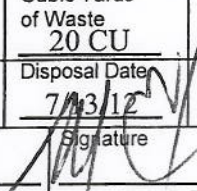
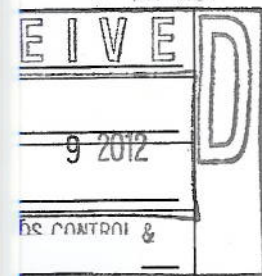


No check

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

Date of Notification (1) <u>6/11/12</u>		Name of Building Owner/Operator (2) <u>Palmer Square Management</u>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>40 Nassau Street</u> City, State, Zip Code <u>Princeton, NJ 08542</u> Name of Contact <u>Mike Casey</u>		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) <u>Retail Store</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial homes, etc.)		
Street Address <u>44 Nassau Street</u>		Square Feet	# of Floors	
City (5) <u>Princeton</u>		Bldg. Age		
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Store</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>TTI Environmental Inc.</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>1253 North Church Street</u>		Street Address <u>PO Box 322</u>		
City, State, Zip Code <u>Moorestown, NJ 08057</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>		
Project Manager for Monitoring Firm <u>Jim Guilardi</u>		Telephone No. <u>(856) 840-8800</u>	License No. <u>493</u>	
Start Date (10) <u>6/21/12</u>	Scheduled Completion Date (11) <u>7/13/12</u>	Name of OSHA Monitor <u>MECS</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) 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		
<u>basement to 2nd Floor</u>			<u>pipe insulaton</u>	<u>1000 LF</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>20 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/13/12</u>	City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/6/12</u>	



STEVENS
SERV
CH

NU Environmental
S. INC
#24824

IVE
g 2012
CONTROL &
ERING

Bldg. Age				
(ished)				
e				
es, Inc.				
00493				
re				
Abatement Type				
Enclosure	Encapsulate	Repair	Removal	
<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"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
andfill				
A				
5/11/12				

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

STEVENS ENVIRONMENTAL SERVICES, INC.
24842
RECEIVED
JUL 9 2012
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 6/11/12		Name of Building Owner/Operator (2) Palmer Square Management, LLC	
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Nassau Street City, State, Zip Code Princeton, NJ 08542 Name of Contact Mike Casey	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Retail Store		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 44 Nassau Street		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Store	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address 1253 North Church Street		Street Address PO Box 322	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. (856) 840-8800	Telephone No. (609) 259-9688	License No. 0493
Start Date (10) 6/21/12	Scheduled Completion Date (11) 7/6/12	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM		Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
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	
basement to 2nd Floor			pipe insulaton
			1000 LF
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 20 CU
City, State Allentown, NJ		Disposal Date 7/6/12	Name of Registered Landfill T.R.R.F., Inc.
Completed By Mahlon E. Stevens		Title Project Manager	Signature <i>[Signature]</i>
		Date 7/20/12	

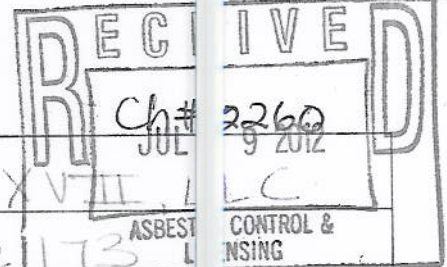
No
check

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

Date of Notification (1) 7 / 3 / 12		Name of Building Owner/Operator (2) Saint Stephens Parish	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 97 Buckingham Avenue City, State, Zip Code Perth Amboy, NJ 08861 Name of Contact Fr. Walter	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Saint Stephens Convent to Rectory		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 97 Buckingham Avenue		Square Feet 7500 sf	# of Floors 3
City (5) Perth Amboy		County Code (7)(STATE USE ONLY)	
County (6) Middlesex		Current Use (Prior if being demolished) Rectory to Convent	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp.
Street Address 1253 North Church St.		Street Address 17 Thompson Street	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code West Long Branch, NJ 07764	
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	License No. 00040
Start Date (10) 7 / 12 / 12	Scheduled Completion Date (11) 7 / 31 / 12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 Procedures			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
1st, 2nd & 3rd Floors	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	AC Ceiling & Wall Plaster	20,200 sf
1st Floor, 2nd and 3rd Floors	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Vat & Linoleum	755 sf
Basement	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	TSI	185 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Finishing Touch Asbestos		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 30 cy
City, State Oceanport, NJ 07757-0400		Name of Registered Landfill GROWS Landfill	
Disposal Date 8/3/12		City, State Morrisville, PA	
Completed By (Print or Type) Joseph P. Miller	Title President	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"/>
North			
8/12			

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



Date of Notification (1) <u>07 / 06 / 2012</u>		Name of Building Owner/Operator (2) <u>JERC Partners</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>171 State Route 173</u>	City, State, Zip Code <u>Hoboken, N.J. 07030</u>
		Name of Contact <u>Peter Polt</u>	Telephone Number

CONTROL & INSURING

Bldg. Age <u>82</u>

Name of Facility Where Abatement is Taking Place (3) <u>125 Dunnell Rd</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>125 Dunnell Rd</u>	City (5) <u>Maplewood, N.J. 07040</u>	Square Feet <u>6,600</u>	# of Floors <u>2</u>
County (6) <u>ESSEX</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Former Maplewood Police Station</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>ECI Consulting</u>	ASCM No.	Name of Abatement Contractor (9) <u>EA SERVICES CORP</u>	
Street Address <u>2002 Renaissance Blvd, Ste 110</u>	City, State, Zip Code <u>King of Prussia, PA 19406</u>	Street Address <u>426 69th St. #2</u>	City, State, Zip Code <u>Guttenberg NJ 07093</u>
Project Manager for Monitoring Firm <u>Richard Werner</u>	Telephone No. <u>610-279-7500</u>	Telephone No. <u>201 295 1700</u>	License No. <u>01074</u>
Start Date (10) <u>7 / 19 / 12</u>	Scheduled Completion Date (11) <u>8 / 17 / 12</u>	Name of OSHA Monitor <u>EA SERVICES CORP</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 - Describe Time of Abatement: <u>7:00 AM - 5:00 PM</u>		Street Address <u>Same as above</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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
1st and 2nd Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	plaster-top coat	20,000
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile + Mastic	700 SF
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	600 LF
basement to floor 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vertical in Wall + Pipe insulation	240 LF
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>19720</u>		Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>Sanitary Landfill</u>
City, State <u>58 Pyles Lane, New Castle, DE.</u>		Disposal Date <u>TBD</u>		Belle Vernon, PA.	
Completed By (Print or Type) <u>GINA SALVADOR</u>		Title <u>OFFICE MANAGER</u>		Signature <u>[Signature]</u>	

Name of Facility Where Abatement is Taking Place (3)	
Street Address 125 Dunnell Rd	
City (5) Maplewood, N.J. 07040	
County (6) ESSEX	County Code (7)/STATE USE ONLY

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)	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 T		
	Yes	No	N/A			Removal	Repair	Encapsulation
1st floor to 2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vertical in wall, pipe insulation	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile + mastic	374 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile + mastic	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement north east side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	window caulk	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	window glazing on windows	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	tank insulation	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof - north side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof flashing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof - main	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof vent flashing	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof - main	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof cement	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof - north side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof tar	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof - west side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	roof tar	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance east side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fire door insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Date of Notification (1) 07 / 03 / 2012		Name of Building Owner/Operator (2) TRINITAS HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Russell Street	City, State, Zip Code Lynbrook, NY
		Name of Contact Jason Curley	Telephone Number

Name of Facility Where Abatement is Taking Place (3) TRINITAS HOSPITAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 225 WILLIAMSON STREET		Square Feet 69,000	# of Floors 8
City (5) ELIZABETH, NJ		County Code (7) (STATE USE ONLY) HOSPITAL	
County (6) UNION		Current Use (Prior if being demolished) HOSPITAL	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) EA SERVICES CORP.
Street Address		Street Address 426 69th street
City, State, Zip Code		City, State, Zip Code Guttenberg NJ 07093
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 295 1700
		License No. 0104

Start Date (10) 7 / 14 / 2012	Scheduled Completion Date (11) 7 / 16 / 2012	Name of OSHA Monitor EA SERVICES CORP.
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-3:00PM		Street Address SAME AS ABOVE
		City, State, Zip Code

Scope of Work (Check all that apply)

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

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		
Admin. Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELBOWS	15
Mechanical Elect ROOM (MER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSI	6 LF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler FREEHOLD CARTING	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill WASTE MANAGEMENT
City, State PO BOX 5010	Disposal Date TBD	City, State TULLY TOWN LA	
Completed By (Print or Type) Gina Salvador	Title Office Manager	Signature <i>[Signature]</i>	

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DP11L
8/13/2012

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

Date of Notification (1) 7/6/12		Name of Building Owner/Operator (2) HEATHER HUBBARD	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20 PARK STREET	TENAFLY, NJ 07670
		Name of Contact	Telephone No.
		Heather Hubbard	

RECEIVED
#2258
JUL 9 2012
CONTROL & INSURING
number

Name of Facility Where Abatement is Taking Place (3) HEATHER HUBBARD Res.		Type of Facility (4)	
Street Address 20 PARK STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) TENAFLY, NJ 07670	Square Feet 4000	# of Floors 2	Bldg. Age 65+
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EA SERVICES CORP	
Street Address		Street Address 426 69th STREET	
City, State, Zip Code		City, State, Zip Code GUTTENBERG, NJ 07093	
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	Licenses No. 074
Start Date (10) 7/18/2012	Scheduled Completion Date (11) 7/20/12	Name of OSHA Monitor same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

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		
ATTIC SPACE		X		PIPE INS	6 LF
CARRIAGE		X		PIPE INS.	80 LF

Name of Registered Waste Hauler FREEHOLD CARTING	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill WASTE MANAGEMENT LANDFILL
City, State PO BOX 3010	Disposal Date TBD	City, State TULLY TOWN	Date 7/6/12
Completed by Gina Salvador	Title off manager	Signature (Bluma)	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
X			

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

Date of Notification (1) <i>July 3 - 2012</i>		Name of Building Owner/Operator (2) <i>LITTLE FLOWERS PARISH, CENT</i>							
Agencies Notified	Type Notification	Street Address <i>110 Roosevelt Avenue</i>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <i>Berkley Heights, NJ 07922</i>							
		Name of Contact <i>ANDREW PRACHAR</i>							
Telephone No. _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <i>LITTLE FLOWERS CHURCH</i>		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 <i>110 Roosevelt Avenue</i>		Square Feet <i>30,000</i>	# of Floors <i>2</i>						
City (5) <i>Berkley Heights, NJ</i>		Bldg. Age <i>60+</i>							
County (6) <i>UNION</i>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <i>School</i>						
Name of Monitoring Firm Hired by Building Owner (8) <i>McCabe ENVIRONMENTAL</i>		ASCM No. <i>00118</i>	Name of Abatement Contractor (9) <i>EA SERVICES CORP</i>						
Street Address <i>464 Valley Brook Avenue</i>		Street Address <i>426 69th STREET</i>							
City, State, Zip Code <i>Lyndhurst, NJ 07071</i>		City, State, Zip Code <i>GUTTENBERG, NJ 07093</i>							
Project Manager for Monitoring Firm <i>Jim RUFF</i>		Telephone No. <i>201-438-4839</i>	Telephone No. <i>201 295 1700</i>						
Start Date (10) <i>July 16 - 2012</i>		Scheduled Completion Date (11) <i>AUGUST 6 - 2012</i>	License No. <i>01014</i>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <i>7:00 AM - 7:00 PM</i>		Name of OSHA Monitor <i>EA SERVICES CORP</i>							
		Street Address <i>Same as above</i>							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fr						
Location of Asbestos-Containing Material (ACM) <i>TO BE ABATED</i> 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
<i>FIRST Corridor & Second Corridor</i>		<i>X</i>		<i>2x4 Perforated Ceiling Tile</i>	<i>12,156 SF</i>	<i>X</i>			
<i>Room 1C, 1D, 1E - 1B - First FL</i>		<i>X</i>		<i>9" FLOOR TILE & MASTIC</i>	<i>3,180 SF</i>	<i>X</i>			
<i>Above ceiling - 1st FL Corridor</i>		<i>X</i>		<i>PIPE JOINT INS</i>	<i>200 LF</i>	<i>X</i>			
<i>" " Outside Boiler Rm</i>		<i>X</i>		<i>DUCT INS.</i>	<i>120 SF</i>	<i>X</i>			
Name of Registered Waste Hauler <i>Freehold Carting</i>		NJDEP Waste Hauler ID No. <i>15939</i>	Cubic Yards of Waste <i>TBD</i>	Name of Registered Landfill <i>WASTE MANAGEMENT</i>		City, State <i>Tullytown, PA</i>			
City, State <i>PO BOX 5010</i>		Disposal Date <i>TBD</i>		City, State <i>Tullytown, PA</i>		Date <i>7/3/12</i>			
Completed by <i>Gina Salvador</i>		Title <i>OFF. MANAGER</i>		Signature <i>[Signature]</i>					

Attached

ASB-41 (R-06-08)

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

2257

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

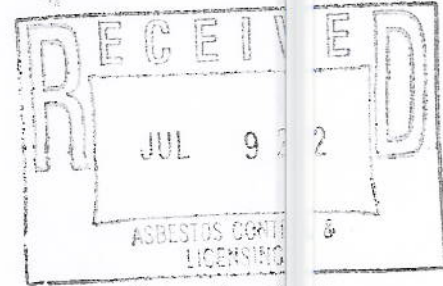
Date of Notification (1) 07 / 05 / 2012		Name of Building Owner/Operator (2) Mrs + Mrs. Veasy							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1019 Leconey Avenue City, State, Zip Code Palmyra NJ 08065 Name of Contact Kyon Veasy Telephone Number 201-295-1700							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1019 Leconey Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Palmyra, NJ 08065		Square Feet 1938	# of Floors 2						
County (6) Burlington, NJ	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant - residential							
Name of Monitoring Firm/Hired by Building Owner (8) Health + Safety Svcs		ASCM No. 117	Name of Abatement Contractor (9) EA SERVICES CORP						
Street Address 318 12th Street		Street Address 426 69th Street							
City, State, Zip Code Hammononton, N.J. 08037		City, State, Zip Code Guttenberg NJ 07093							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 01014						
Start Date (10) 7 / 10 / 12	Scheduled Completion Date (11) 7 / 20 / 12		Name of OSHA Monitor EA SERVICES CORP						
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: 8 - 4:30 normal hours AM- PM- PM- AM		Street Address Same as above City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	240	<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 Horizon Disposal		NJDEP Waste Hauler ID No. 22012	Cubic Yards of Waste TBD	Name of Registered Landfill Glens Landing					
City, State Trenton, NJ		Disposal Date TBD		City, State Tullytown					
Completed By (Print or Type) Gina Salvador		Title Office Manager		Signature <i>[Signature]</i>		Date 7/05/12			

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

175010188

Date of Notification (1) 		Name of Building Owner/Operator (2) Mars lister Associates LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 9 2012 ASBESTOS ROOM Telephone Number </div>	
Agencies Notified	Type Notification	Street Address 84 Lister Ave			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Newark NJ 07105			
		Name of Contact Bob Witenburg			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Durlant Factory				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than social buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial)	
Street Address 84 Lister Ave				Square Feet	# of Floors 2
City (5) Newark				Bldg. Age 50	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Factory	
Name of Monitoring Firm Hired by Building Owner (8) EAI, Inc		ASCM No. N/A		Name of Abatement Contractor (9) Green Environmental LLC	
Street Address 50 Prescott				Street Address 235 Virginia Ave	
City, State, Zip Code Jersey City				City, State, Zip Code Jersey City	
Project Manager for Monitoring Firm Robert Carvalho		Telephone No. 201-395-0010		Telephone No. 201-333-8855	Licenses No. 0117
Start Date (10) July 20, 2012		Scheduled Completion Date (11) September 30, 2012		Name of OSHA Monitor Green Enviro LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 235 Virginia Ave	
				City, State, Zip Code Jersey City NJ 07304	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Building- 84 Lister Ave Newark NJ			x	Interior/Exterior Window Putty	1300 LF
				Multiple layers of Floor Tile	1500 SF
				1'x1' Ceiling tile w/glue	575 SF
Name of Registered Waste Hauler Tri-state Transfer Associate		NJDEP Waste Hauler ID No. 2A-456		Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises
City, State Bronx NY		Disposal Date 7/20/12		City, State Waynesburg	
Completed by Martin A Pedraza		Title Owner		Signature MARTIN A. Pedraza	

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
Building-84 Lister Ave, Newark, NJ			x	Fire Door	2 Doors	x			
				Pipe Insulation	10 LF	x			



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

2089

Date of Notification (1) 07/05/2012		Name of Building Owner/Operator (2) NJ Department of Treasury			
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1035 Parkway Avenue			
		City, State, Zip Code Ewing NJ 08618			
		Name of Contact Mike DeAngelo			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NJ DOT Fernwood Facility		Type of Facility (4)			
Street Address 1035 Parkway Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input checked="" type="checkbox"/> Other (i.e. private & comm etc.)			
City (5) Ewing		Square Feet 15,600	# of Floors 1		
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being dem electrical building			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation		
Street Address 344 West State Street		Street Address 235 Watchung Ave			
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code West Orange NJ 07052			
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101	Telephone No. 973-243-9872		
Start Date (10) 07/02/2012		Scheduled Completion Date (11) 07/10/2012	Name of OSHA Monitor Long Island Analytical		
Occupancy Status During Abatement (Check Only One)		Street Address			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility operated during business hours		110 Colin Drive			
		City, State, Zip Code Holobrook NY 11741			
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-Exempted (**)			
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		
Storage Room	x			VAT and mastic	112sf
Office/ Breakroom	x			VAT and mastic	378sf
Bathroom	x			VAT and mastic	28sf
Exterior windows	x			window caulk	2,080lf
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource	
City, State Linden NJ		Disposal Date	City, State Morrisville PA		
Completed by Slawomir Kielczewski		Title President	Signature <i>Slawomir Kielczewski</i>		

RECEIVED			
JUL 2012			
12) cial buildings, homes,			
Bldg. Age 80		shed)	
No.			
Pressure			
ble Procedure			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			
x			
x			
x			
II Facility			
ate 7/05/2012			

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



Date of Notification (1) 07/05/2012		Name of Building Owner/Operator (2) BLAIR ACADEMY			
Agencies Notified	Type Notification	Street Address 2 PARK STREET			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLAIRSTOWN NJ 07825			
		Name of Contact DAVE SCHMITT			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BLAIR ACADEMY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 2 PARK STREET		Square Feet	# of Floors		
City (5) BLAIRSTOWN		Bldg. Age			
County (6) WARREN COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation		
Street Address 20-21 WAGARAW ROAD BLDG.34A		Street Address 235 Watchung Ave			
City, State, Zip Code FAIRLAWN NJ 07410		City, State, Zip Code West Orange NJ 07052			
Project Manager for Monitoring Firm WILLIAM MORALES		Telephone No. 973-636-9145	Telephone No. 973-243-9872		
Start Date (10) 07/16/2012		Scheduled Completion Date (11) 07/25/2012	Name of OSHA Monitor Long Island Analytical		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 110 Colin Drive			
		City, State, Zip Code Holbrook NY 11741			
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-Flexible Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Sharp House Basement	x			floor tile and associated mastic	850 sf
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Facility Tullytown Resource	
City, State Linden NJ		Disposal Date		City, State Morrisville PA	
Completed by Slawomir Kielczewski		Title President	Signature		

12) Social buildings, homes,

No.

Pressure

Flexible Procedure

Abatement Type

Removal	Repair	Encapsulate	Enclosure
x			

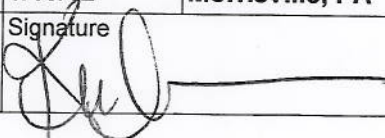
Landfill Facility

Date
7/05/2012

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

J # 1206-1650

Check #: 2738

Date of Notification (1) 6/08/12		Name of Building Owner / Operator (2) Millville Investment Group		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 2012 ASBESTOS C LICENS </div>	
Agencies Notified	Type Notification	Street Address 1101 Wheaton Avenue			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Millville, NJ 08332			
		Name of Contact Mr. John Lopez			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Millville Investment Group				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 1101 Wheaton Avenue				Square Feet 160,000	# of Floors 2
City (5) Millville	County (6) Cumberland	County Code (7)	Current Use (Prior if being demolished) Financial Group		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group.			ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp	
Street Address PO Box 316			Street Address 3859 Sylon Blvd.		
City, State & Zip Code Thorofare, NJ			City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Dave Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	Licens	Number 00862
Scheduled Start Date (10) 6/12/12	Scheduled Completion Date (11) 6/13/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Wrap & Cut Method <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No			
Basement- Maintenance Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	10 LF
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Horizon Disposal			NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS
City, State Trenton, NJ			Disposal Date 6/13/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti			Title Admin.	Signature 	
					Date 6/08/12

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

Date of Notification (1) 6/26/12		Name of Building Owner / Operator (2) 1141 Mantua Pike, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1594 Route 9, Unit 14 City, State & Zip Code Toms River, NJ 08755 Name of Contact Rami E. Geffner, M.D.	

J
C
1206-1651
ck #: 2744

RECEIVED
JUL
2012
ASBESTOS
LICEN

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Property		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 1141 Mantua Pike		Square Feet 2800	# of Floors 1
City (5) West Deptford	County (6) Gloucester	County Code (7)	
		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp	
City, State & Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Blvd.	
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	City, State & Zip Code Hainesport, NJ 08036
Scheduled Start Date (10) 6/27/12		Telephone Number 609-702-0400	Licens Number 00862
Scheduled Completion Date (11) 7/9/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

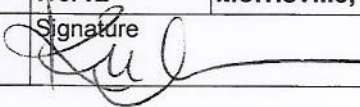
Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

☒ Renovation
☒ Demolition

☒ Full Containment with Negative Pressure
☒ Assist Demo Contractor with debris pile/
Regulate Area
☐ Glove Bag Procedure
☐ Non-Exempted and In-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling	1,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front 1/2 of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Debris in Pile	20 CF (approx.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 7/9/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 6/26/12

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

Job #: 1202-1621
Check #: NA

Date of Notification (1) 6/5/12		Name of Building Owner / Operator (2) Bob Novick Chevrolet, Inc.	
Agencies Notified	Type Notification	Street Address 808 North Pearl Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Bridgeton, NJ 08302	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1 ON HOLD	Name of Contact Mrs. Debby Novick	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

RECEIVED
JUL 2012
ASBESTOS
LICEN
CONTROL &
Telephone Number

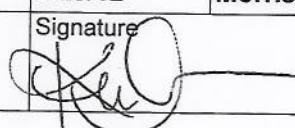
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bob Novick Auto Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)	
Street Address 808 North Pearl Street		Square Feet 21,728	# of Floors 2
City (5) Bridgeton	County (6) Cumberland	County Code (7)	Current Use (Prior if being demolished) Auto Dealership
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address PO Box 316		City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	License Number 00862
Scheduled Start Date (10) 6/14/12	Scheduled Completion Date (11) 6/29/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	

ON HOLD until Phase #2

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing, Flashing & Decking	440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	4 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 6	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 6/29/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	

gs, homes, etc.)
ldg. Age
0+

umber
00862

egative Pressure

-Friable Procedure

Date
6/15/12

Job #: 1205-1649
Clock #:

REC
JUL
ASBEST

gs, homes, etc.)

ldg. Age

5 +-

ON HOLD. CHECK WILL BE SENT WHEN IT
IS TAKEN OFF HOLD

umber
00862

00862

Negative Pressure

Frangible Procedure

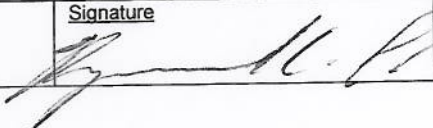
Abatement Type	
Enclosure	Encapsulate
Repair	Removal
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>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

Date
6/1/12

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

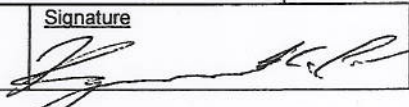
Client Project #

Date of Notification (1) July 5, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 - Change of Room ID # & file with DCA as SUB 8 unoccupied <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY 27 ROAD 1, BLDG 4086, LIVINGSTON		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OLD QUEENS, BLDG# 3000		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, home	
Street Address COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg.	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACAD
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/13/12	Scheduled Completion Date (11) 07/16/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED - FRI 5PM - MON 5AM (24 Hrs as Necessary)		Street Address 20-21 WARGARAW ROAD	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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 Ion-Frable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 207& 207B	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.) TSI-PIPE INSULATION	Amount (Specify SF or LF) 30 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.C. V.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 07/16/2012	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date July 5, 2012

DEPT. CAMPUS
etc.) e: 200+ years
IC
NTS, INC.
negative Pressure
Ion-Frable Procedure
atement Type
move Repair Encap Enclose
Registered Landfill V.S. North Landfill
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
y 5, 2012

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) June 29, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEA <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 ENVIRONMENTAL HEALTH & SAFETY 27 ROAD 1, BLDG 4086, LIVINGSTON		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OLD QUEENS, BLDG# 3000		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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg Age: 200+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	Lic. Number 008
Scheduled Start Date (10) 07/13/12	Scheduled Completion Date (11) 07/16/12	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: FRI 5PM - MON 5AM (24 Hrs as Necessary)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
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 <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*)			
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 201 & 201B	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.) TSI-PIPE INSULATION	Amount (Specify SF or LF) 30 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 07/16/2012	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date June 29, 2012

State of New Jersey

Check # 09331

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

Date of Notification (1) 7/5/12		Name of Building Owner/Operator (2) Leslie Steele
Agencies Notified	Type Notification	Street Address 12 Ashland Pl.
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Summit, NJ 07052
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Leslie Steele
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	
<input type="checkbox"/> DCA		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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 12 Ashland Pl.			Square Feet 2300	# of Floors 3
City (5) Summit	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 7/14/12 Month Day Year	Sched. Completion Date (11) 7/16/12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Pressure

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	ENCAPSULATION	ENCLOSURE	
Basement				Pipe insulation	60 lf					

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 7/17/12	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>		Date 7/5/12

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

Date of Notification (1) 7/5/12		Name of Building Owner/Operator (2) Donna Perfetti	
Agencies Notified	Type Notification	Street Address 65 Morse Ave.	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 9 2012 ASBESTOS CONTROL & LICENSING </div>
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Rutherford, NJ 07070	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Donna Perfetti	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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 65 Morse Ave			Square Feet 2100	# of Floors 3
City (5) Rutherford	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 7/14/12 Month Day Year		Sched. Completion Date (11) 7/16/12 Month Day Year		Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

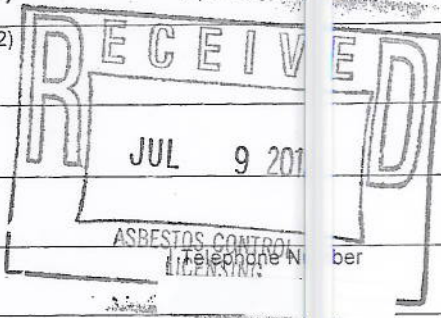
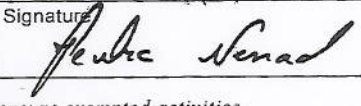
- ☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment with Negative Pressure
☐ >160 sf or >260 lf ☐ Demolition ☐ Mini-Enclosure
 ☒ Glovebag Procedure
 ☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	80 lf

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 7/17/12	City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/5/12
---	---------------------------	---	-----------------------

Abatement Type			
R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
X			

Date of Notification (1) 07 / 03 / 12		Name of Building Owner/Operator (2) Nancy Addeo		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 356 Gregory Avenue City, State, Zip Code West Orange, NJ 07052 Name of Contact Nancy Addeo		
FACILITY INFORMATION*				
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 356 Gregory Avenue		Square Feet		Bldg. Age
City (5) West Orange, NJ 07052		County (6) Essex		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 13 / 12	Scheduled Completion Date (11) 07 / 14 / 12	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410		
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process
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	N/A	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation
	<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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 		Date 7/03/2012

ASB-41

MAY 11

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

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

Date of Notification (1) <div style="text-align: center;">July 2, 2012</div>		Name of Building Owner/Operator (2) Disantis Contracting, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 313 Halyard Road	
		City, State, Zip Code Ortley Beach, NJ 08751	
		Name of Contact Frank Disantis	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k12) <input type="checkbox"/> Subchapter S (other than k12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 65 M Street			Square feet 1500 sf	# of Floors 1
City Seaside Park	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61		
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 024
Scheduled Start Date (10) 7/13/12	Scheduled Completion Date (11) 7/16/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road	
			City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure	
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) in facility (13) TO BE ABATED	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 in SF or %)
	Exterior		X		
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 7/18/12		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>	

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

RECEIVED

JUL 2012

Bldg. Age
60

ing, Inc.

Jersey 08755-1271

ase Number
24

al

Jersey 08854

ve Pressure

liable Procedure

Abatement Type				
R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
X				

Date
7/2/2012

CR 1327

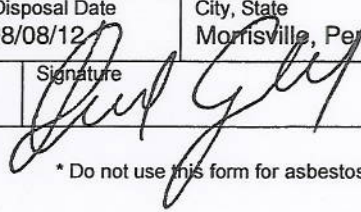
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 07/02/2012		Name of Building Owner / Operator (2) Resorts Casino & Hotel	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1133 Boardwalk City, State & Zip Code Atlantic City, NJ 08401 Name of Contact Bob LaVitta	

RECEIVED
JUL 9 2012
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resorts Casino & Hotel		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 1133 Boardwalk		Square Feet	# of Floors						
City (5) Atlantic City, NJ 08401	County (6) Atlantic	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services						
Street Address		Street Address 2129 Route 33							
City, State & Zip Code		City, State & Zip Code Hamilton, NJ 08610							
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-847-2956	Licence Number 01091						
Scheduled Start Date (10) 07/12/2012	Scheduled Completion Date (11) 07/13/2012	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment w/ Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Spec SF or lf)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bakery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	12lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330		Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date various	City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson				Title Project Manager	Signature <i>Rod Richardson</i>		Date 07/02/2012		

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

Date of Notification (1) 07/02/12		Name of Building Owner/Operator (2) Montclair Board of Education			
Agencies Notified	Type Notification	Street Address 22 Valley Road			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair, NJ 07042			
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Leonard Saponara			
<div style="float: right; border: 1px solid black; padding: 5px;"> RECEIVED JUL 2012 ASBESTOS CONTROL & LICENSING number _____ </div>					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Central Heating Plant		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than industrial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 54 Orange Road		Square Feet 5,000 +	# of Floors 2		
City (5) Montclair		Bldg. Age 50+			
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 00012	Name of Abatement Contractor (9) Pyramid Contracting Corp.		
Street Address 300 Grand Avenue		Street Address 163 Sargeant Avenue			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07013			
Project Manager for Monitoring Firm Mr. Stephen J		Telephone No. 201-569-6708	Telephone No. 973-689-6281		
Start Date (10) 07/14/12		Scheduled Completion Date (11) 08/08/12	Licensure No. 01095		
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 Laboratories			
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 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) 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		
Boiler Room	x			2 Boilers-Exterior cover and the materials inside the panels	2,000 SF
Boiler Room	x			Boiler Breeching	1,000 SF
--- Continued on the next page ---					
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, New Jersey		Disposal Date 08/08/12	City, State Morrisville, Pennsylvania		
Completed by Dimo Golcev		Title General Manager	Signature 		

RECEIVED

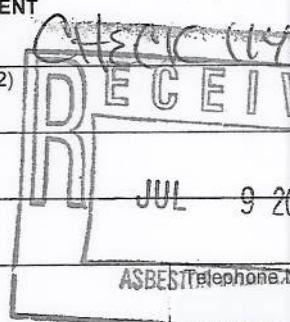
JUL 9 2012

ASBESTOS

CONTROL & NG

[illegible]

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



Date of Notification (1) 7/5/12		Name of Building Owner/Operator (2) The Archdiocese of Newark	
Agencies Notified	Type Notification	Street Address PO box 9500	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07104	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Tom McCue	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 499 Belgrove Drive		<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) Kearny		Square Feet 5000	# of Floors
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No. 00079	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address 20-21 Wagaraw Road		Street Address 4 E Gate Drive, PO Box 483	
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-764-2276
License 703			
Start Date (10) 7/16/12	Scheduled Completion Date (11) 9/18/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Glovebag Procedure		<input type="checkbox"/> Non-Exempted (*) and Non-Fr	
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	
SEE ATTACHED			
			PURSUANT TO MCCABE ENVIRONMENTAL SERVICES
			SCOPE OF WORK
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste
City, State Freehold NJ		Disposal Date TBD	Name of Registered Landfill GROWS N Landfill
Completed by Andrew Scott Higgins		Title President	Signature

Bldg. Age

Bldg. Age

ed)

o.

ressure

le Procedure

Abatement Type

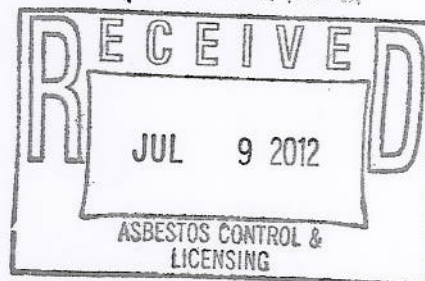
Removal	Repair	Encapsulate	Enclosure

te
5/12

499 BELGROVE DRIVE, KEARNY

HUDSON COUNTY

LOCATION	MATERIAL DESCRIPTION	ESTIMATED QUANTITY
Basement	Rock mills boiler insulation	400 SF
Basement	Rock mills breeching insul	160 SF
Basement	HB smith boiler packing between sections	10 SF
Basement	Breeching insulation on arch- top boiler	6 SF
Basement	Packing on chimney access door	180 SF
Basement	Pipe joint insulation	20 LF
Basement	Paper pipe insulation	180 SF
Basement	White debris on floor	4 CY
Garages	Roofing tar & flashing	1000 SF



Check # 1425

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

Date of Notification (1) 07 / 05 / 12		Name of Building Owner/Operator (2) Laurie Sammeth	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Highland Place City, State, Zip Code Maplewood, NJ 07040 Name of Contact Laurie Sammeth	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 24 Highland Place City (5) Maplewood, NJ 07040		Square Feet	# of Floors
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 07 / 14 / 12	Scheduled Completion Date (11) 07 / 17 / 12	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	600 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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 07/05/2012

ASB-41


MAY 11

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

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

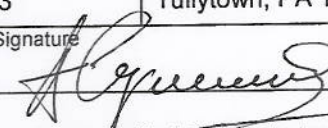
GAC Project # 060-12

Client Project #

Date of Notification (1) July 5, 2012			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY		
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 ENVIRONMENTAL HEALTH & SAFETY 27 ROAD 1, BLDG 4086, LIVINGSTON	
				City, State, Zip Code PISCATAWAY, NJ 08854	
				Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) KIRKPATRICK CHAPEL, BLDG# 3003			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)		
Street Address COLLEGE AVENUE CAMPUS			Sq. Feet: N/A # of Floors: 1 Bldg. /		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC PLACE OF WORSHIP		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 07/17/12		Scheduled Completion Date (11) 07/23/12		Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ		
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 <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure					
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.)	
Room 101		<input checked="" type="checkbox"/>		VAT	
				3800 SF	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 40 CY	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 07/23/12	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature 	
				Date July 5, 2012	

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)

Date of Notification (1) 7/2/12		Name of Building Owner/Operator (2) The Port Authority of NY & NJ		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 9 2012 </div>	
Agencies Notified	Type Notification	Street Address 241 Erie St. Room 236			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07310 Name of Contact Ralph Campione			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport			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 Newark Liberty International Airport			Square Feet 240000		# of Floors 6
City (5) Newark			Bldg. Age 50+		
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Passenger Terminal	
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No. _____		Name of Abatement Contractor (9) ABC Construction Contracting, Inc.	
Street Address 241 Erie St. Room 236		Street Address 36-16 19th Avenue			
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Astoria, NY 11105			
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-961-6352		Telephone No. 718-729-2501	License 01159
Start Date (10) 7/16/12		Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor Precision Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 36-15A 23rd Street	
				City, State, Zip Code Long Island City, NY 11105	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
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		
Terminal A col. line 16 Stairwell			X	Fireproofing	295SF
Name of Registered Waste Hauler ABC Construction Contracting Inc.		NJDEP Waste Hauler ID No. 22280		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown
City, State Astoria, NY 11105		Disposal Date 1/2/13		City, State Tullytown, PA 19007	
Completed by Alex Gregoriou		Title Vice President		Signature 	

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

Date of Notification (1) 07-03-2012		Page 1 of 2		Name of Building Owner/Operator (2) Ewing Township School District		Check # 4844	
Agencies Notified		Type Notification		Street Address		City, State, Zip Code	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road		Ewing, NJ 08618	
				Name of Contact		Telephone	
				Ryan Broadwater			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy						Type of Facility (4)	
Street Address						<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input type="checkbox"/> Other (i.e. private & comm etc.)	
1331 Lower Ferry Road							
City (5) Ewing						Square Feet 22,500	
						# of Floors 2	
County (6) Mercer						County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being dem Academy							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.				ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address						Street Address	
120 North Warren Street						47 S. Lippincott Ave	
City, State, Zip Code						City, State, Zip Code	
Trenton, N.J 08608						Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Ryan Broadwater				Telephone No. 609-392-4200		Telephone No. 856-755-0099	
						Licen 0084	
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One)						Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____						107 Haddon Ave	
						City, State, Zip Code	
						Westmont, New Jersey 081	
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non			
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)
See page 2 for Additional ACM			Yes	No	N/A		
Multiple Offices					XX	Floor Tile and Mastic	2446 S
Boiler Room					XX	Breeching	25 SF
Boiler Room					XX	Fire Brick	30 SF
Boiler Room					XX	Fire Door	1@
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered I	
Freehold Cartage						Grows Landfill	
City, State			Disposal Date		City, State		
Freehold, NJ					Tullytown, PA		
Completed by			Title		Signature		
William Lynch			Owner		<i>William J. Lynch</i>		

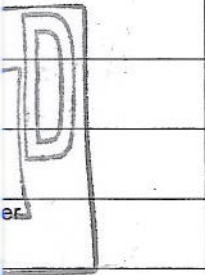
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07-03-2012		Page 2 of 2		Name of Building Owner/Operator (2) Ewing Township School District		Check # 481	
Agencies Notified		Type Notification		Street Address		City, State, Zip Code	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road		Ewing, NJ 08618	
				Name of Contact Ryan Broadwater		Telephone Number _____	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy						Type of Facility (4)	
Street Address 1331 Lower Ferry Road						<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ewing				Square Feet 22,500		# of Floors 2	
County (6) Mercer				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Academy	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.				ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 120 North Warren Street				Street Address 47 S. Lippincott Ave			
City, State, Zip Code Trenton, N.J 08608				City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Ryan Broadwater				Telephone No. 609-392-4200		Telephone No. 856-755-0099	
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Westmont, New Jersey 08108			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable			
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)	
See page 1 for Additional ACM		Yes No N/A					
Interior and Exterior Windows				Caulk		320 LF	
Throughout Exterior				Clad Panels		204 SF	
Break Room				Sink Mastic		6 SF	
Business Office and Board Room				Wood paneling Mastic		TBD	
Name of Registered Waste Hauler Freehold Cartage				NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste _____	
City, State Freehold, NJ				Disposal Date _____		Name of Registered Landfill Grows Landfill	
Completed by William Lynch				Title Owner		Signature <i>William J. Lynch</i>	
						Date 07-03-2012	

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

CK-# 1129

Date of Notification (1) 07 / 03 / 12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 9 2012 ASBESTOS </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 581 Main Street City, State, Zip Code Woodbridge, NJ 08863 Name of Contact Paul Pittari	
FACILITY INFORMATION						Telephone Number _____	
Name of Facility Where Abatement is Taking Place (3) Bridge Structure 56.38				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 Ward Avenue Bridge (over the NJ Turnpike)				Square Feet 30,000			
City (5) Chesterfield				# of Floors 30+			
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Roadway			
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 03681		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation			
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street					
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9144		Telephone No. 215-739-8166			
				License No. 00646			
Start Date (10) 07 / 10 / 12		Scheduled Completion Date (11) 08 / 15 / 12		Name of OSHA Monitor SAME AS ABOVE			
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: 7:00PM-7:00AM				Street Address City, State, Zip Code 			
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 Process </div> </div>							
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) 2,400 LF			
		Yes	No			N/A	
Under Bridge Structure		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Duct Pipe		
		<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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40 cy			
City, State Freehold, NJ		Disposal Date 08/15/12		Name of Registered Landfill GROWS North Landfill City, State Morrisville, PA			
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 			



Buildings,

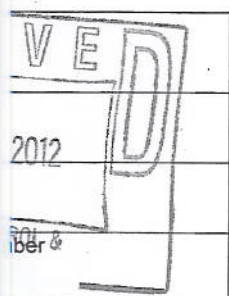
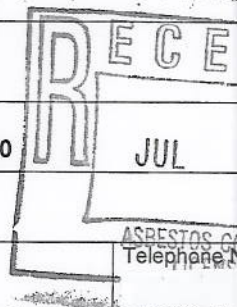
on

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<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"/>

te
-3-12

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

Date of Notification (1) 07 / 3 / 12		Name of Building Owner/Operator (2) Pearson Beckham Realty	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1422 Buttonwood Drive, Suite 200 City, State, Zip Code Gastonia, NC 28054 Name of Contact Matt Beckham	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 20-24 High Street		Square Feet 4000	# of Floors 2 + bsm
City (5) Woodbury		County Code (7) (STATE USE ONLY)	
County (6) Goulcester		Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCN No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 9 South Main Street		Street Address 8436 Enterprise Avenue		City, State, Zip Code Philadelphia, PA 19153	
City, State, Zip Code Mullica Hill, NJ 08062		City, State, Zip Code Philadelphia, PA 19153		Telephone No. 215-365-5810	
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-223-0080		License No. 1156	

Start Date (10) 07 / 18 / 12	Scheduled Completion Date (11) 8 / 18 / 12	Name of OSHA Monitor USA Environmental Management, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM / PM - AM		Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153	

Scope of Work (Check all that apply)

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

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		
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	312 LF
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	2200 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill
City, State Philadelphia, PA		Disposal Date 7/31/2012		City, State Waynesburg, OH	
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature <i>[Signature]</i>	

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7-3-12

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

b #: 1202-1621
 check #: NA

Date of Notification (1) 6/5/12		Name of Building Owner / Operator (2) Bob Novick Chevrolet, Inc.	
Agencies Notified	Type Notification	Street Address 808 North Pearl Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Bridgeton, NJ 08302	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2 ON HOLD	Name of Contact Mrs. Debby Novick	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

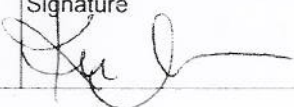
Name of Facility Where Abatement is Taking Place (3) Bob Novick Auto Mall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 808 North Pearl Street			Square Feet 21,728	# of Floors 2
City (5) Bridgeton	County (6) Cumberland	County Code (7)	Current Use (Prior if being demolished) Auto Dealership	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Co	
Street Address PO Box 316		ON HOLD until Phase #2		
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	Licence Number 00862
Scheduled Start Date (10) 6/14/12		Scheduled Completion Date (11) 10/1/12		Name of OSHA Monitor EMSL Analytical

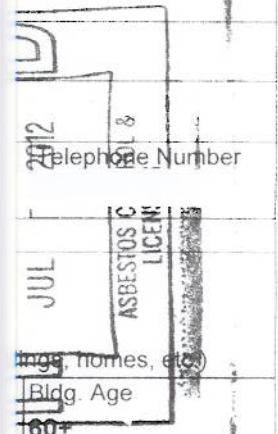
Occupancy Status During Abatement (Check only one)		Street Address 107 Haddon Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Westmont, NJ 08108	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			
Describe:			
<input checked="" type="checkbox"/> Isolated Area			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/ Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedure
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or 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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing, Flashing & Decking	440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	4 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 6	Name of Registered Landfill GROWS
City, State Trenton, NJ		Disposal Date 10/1/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 	
				Date 6/28/12



Asbestos Control & Licensing

	Bldg. Age 45 years			
ished)				
e No.				
e Pressure				
able Procedure				
	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
	X		X	
	X		X	
	X			
		X	X	
ifill				
Date 7-6-12				