

CK # 2292

Date of Notification (1) <div style="text-align: center;">5 / 17 / 12</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-5/31/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		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 and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
Start Date (10) 6 / 8 / 12		Scheduled Completion Date (11) 6 / 28 / 12	Licenses 0051						
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 Time of Abatement: 7:00AM- PM/ PM-12:00AM		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 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 (Spec SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 S	<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	Name of Registered Landfill G.R.O.W.S. NORTH		NDFILL			
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 1		57			
Completed By (Print or Type)		Title		Signature		Date			



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

**RECEIVED**  
 JUN 5 1997  
 # 2284  
 LICENSING

Date of Notification (1) <u>5</u> / <u>17</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA 7463 <input checked="" type="checkbox"/> DOLWD 7427 <input checked="" type="checkbox"/> DHSS 7410 <input checked="" type="checkbox"/> DCA 7397 (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>	City, State, Zip Code <b>Princeton, NJ 08544</b>
		Name of Contact <b>Robert Ortega</b>	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		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 and homes, etc.)
Street Address <b>Washington Rd</b>	Square Feet _____	# of Floors _____
City (5) <b>Princeton</b>	County (6) <b>MERCER</b>	
County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Library</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc.</b>	ASCM No. _____	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>Three Terri Center</b>	Street Address <b>1123 BEAVER STREET</b>	City, State, Zip Code <b>BRISTOL, PA 19007</b>
City, State, Zip Code <b>Burlington, NJ 08016</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>
Project Manager for Monitoring Firm <b>Michael Keehn</b>	License No. <b>00508</b>	
Start Date (10) <u>6</u> / <u>1</u> / <u>12</u>	Scheduled Completion Date (11) <u>6</u> / <u>21</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM</u> - <u>      </u> PM/ <u>      </u> PM- <u>12:00AM</u>	Street Address <b>1123 BEAVER STREET</b>
	City, State, Zip Code <b>BRISTOL, PA 19007</b>

Scope of Work (Check all that apply)

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

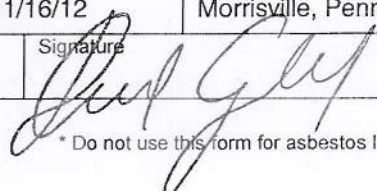
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 LF
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste _____	Name of Registered Landfill <b>G.R.O.W.S. NORTH LAN</b>
City, State <b>BRISTOL, PA 19007</b>	Disposal Date _____	City, State _____	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07012			
		Name of Contact Mr. Michael DeBlasio			
<b>FACILITY INFORMATION</b>					
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 <input type="checkbox"/> Other (i.e. private & comm etc.)			
Street Address 223 Montross Avenue		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 dem 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		
Start Date (10) 07/16/12		Scheduled Completion Date (11) 11/16/12	Licens 0109		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Building</u>		Name of OSHA Monitor J&S Environmental Laboratories, LLC			
		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-F					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Bathrooms-ThroughOut Building		X		Cementitious Fireproofing	35,700 SF
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 11/16/12	City, State Morrisville, Pennsylvania		
Completed by Dimo Golcev		Title General Manger	Signature 		



Amended #1  
occupied 1105

# NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 6/9/12/6/27/12		Name of Building Owner/Operator (2) Archdiocese of Newark		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 171 Clifton Ave City, State, Zip Code Newark NJ Name of Contact Tom McCue Telephone Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Notre Dame Academy		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 312 1st St		Square Feet # of Floors		
City (5) Palisade Park		Bldg. Age		
County (6) Bergen		County Code (7) (STATE USE ONLY) School		
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision		ASCM No.		
Street Address 20-21 Wagnaw Rd		Name of Abatement Contractor (9) F. Grisek & Son Inc		
City, State, Zip Code Fair Lawn NJ		Street Address 513 E 32nd St		
Project Manager for Monitoring Firm Fred Larsen		City, State, Zip Code Paterson, NJ		
Telephone No. 973-636-9145		Telephone No. 973-345-2222		
Start Date (10) 6/25/12		License No. #021		
Scheduled Completion Date (11) 7/9/12		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: occupied		Street Address		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input 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 Pro		City, State, Zip Code		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No		
Cafeteria		X	Floor tile + mastic	600 S
Cafeteria		X	Pipe insulation	36 lin
Cafeteria		X	Beam Plaster	2520
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No. NT06PROM		
City, State Freehold NJ		Cubic Yards of Waste 30 cy		
Name of Registered Landfill Tullytown		Disposal Date 7/11/12		
City, State PA		Signature [Signature]		
Completed by Frank Grisek		Title Res.		

ASB-41

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

RECEIVED	
JUL 2012	
Abatement Type	
Removal	Encapsulate
Repair	Enclosure
X	
X	
X	
Date 6/9/12	



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

Date of Notification (1) 06/29/12 Ck# 2144 \$200		Name of Building Owner/Operator (2) Ramsey Board of Education							
Agencies Notified	Type Notification	Street Address 266 East Main Street							
<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 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, New Jersey 07446							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Gregory Bohacik	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mary Hubbard Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 Hubbard Lane		Square Feet 20,000	# of Floors 2						
City (5) Ramsey, New Jersey 07746		Bldg. Age 55+							
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) Environmental Design Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-61609516	Telephone No. 973-225-8400						
Start Date (10) 06/26/12	Scheduled Completion Date (11) 07/09/12	Name of OSHA Monitor J&S Environmental Labs							
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 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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 (Spec. SF or Cu. Yd.)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Breaching/Duct Insulation	100	X			
Boiler Room		X		Pipe Insulation	1,200	X			
Boiler Room		X		Hot Water Tank/Incinerator	449	X			
Boiler Room		X		2HB Smith Boilers	216 Cu. Yd.	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Waste Transfer Station G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 07/11/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 06/29/12				



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

Date of Notification (1) 06/08/12 CK:2113 \$200		Name of Building Owner/Operator (2) Ramsey Board of Education			
Agencies Notified	Type Notification	Street Address 266 East Main Street			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, New Jersey 07446			
		Name of Contact Gregory Bohacik	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Mary Hubbard Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 10 Hubbard Lane		Square Feet 20,000	# of Floors 2		
City (5) Ramsey, New Jersey 07746		Bldg. Age 55+			
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) Environmental Design Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue			
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. 973-225-8400		
Start Date (10) 6/26/12		Scheduled Completion Date (11) 07/09/12	Lic. No. 011		
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 J&S Environmental Labs			
		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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-Exempted (**)			
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 L)
	Yes	No	N/A		
Boiler Room		X		Breaching/Duct Insulation	100 S
Boiler Room		X		Pipe Insulation	1,208
Boiler Room		X		Incinerator	130 S
Boiler Room		X		2HB Smith Boilers	216 Cu.ft
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424			Disposal Date 07/11/12	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		



CK #  
18713

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



Date of Notification (1) 6/22/12		Name of Building Owner/Operator (2) First Energy Corp.	
Agencies Notified	Type Notification	Street Address 76 South Main Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Akron, OH 44308	
		Name of Contact Jed Pearlman	Telephone Number 4 _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Miscellaneous Manholes		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 Route 46 and Main Street		Square Feet	# of Floors
City (5) Netcong		Bldg. Age	
County (6) Morris County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) One Source		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 429 West 53rd Street		Street Address 200 Broad Street	
City, State, Zip Code New York, NY 10019		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Brian Hoverdan		Telephone No. 201-939-6565	License No. 00756
Start Date (10) 6/26/12	Scheduled Completion Date (11)	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 checked="" type="checkbox"/> Other - Describe: _____		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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<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
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Miscellaneous Manholes			x	Manhole cable wrap	1,500LF

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 Joe Patrick	Title Project Manager	Signature 		Date 6/22/12

buildings, homes,

Bldg. Age

asure

Procedure

Abatement Type

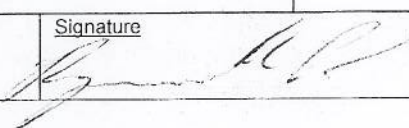
Removal	Repair	Encapsulate	Enclosure



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

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>June 29, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>180 COLLEGE AVENUE, BLDG# 3113</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>100+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>07/06/12</b>	Scheduled Completion Date (11) <b>07/09/12</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM – 5:00 AM (24 Hrs thru weekend as necessary)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>1<sup>st</sup> Floor Kitchen, 2<sup>nd</sup> Floor Bath &amp; Closet</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>120 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>8 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>07/09/12</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Registered Landfill <b>S. North Landfill</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>		215-736-1700	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>June 29, 2012</b>

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

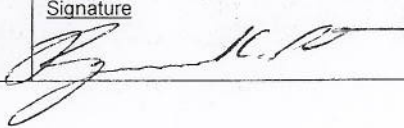


# State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>June 18, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENVIRONMENTAL HEALTH &amp; SAFETY</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>180 COLLEGE AVENUE, BLDG# 3113</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg Age: <b>100+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	Lic. Number <b>008</b>
Scheduled Start Date (10) <b>06/29/12</b>	Scheduled Completion Date (11) <b>07/02/12</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 4:00 PM - 5:00 AM</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*)			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1st Floor Kitchen, 2nd Floor Bath &amp; Closet</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>120 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>8 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>07/02/12</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>June 18, 2012</b>

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



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

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) VORNADO REALTY TRUST	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-6/29/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE City, State, Zip Code NEW YORK, NY 10019 Name of Contact Telephone	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address ROUTES 35 & 36		Square Feet	# of Floor
City (5) EATONTOWN, NJ 07724		Bldg. Age	
County (6) MONMOUTH	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	

Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC	ASCN No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm THOMAS RUBINO	Telephone No. 908-688-7800	License No. 00509

Start Date (10) 6 / 27 / 12	Scheduled Completion Date (11) 7 / 9 / 12	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/10:00PM-8:00AM OFF SITE FRI 6/29 & TUES 7/3/12		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 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 Producture
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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
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 S	<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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature Patrick T DeCaro / jhl	



12) commercial buildings,  
Bldg. Age  
polished)  
Date 6/29/12



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

**RECEIVED**  
CL # 2313  
JUL 2012

Date of Notification (1) <u>6</u> / <u>7</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>VORNADO REALTY TRUST</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-6/26/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>888 SEVENTH AVENUE</b> City, State, Zip Code <b>NEW YORK, NY 10019</b> Name of Contact  Telephone Number  E-mail Address			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>MONMOUTH MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address <b>ROUTES 35 &amp; 36</b>		Square Feet	# of Floors		
City (5) <b>EATONTOWN, NJ 07724</b>		Bldg. Age			
County (6) <b>MONMOUTH</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>		
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>THOMAS RUBINO</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00505</b>		
Start Date (10) <u>6</u> / <u>27</u> / <u>12</u>	Scheduled Completion Date (11) <u>7</u> / <u>6</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM / <u>10:00</u> PM - <u>8:00</u> AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input 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 Product					
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 L)	
	Yes	No			N/A
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 SF
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <u>6/26/12</u>



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

# 2312

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) VORNADO REALTY TRUST			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-6/25/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE			
		City, State, Zip Code NEW YORK, NY 10019			
		Name of Contact	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)			
Street Address ROUTES 35 & 36		Square Feet	# of Floors		
City (5) EATONTOWN, NJ 07724		Bldg. Age			
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL			
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET			
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-688-7800	Telephone No. 215-788-6040		
Start Date (10) 6 / 26 / 12		Scheduled Completion Date (11) 7 / 6 / 12	License No. 0050		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/10:00PM-8:00AM		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 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 (Spec SF or l)
	Yes	No	N/A		
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/25/12

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>6 / 7 / 12</span> </div>		Name of Building Owner/Operator (2) <b>VORNADO REALTY TRUST</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-6/21/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>888 SEVENTH AVENUE</b>
			City, State, Zip Code <b>NEW YORK, NY 10019</b>
			Name of Contact 
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>			
Name of Facility Where Abatement is Taking Place (3) <b>MONMOUTH MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, etc.)	
Street Address <b>ROUTES 35 &amp; 36</b>		Square Feet # of Floors	
City (5) <b>EATONTOWN, NJ 07724</b>		Bldg. Age	
County (6) <b>MONMOUTH</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>THOMAS RUBINO</b>		Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>
Start Date (10) <b>ON HOLD</b>		Scheduled Completion Date (11) <b>7 / 6 / 12</b>	License No. <b>00509</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM <b>10:00PM-8:00AM</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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 Process		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>BRISTOL, PA 19007</b>			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	12500 SF
LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF
KIDS SHOES - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	2200 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH</b>
Completed By (Print or Type) <b>PATRICK D. CARO</b>		Signature	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

# 2298

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) <b>VORNADO REALTY TRUST</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA 5247 <input checked="" type="checkbox"/> DOLWD 5230 <input checked="" type="checkbox"/> DHSS 5229 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>888 SEVENTH AVENUE</b>	
		City, State, Zip Code <b>NEW YORK, NY 10019</b>	
		Name of Contact	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>MONMOUTH MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)
Street Address <b>ROUTES 35 &amp; 36</b>		Square Feet
City (5) <b>EATONTOWN, NJ 07724</b>		# of Floors
County (6) <b>MONMOUTH</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>
Project Manager for Monitoring Firm <b>THOMAS RUBINO</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>
Start Date (10) 6 / 21 / 12	Scheduled Completion Date (11) 7 / 6 / 12	License No. <b>00508</b>

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM / <u>10:00</u> PM - <u>8:00</u> AM	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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	Street Address <b>1123 BEAVER STREET</b>
	City, State, Zip Code <b>BRISTOL, PA 19007</b>

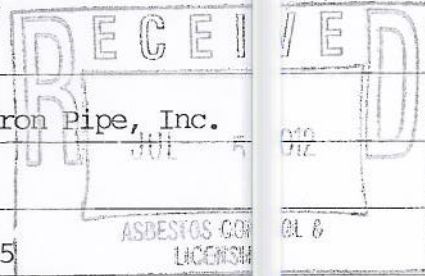
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	12500 SF
LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF
KIDS SHOES - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	2200 SF
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBORO, PA</b>

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



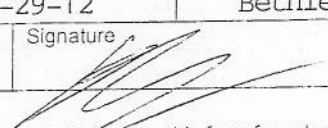
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6-29-12		Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 183 Sitegraves Street City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Brian Nicus Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe, Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 183 Sitegraves Street		Square Feet 75,000	# of Floors 2
City (5) Phillipsburg		Bldg. Age 100yrs.	
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) industrial	
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.
Street Address 411 Southgate Court		Street Address 923 Haws Avenue	
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920
Start Date (10) 4-13-12		Scheduled Completion Date (11) 7-20-12	
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 Plymouth Environmental Co., Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frictional Procedure		Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401	
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	
South casting machine	x		transite
2nd floor hot box wall	x		transite
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 8
City, State Newark, NJ		Disposal Date 7-20-12	Name of Registered Landfill IESI
Completed by James M. Kelly		Title Project Manager	Signature 



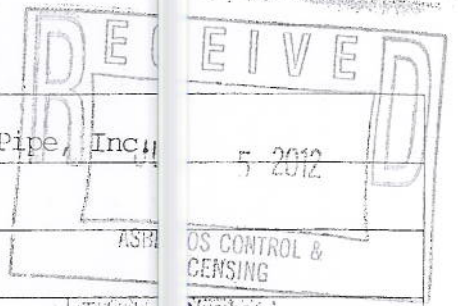
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>6-11-12</b>		Name of Building Owner/Operator (2) <b>Atlantic States Cast Iron Pipe, Inc.</b>	
Agencies Notified	Type Notification	Street Address <b>183 Sitegraves Street</b>	
<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 checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Phillipsburg, NJ 08865</b>	
		Name of Contact <b>Brian Nicus</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Atlantic States Cast Iron Pipe, Inc.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>183 Sitegraves Street</b>		Square Feet <b>75,000</b>	# of Floors <b>2</b>
City (5) <b>Phillipsburg</b>		County Code (7) <b>Warren</b>	
County (6) <b>Warren</b>		Current Use (Prior if being demolished) <b>industrial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>
Street Address <b>411 Southgate Court</b>		Street Address <b>923 Haws Avenue</b>	
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>
Start Date (10) <b>4-13-12</b>	Scheduled Completion Date (11) <b>6-29-12</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>923 Haws Avenue</b>	
		City, State, Zip Code <b>Norristown, PA 19401</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
South casting machine	X		transite 440 SF
2nd floor hot box wall	X		transite 1,360
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>8</b>
City, State <b>Newark, NJ</b>		Disposal Date <b>6-29-12</b>	Name of Registered Waste Management Company <b>IESI</b>
Completed by <b>James M. Kelly</b>		Title <b>Project Manager</b>	Signature 

RECEIVED 5 2012			
ASBESTOS CONTROL & REMEDIATION			
Bldg. Age <b>100yrs.</b>			
e No. <b>398</b>			
Co., Inc.			
Co., Inc.			
ve Pressure			
riable Procedure			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
X			
ndfill			
PA			
Date <b>6-11-12</b>			



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



Date of Notification (1) 5-25-12		Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe, Inc.							
Agencies Notified	Type Notification	Street Address 183 Sitegraves Street							
<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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Brian Nicus	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe, Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 183 Sitegraves Street		Square Feet 75,000	# of Floors 100yrs.						
City (5) Phillipsburg		County Code (7) (STATE USE ONLY)							
County (6) Warren		Current Use (Prior if being demolished) industrial							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 4-13-12	Scheduled Completion Date (11) 6-11-12	Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exemptable 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
South casting machine	x			transite	440 SF	x			
2nd floor hot box wall	x			transite	1,360 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 8	Name of Registered L		fill			
City, State Newark, NJ		Disposal Date 6-11-12		City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager		Signature		Date 5-25-12			



RECEIVED  
JUN 5 2012  
ASB  
OS CONTROL &  
CENSING  
Telephone Number

ASBESTOS CONTROL & REMEDIATION				
Project Number: _____				
Location: _____				
Property Address: _____				
Owner: _____				
Bldg. Age: 100yrs				
Inspected By: _____				
Company: _____, Inc.				
Phone No.: _____				
00398				
Company: _____, Inc.				
Address: _____				
City: _____				
State: _____				
Zip: _____				
Pressure: _____				
Abatement Procedure				
Abatement Type				
Removal	Repair	Encapsulate	Enclosure	
X				
X				
Fill				
Date				
4-30-12				



Check # 3745  
1. Pipe, Inc.  
JUL 5 2012  
ASBESTOS CONTROL & REMOVAL  
Telephone Number

CONTROL & TESTING Number				
K-12) ercial buildings, homes,				
Bldg. Age		100yrs		
olished)				
Co., Inc.				
e No.				
00398				
Co., Inc.				
e Pressure				
table Procedure				
		Abatement Type		
		Removal	Repair	Encapsulate
		X		
		X		
fill				
Date				
3-21-12				