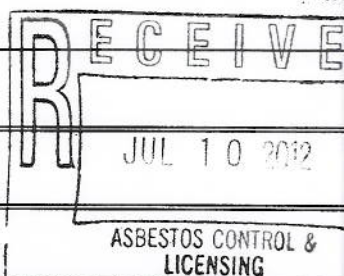


03719

D&S Proj. #: MS 12-245

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



Date of Notification (1) 07/10/12		Name of Building Owner/Operator (2) JONATHAN MILLMAN	
Agencies Notified	Type Notification	Street Address 14 WESTLAND ROAD	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code CEDAR GROVE, NJ 07009	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JONATHAN MILLMAN	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JONATHAN MILLMAN			Type of Facility (4)	
Street Address 14 WESTLAND ROAD			<input type="checkbox"/> School (K-12)	
City (5) CEDAR GROVE			<input type="checkbox"/> Subchapter S (Other than K-12)	
County (6) ESSEX			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
County Code (7) (State use only)			Square Feet	# of floors
			Current Use (Prior to being demolished)	Bldg. Age

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address 20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 07/17/12		Sched. Completion Date (11) 07/27/12	Telephone Number 973-345-8020	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor D & S Restoration, Inc.		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		Street Address 20 California Avenue		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:		City, State, Zip Code Paterson, NJ 07503		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/ negative pressure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-enclosure		<input checked="" type="checkbox"/> Glovebag procedure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	Removal/Repair/Encapsulation/Enclosure			
	Yes	No	N/A			Remove	Repair	Encap	Encl
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/18/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/05/12

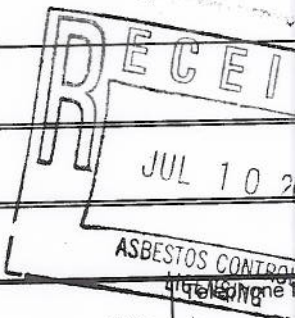


003721

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

D&S Proj. #: MS 12-247

Date of Notification (1) 10/17/10 5/12/1		Name of Building Owner/Operator (2) ANITA PHALON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 41 NORMAN ROAD City, State, Zip Code UPPER MONTCLAIR, NJ 07043 Name of Contact ANITA PHALON	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANITA PHALON Street Address 41 NORMAN ROAD City (5) UPPER MONTCLAIR County (6) ESSEX County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # Floors Bldg. Age Current Use (Previous use if being demolished)
--	--	--	---

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 07/17/12 Sched. Completion Date (11) 07/27/12 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: NORMAL HOURS		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment with negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*)

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)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASEMENT		X		PIPE INSULATION	87 L FT

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/18/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/05/12

Do not use this form for asbestos licensure exempted activities.



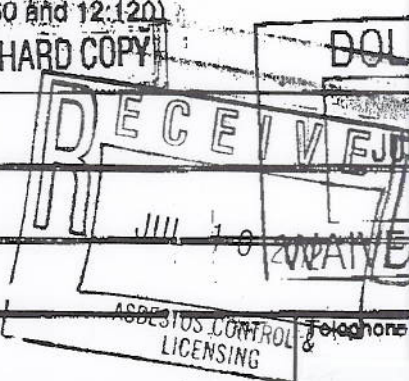
003725

D&S Proj. #: MS 12-248

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

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 10/17/10 16/11/12		Name of Building Owner/Operator (2) MICHAEL LIU	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 14 LORRAINE STREET		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact MICHAEL LIU		Telephone	



10 DAY  
36 2012  
APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL LIU			Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter <input checked="" type="checkbox"/> Other (Please specify Bldgs./Houses, etc.)	
Street Address 14 LORRAINE STREET			Square Foot #	
City (5) GLEN RIDGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Please specify if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 07/11/12		Sched. Completion Date (11) 07/20/12	Name of OSHA Monitor D & S Restoration, 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: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

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	N/A	<input type="checkbox"/> Full Containment w/ 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)	Amount (Specify SF LF)
	Yes	No	N/A		
BASEMENT		X		TRANSITE DUCT	60 L FT

Registered Waste Hauler D & S RESTORATION, INC.		NJ DEP Hauler ID# 13506	Cubic Yards of Waste N/A	Name of Registered Landfill N/A
City, State PATERSON, NJ 07503		Disposal Date N/A	City, State N/A	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature	

ASD 41 Do not use this form for asbestos licensure exempted activities

Number  
00159

Non-friable procedure

R	R	E	E
Remove	Repair	Encaps	Enclose
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

06/12



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

Date of Notification (1) 07/10/12		Name of Building Owner/Operator (2) MICHAEL LIU	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 LORRAINE STREET City, State, Zip Code GLEN RIDGE, NJ 07028 Name of Contact MICHAEL LIU	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL LIU			Type of Facility (4) <input type="checkbox"/> School (12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Houses, etc.)	
Street Address 14 LORRAINE STREET			Square Feet	# of Floors
City (5) GLEN RIDGE	County (6) ESSEX	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior to being demolished)	

Name of Abatement Contractor (9) D & S RESTORATION, INC.		Name of OSHA Monitor D & S Restoration, Inc.	
Street Address 20 California Ave.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code Paterson, NJ 07503	
Telephone Number 973-345-8020		Telephone Number 00159	
Project Manager for Monitoring Firm		Phone Number	
Start Date (10) 07/11/12		Sched. Completion Date (11) 07/20/12	
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: NORMAL HOURS			

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				Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and non-friable procedure	
N/A					

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)	Amount (Specify SF or LF)	Removal, Repair, Encapsulation, or Enclosure			
	Yes	No	N/A			Remove	Repair	Encap	Encl
BASEMENT		X		TRANSITE DUCT	60 L FT		X		

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste N/A	Name of Registered Landfill N/A
City, State PATERSON, NJ 07503	Disposal Date N/A	City, State N/A	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/12



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

Date of Notification (1) 07/02/2012		Name of Building Owner/Operator (2) Vineland B.O.E.	
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	17 West Landis Ave.	Vineland, NJ 08360
		Name of Contact	Telephone Number
		Paul Farinaccio	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Barse Elem. School		Type of Facility (4)	
Street Address 240 South Orchard Str.		<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.)	
City (5) Vineland		Square Feet	# of Floors
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.
Street Address 1930 Brown Rd.		Street Address 208 Piaget Ave.	
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	Telephone No. 973-253-8828
Start Date (10) 07/16/2012		Scheduled Completion Date (11) 07/18/2012	Name of OSHA Monitor N/A
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: <u>3 PM - 1 AM</u>		City, State, Zip Code	

## Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" 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		
Various Locations			x	VAT/Mastic	99 SF
Hallway		x		Transite	6 SF
Various Locations			x	Pipe fitting insulation	8 LF

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>	

buildings, homes,

Bldg. Age

d)

essure

e Procedure

## Abatement Type

Removal	Repair	Encapsulate	Enclosure
x			
x			
x			

e  
02/2012



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

Date of Notification (1) 07/02/2012		Name of Building Owner/Operator (2) Vineland B.O.E.			
Agencies Notified	Type Notification	Street Address 17 West Landis Ave.			
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360			
		Name of Contact Paul Farinaccio			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Rossi Middle School		Type of Facility (4)			
Street Address 2572 Palermo Ave.		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than residential buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Vineland		Square Feet	# of Floors		
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.		
Street Address 1930 Brown Rd.		Street Address 208 Piaget Ave.			
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Clifton, NJ 07011			
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	Telephone No. 973-253-8828		
Start Date (10) 07/17/2012		Scheduled Completion Date (11) 07/18/2012	Name of OSHA Monitor N/A		
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 type="checkbox"/> Other - Describe: _____		City, State, Zip Code			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)		
Location of Asbestos-Containing Material (ACM) 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		
Laundry Room		x		Pipe Insulation(Wrap&cut)	35 LF
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>		



**REMEMBER - MAIL IN HARD COPY**

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:10)**

Date of Notification (1) 07/02/2012		Name of Building Owner/Operator (2) Sayreville Board of Education			
Agencies Notified	Type Notification	Street Address 150 Lincoln Street			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sayreville, NJ 08872			
		Name of Contact Denise Pantaliano			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Sayreville Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial etc.)			
Street Address 800 Washington Road		Square Feet			
City (5) Sayreville		# of Floors			
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Management International Inc		ASCM No	Name of Abatement Contractor (9) VMC Company, Inc.		
Street Address 5900 Atlantic Ave		Street Address 20th Piaget Ave			
City, State, Zip Code Ventnor City, NJ 08406		City, State, Zip Code Clifton, NJ 07011			
Project Manager for Monitoring Firm Ken Bolton		Telephone No. 609-623-5900	Telephone No. 973-253-8828		
Start Date (10) 07/06/2012		Scheduled Completion Date (11) 07/07/2012	License No. 00704		
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			
		City, State, Zip Code			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
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 system insulation, surfacing, V.A.T., or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
D Wing Hallway		X		Pipe Fitting Insulation	9 LF
D Wing Hallway		X		Pipe Fitting Insulation (wrap&cut)	40 EA
Name of Registered Waste Hauler Newark Carting Inc.		NUDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Newark, NJ		Disposal Date	City, State Morrisville, PA		
Completed by Voytek Roszkowski		Title President	Signature <i>[Signature]</i>	Date 07/02/2012	

DOL - 10

WAVE

0 2012

CONTROL & INSING

dings, homes.

Bldg. Age

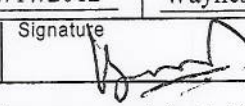
Abatement Type

Repair Encasement Enclosure



ch # 2374

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

Date of Notification (1) <b>07/06/2012</b>		Name of Building Owner/Operator (2) <b>Jon McConaughy</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 Long Way</b>	
		City, State, Zip Code <b>Hopewell, NJ 08525</b>	
		Name of Contact <b>Ed Claypool (Owner's Rep.)</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>130 Hopewell-Rockyhill Road</b>		Square Feet <b>2,500 SF</b>	# of Floors <b>2</b>
City (5) <b>Hopewell</b>		Bldg. Age <b>65+</b>	
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>
Street Address		Street Address <b>1360 Clifton, Avenue, PMB Suite 2</b>	
City, State, Zip Code		City, State, Zip Code <b>Clifton, NJ 07012</b>	
Project Manager for Monitoring Firm		Telephone No. <b>973-389-0089</b>	License No. <b>0069</b>
Start Date (10) <b>07/16/2012</b>	Scheduled Completion Date (11) <b>07/17/2012</b>	Name of OSHA Monitor <b>DIA General Construction, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>1360 Clifton, Avenue, PMB Suite 2</b>	
		City, State, Zip Code <b>Clifton, NJ 07012</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input 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"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Crawl Space		XX	Pipe/Elbow Insulation
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>2</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>07/17/2012</b>	Name of Registered Landfill <b>Minerva Landfill</b>
Completed By <b>Krutarth Jagad</b>		Title <b>President</b>	Signature 

ASB41

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



\* SEE ATTACHED 7 PAGES \*

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) VOPAK TERMINAL PERTH AMBOY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1250 STATE ST.	
		City, State, Zip Code PERTH AMBOY, NJ 08861	
		Name of Contact HANS TORREMAN	Telephone

Name of Facility Where Abatement is Taking Place (3) VOPAK TERMINAL / FORMER HESS SITE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input checked="" type="checkbox"/> Other (i.e. private & comm etc.)	
Street Address 1250 STATE ST.		Square Feet 14,000	# of Floors 3
City (5) PERTH AMBOY	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being dem STORAGE BLDG

Name of Monitoring Firm Hired by Building Owner (8) BIRDSALL SERVICES GROUP		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address 611 INDUSTRIAL WAY WEST		Street Address 105 Lowell Road		
City, State, Zip Code EATONTOWN, NJ 07724		City, State, Zip Code Glen Rock, N.J. 07452		
Project Manager for Monitoring Firm PAUL CALABRESE		Telephone No. 732-380-1700	Telephone No. 201-262-5841	Licens 0015

Start Date (10) 7/19/12	Scheduled Completion Date (11) 7/25/12	Name of OSHA Monitor Omega Environmental Service	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-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		
TARPOUT BUILDING			X	ENTIRE STRUCTURE	14,000

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 500	Name of Registered Landfill IESI PA Bethlehem andfill Corp.	
City, State Riverdale, New Jersey 07457		Disposal Date 7/19/12 ON		City, State Bethlehem, PA 180	
Completed by R. McDonald		Title President	Signature R. McDonald		

check # 7929

RECEIVED

UL 10 2012

ASBESTOS CONTROL & REMEDIATION

2) al buildings, homes,

Bldg. Age  
58

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Pressure

ole Procedure

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			

andfill Corp.	
5	
ate 7/6/12	



B &amp; G proj. #: 2012-128

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

\*\*\*Emergency Sub 8\*\*\*

Check

5370

Date of Notification (1) 10/17/10 15/12/1		Name of Building Owner/Operator (2) Springfield Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 139 Mountain Avenue		City, State, Zip Code Springfield, NJ 07081	
Name of Contact Bill Knorr		RECEIVED JUL 10 2012 ASBESTOS ABATEMENT LICENSING	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Springfield High School			Type of Facility (4) <input checked="" type="checkbox"/> School <input type="checkbox"/> Subchapter S <input type="checkbox"/> Other (State/Commercial, etc.)	
Street Address 139 Mountain Avenue			Square Feet	
City (5) Springfield High School	County (6) Union	County Code (7) (State use only)	Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Wagaraw Avenue, Building 34A		Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	Telephone Number 973-696-6869	
Scheduled Start Date (10) 07/06/2012		Sched. Completion Date (11) 07/07/2012		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Start work @ 12:00 noon				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

## Scope of Work (check all that apply)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Lovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure        |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boys Locker Room			<input checked="" type="checkbox"/>	pipe insulation	10 lf
Girls Locker Room			<input checked="" type="checkbox"/>	pipe insulation	10 lf

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 07/09/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	

	R e m o v e	R e p a i r	E n c a p	E n c l
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

05/2012



A &amp; G proj. #: 2012-128

Date of Notification (1)		Name of Building Owner/Operator (2)	
10/17/10 15/11/12		Springfield Board of Education	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	139 Mountain Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL		Springfield, NJ 07081	
<input checked="" type="checkbox"/> DOH		Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Bill Knorr	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)			Type of Facility (4)	
Springfield High School			<input checked="" type="checkbox"/> School (K)	
Street Address			<input type="checkbox"/> Subchapter	
139 Mountain Avenue			<input type="checkbox"/> Other (Private Bldgs./Homes)	
City (5)	County (6)	County Code (7) (State use only)	Square Feet	# of
Springfield High School	Union			
Name of Monitoring Firm Hired by Owner (8)		ASQM No.	Name of Abatement Contractor (9)	
EnviroVision		0079	B & G Restoration, Inc.	
Street Address			Street Address	
20-21 Wagaraw Avenue, Building 34A			105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code	
Fair Lawn, NJ 07410			Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number	
Willie Morales		973-636-9145	973-696-6869	
Scheduled Start Date (10)	Sched. Completion Date (11)	Name of OSHA Monitor		
07/06/2012	07/07/2012	B & G Restoration, Inc.		
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- Describe:		105 Ryerson Road		
<input checked="" type="checkbox"/> Other-Describe: Start work @ 12:00 noon		City, State, Zip Code		
		Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> >\$ of or >\$ If	<input type="checkbox"/> >100 sf or >280 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Other

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boys Locker Room			X	pipe insulation	10 lf
Girls Locker Room			X	pipe insulation	10 lf

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 07/09/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 07/09/2012

~~SECRET~~ COPY

CEIVE

10 2012

RESTOR CONTROL &

Other than K-12)

Commercial  
etc.

Bldg. Age
-----------

ing demolished)

Number

bag prosedur

**triple procedure**

Remove	Repair	Enoap	Encl
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1/2012



\*\*\*Emergency Sub 8\*\*\*

Check #

5370

Senior Services  
1:02 PM

## nber

8 (Other than K-12)  
 b./Commercial  
 is, etc.

Floors	Bldg. Age
being demolished)	

Page Number  
78

- **webag procedure**
- **n-fable procedure**

	Remove	Repair	Encap	Enseal
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5/2012



B &amp; G proj. #: 2012-120

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

Non Sub 8

Date of Notification (1) 10/17/10/16/11/12/1		Name of Building Owner/Operator (2) Westfield Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 302 Elm Street		City, State, Zip Code Westfield, NJ 07090	
Name of Contact Mike Morris			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Roosevelt Intermediate School			Type of Facility <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other Private/Commercial homes, etc.	
Street Address 301 Clark Street			Square Feet of Floors Bldg. Age	
City (5) Westfield, NJ 07090	County (6) Union	County Code (7) (State use only)	Current Use (or if being demolished) School (non b 8)	

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code		Telephone Number 973-696-6869		Name of OSHA Monitor B & G Restoration, Inc.	
Project Manager for Monitoring Firm		Phone Number		Street Address 105 Ryerson Road	
Scheduled Start Date (10) 7/16/12		Sched. Completion Date (11) 7/20/2012		City, State, Zip Code Lincoln Park, NJ 07035	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)
	Yes	No	N/A		
Asst. Principal Office			<input checked="" type="checkbox"/>	VAT & Mastic	1000 sf

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 12 yards	Name of Registered Landfill Tullytown Resource & Recovery
City, State Lincoln Park, NJ 07035	Disposal Date 7/16/12 - 7/20/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	

RECEIVED	JUL 10 2012
ASBESTOS CONTROL	LICENSING
Number	

License Number 0378
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Glovebag procedure  
Non-friable procedure

or	R e m o v e	R e p a i r	E n c a p s u l e	E n c l o s e
	<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"/>

enter

Date  
7/6/12



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

B & G proj. #: 2012-127

\*\*\*Emergency\*\*\*

Check # 5368

Date of Notification (1) <u>07/10/12</u>		Name of Building Owner/Operator (2) <u>Warren County Technical School District</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>1500 Route 57</u>		City, State, Zip Code <u>Washington, NJ 07882-3538</u>	
Name of Contact <u>Scott Pohl, Building &amp; Grounds</u>		Telephone Number <u>                    </u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Warren County Technical School</u>			Type of Facility <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Suburban (Other than K-12) <input type="checkbox"/> Other (Private/Commercial homes, etc.) Square Feet <u>                    </u> of Floors <u>                    </u> Bldg. Age <u>                    </u> Current Use (or if being demolished) <u>                    </u> School (non <u>                    </u> )
Street Address <u>1500 Route 57</u>			
City (5) <u>Washington</u>	County (6) <u>Warren</u>	County Code (7) (State use only) <u>                    </u>	

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>R &amp; K Occupational &amp; Environmental Analysis, Inc.</u>		ASCM No. <u>0090</u>	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>	
Street Address <u>403 St. James Avenue</u>		Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Phillipsburg, NJ 08865</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Patrick McGuiness</u>		Phone Number <u>908-454-6316</u>	Telephone Number <u>973-696-6869</u>	
Scheduled Start Date (10) <u>07/06/2012</u>	Sched. Completion Date (11) <u>07/07/2012</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
		Street Address <u>105 Ryerson Road</u>		
		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe:                     

☐ Other-Describe:                     

Scope of Work (check all that apply)

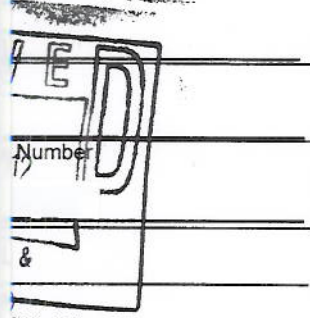
☐ Demolition      ☒ Renovation      ☐ Full Containment w/negative pressure

☐ >3 sf or >3 lf      ☒ ≥160 sf or ≥260 lf      ☐ Mini-enclosure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify sq ft)
	Yes	No	N/A		
Room 19 - Prep Room			<input checked="" type="checkbox"/>	VAT & Mastic	320 sqft

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>07/06/2012</u>	City, State <u>Tullytown, PA</u>	

Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>
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License Number  
0378

	R e m o v e	R e p a i r	E n c a p	E n c l
or	<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"/>

Date  
07/03/2012



**REMEMBER - MAIL IN**

State of NJ

Notification of Asbestos Abatement

NJAC 8:60-7 and 12:120-7

B &amp; G proj. #: 2012-127

\*\*\*Emergency\*\*\*

Check # 68

Date of Notification (1) 07/10/12		Name of Building Owner/Operator (2) Warren County Technical School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 1500 Route 57		City, State, Zip Code Washington, NJ 07882-3538	
Name of Contact Scott Pohl, Building & Grounds		ASBESTOS CONTROL & LICENSING	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Warren County Technical School			Type of Facility (4) <input checked="" type="checkbox"/> School <input type="checkbox"/> Subchapter <input type="checkbox"/> Other (Specify Bldg./H)	
Street Address 1500 Route 57			Square Feet #	
City (5) Washington	County (6) Warren	County Code (7) (State use only)	Current Use (Prior School (non-student) being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) R & K Occupational & Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 403 St. James Avenue			Street Address 105 Ryerson Road	
City, State, Zip Code Phillipsburg, NJ 08865			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Patrick McGuiness		Phone Number 908-454-6316	Telephone Number 973-696-6869	
Scheduled Start Date (10) 07/06/2012		Sched. Completion Date (11) 07/07/2012		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >5 sf or >3 lf	<input checked="" type="checkbox"/> >160 sf or >280 lf	<input type="checkbox"/> Mini-enclosure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)
	Yes	No	N/A		
Room 19 - Prep Room			<input checked="" type="checkbox"/>	VAT & Mastic	320 sqft

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Co.
City, State Lincoln Park, NJ 07035	Disposal Date 07/06/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	

DATE 07/10/12	TIME 10:00
APPROVED	

12)	8 (Other than K-12)
le/Commercial	as, etc
Floors	Bldg. Age

Phone Number 78
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web bag procedure
n-friable procedure

R	R	F	E
o	a	n	n
m	p	c	c
o	a	p	L
v	i		
<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"/>

3/2012
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B &amp; G proj. #: 2012-127

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

\*\*\*Emergency\*\*\*

Check 368

Date of Notification (1) 10/17/10 3/1/12		Name of Building Owner/Operator (2) Warren County Technical School District		APPROVED Senior Services 11:54 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		RECEIVED JUL 10 2012 ASBESTOS CONTROL & LICENSING	
Street Address 1500 Route 57		City, State, Zip Code Washington, NJ 07882-3538		Telephone Number	
Name of Contact Scott Pohl, Building & Grounds					
FACILITY INFORMATION					
Name of facility where abatement is taking place (3) Warren County Technical School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Industrial/Commercial Bldgs./Homes, etc.)	
Street Address 1500 Route 57				Square Feet	
City (5) Washington		County (6) Warren		County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) R & K Occupational & Environmental Analysis, Inc.		ASCM No. 0090		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 403 St. James Avenue		City, State, Zip Code Phillipsburg, NJ 08865		Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm Patrick McGuiness		Phone Number 908-454-6316		City, State, Zip Code Lincoln Park, NJ 07035	
Scheduled Start Date (10) 07/06/2012		Sched. Completion Date (11) 07/07/2012		Telephone Number 973-696-6869	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (check all that apply)					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure	
<input type="checkbox"/> >2 sf or >3 lf		<input checked="" type="checkbox"/> ≥100 sf or ≥280 lf		<input type="checkbox"/> Mini-enclosure	
Location of asbestos-containing material to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	
		Yes No N/A			
Room 19 - Prep Room		<input checked="" type="checkbox"/>		VAT & Mastic	
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 2 yards	
City, State Lincoln Park, NJ 07035		Disposal Date 07/06/2012		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna	

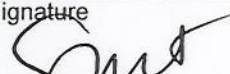
movebag procedure  
non-frilable procedure

R	R	E	E
m	e	n	n
a	p	a	c
b	a	p	l
<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10/3/2012



Date of Notification (1) <b>7/2/12</b>		Name of Building Owner / Operator (2) <b>Tabernacle Township Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>132 New Road</b> City, State & Zip Code <b>Tabernacle, NJ 08088</b> Name of Contact <b>Business Administration</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Tabernacle ES</b>		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 <b>141 New Road</b>		Square Feet # of Floors							
City (5) <b>Tabernacle</b>	County (6) <b>Burlington</b>	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Coastal Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO Box 167</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Hammonton, NJ 08037</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Cathy Ledden</b>		Telephone Number <b>609-820-9312</b>	Licence Number <b>00529</b>						
Scheduled Start Date (10) <b>6/28/12</b>	Scheduled Completion Date (11) <b>7/5/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 18108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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
<b>Rooms 300 &amp; 302</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>2,270</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/5/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>7/2/12</b>				



1206-4502  
Check #4261

Telephone Number					
Buildings, homes, etc.)					
Bldg. Age					
e Number <b>00529</b>					
Negative Pressure					
on-Friable Procedure					
Abatement Type					
Removal	Repair	Encapsulate	Enclosure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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 <b>7/6/12</b>					



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2) Safety

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Telephone Number

ings, homes, etc.)
Bldg. Age
Number
00529

Negative Pressure  
s  
on-Friable Procedure

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Date  
**7/6/12**



1206-4 07 SUB-8  
Che (# [REDACTED] 4265

Date of Notification (1) <b>7/6/12</b>		Name of Building Owner / Operator <b>NJ Department of Law &amp; Public Safety</b>	
Agenies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 7068</b> City, State & Zip Code <b>West Trenton, NJ 08625</b> Name of Contact <b>Frank Soltis</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>NJ State Police Station</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>389 North Route 130</b>		Square Feet	# of Floors
City (5) <b>Bordentown</b>	County (6) <b>Burlington</b>	Current Use (Prior if being demolished) <b>State Police Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No. <b>00030</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>120 North Warren Street</b>		Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>
Scheduled Start Date (10) <b>7/16/12</b>		Scheduled Completion Date (11) <b>7/27/12</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>EMSL Analytical</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment w/ <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Exempted and	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Spec SF or L)
<b>Boiler Room</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>Pipe Insulation</b>	<b>200 L</b>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>6</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/27/12</b>	Name of Registered Landfill <b>TRRF Landfill</b>
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature <i>[Signature]</i>
		Date <b>7/6/12</b>	



No  
check

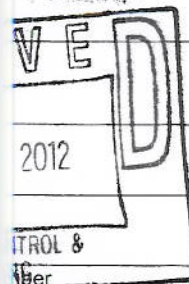
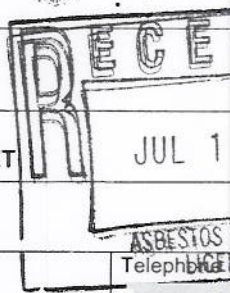
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">7 / 6 / 12</div>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-7/6/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors		
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age			
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>		
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>		
Start Date (10) <div style="text-align: center;">6 / 21 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 20 / 12</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7/6/12</u> AM- <u>10:00</u> PM- <u>8:00</u> AM <i>* NO WORK ON 7/6/12</i>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
Location of Asbestos-Containing Material (ACM) IN Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>ARIZONA - LOWER LEVEL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>100 SF</b>
<b>LEVI'S - LOWER LEVEL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>100 SF</b>
<b>LIZ CLAIBORNE- LOWER LEVEL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>1400 SF</b>
<b>LIZ CLAIBORNE-UPPER LEVEL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>1248 SF</b>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>	
City, State <b>BRISTOL, PA</b>			Disposal Date	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>		Date <b>7/6/12</b>	



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

Date of Notification (1) <b>7 / 6 / 12</b>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4-7/6/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact 	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, etc.)	
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	
City (5) <b>LAWRENCEVILLE, NJ</b>		# of Floors	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>6 / 21 / 12</b>	Scheduled Completion Date (11) <b>7 / 20 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/10:00PM-8:00AM</b> <b>* NO WORK ON 7/6/12</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
JC PENNEY BRAND-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVI - UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JC PENNEY BRAND-UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>	
City, State <b>BRISTOL, PA</b>			Disposal Date	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>		

2) Commercial buildings, Bldg. Age, Date 7/6/12



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

Date of Notification (1) <b>7 / 6 / 12</b>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4-7/6/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact Telephone	

**RECEIVED**  
JUN 10 2012  
ASBESTOS CONTROL & TESTING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>		Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <b>6 / 21 / 12</b>	Scheduled Completion Date (11) <b>7 / 20 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>* NO WORK ON 7/6/12</b> AM- <b>10:00</b> PM- <b>8:00</b> AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY</b> (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		
<b>IZOD - JC PENNEY BRAND</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>648 SF</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>		Disposal Date	City, State <b>MORRISVILLE, PA</b>	

Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>
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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"/>

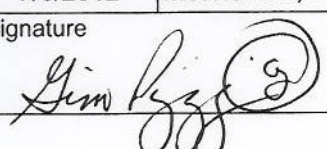
Date  
**7/6/12**



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

Date of Notification (1) <b>7/5/2012</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <b>#1 7/5/2012</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One Hess Plaza</b> City, State & Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>John Philbin</b>	

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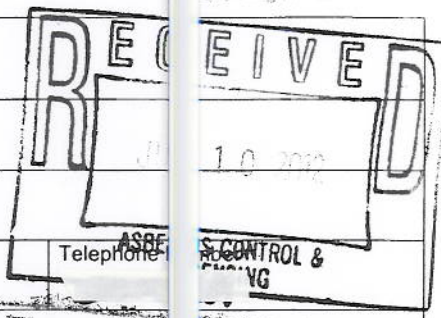
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>123 Derousse Ave.</b>		Square Feet	# of Floors
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	
Street Address <b>28 N. Pennell Road</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Media, PA 19063</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone Number <b>800-969-6AET</b>	Telephone Number <b>(215)788-6040</b>
Scheduled Start Date (10) <b>7/2/2012</b>	Scheduled Completion Date (11) <b>7/9/2012</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>Exterior Removal/Not on site 7/4 or 7/6/2012</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7am – 3:30pm</b>		Street Address <b>1123 Beaver Street</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <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)
	Yes	No	
<b>Dock 1, 2 and Pump Station 6H-S</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe Insulation (1LF@ various areas)
<b>Dock 1, 2 and Pump Station 6H-S</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe fitting 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"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>New Castle, Delaware</b>		Disposal Date <b>7/6/2012</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature 



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

*No check*

Date of Notification (1) <b>7 / 5 / 12</b>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3-7/5/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact _____ Telephone _____	



<b>FACILITY INFORMATION</b>	
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, <input checked="" type="checkbox"/> Other (i.e., private and commercial homes, etc.)
Street Address <b>150 QUAKER BRIDGE MALL</b>	Square Feet _____ # of Floors _____
City (5) <b>LAWRENCEVILLE, NJ</b>	Bldg. Age _____
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>COMMERCIAL</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>	ASCM No. _____	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>1600 ROUTE 22 EAST</b>	Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>	City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b> License No. <b>00509</b>

Start Date (10) <b>6 / 21 / 12</b>	Scheduled Completion Date (11) <b>7 / 20 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/10:00PM-8:00AM</b> <i>* NO WORK ON 7/5/12</i>		Street Address <b>1123 BEAVER STREET</b>
		City, State, Zip Code <b>BRISTOL, PA 19007</b>

Scope of Work (Check all that apply)		
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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		
ARIZONA - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF
LEVI'S - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF
LIZ CLAIBORNE- LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1400 SF
LIZ CLAIBORNE-UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1248 SF

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste _____	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>	Disposal Date _____	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

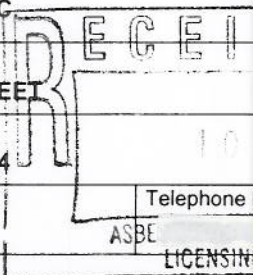
Date **7/5/12**



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

Date of Notification (1) <div style="text-align: center;">7 / 5 / 12</div>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3-7/5/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>	
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>	
		Name of Contact _____ Telephone _____	



Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>		Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <div style="text-align: center;">6 / 21 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 20 / 12</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>* NO WORK ON 7/5/12</b> AM- _____ PM/ <b>10:00PM-8:00AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input 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 type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Process

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
JC PENNEY BRAND-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1000 SF
ARIZONA - UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	800 SF
LEVI - UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF
JC PENNEY BRAND-UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	20 SF

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>	
City, State <b>BRISTOL, PA</b>			Disposal Date	City, State <b>MORRISVILLE, PA</b>	

Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>
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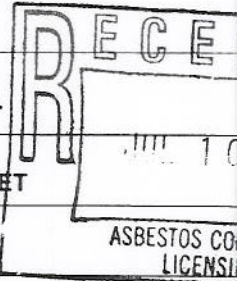
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: *Patrick DeCaro* Date: **7/5/12**



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

Date of Notification (1) <b>7 / 5 / 12</b>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3-7/5/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact _____ Telephone _____	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, <input checked="" type="checkbox"/> Other (i.e., private and commercial homes, etc.)	
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age _____	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>6 / 21 / 12</b>	Scheduled Completion Date (11) <b>7 / 20 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/10:00PM-8:00AM</b> <b>+ NO WORK ON 7/5/2012</b>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>IZOD - JC PENNEY BRAND</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>648 SF</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>		Disposal Date	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>		

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"/>

ate **7/5/12**



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

Date of Notification (1) <b>7 / 6 / 12</b>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact _____	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>CHERRY HILL MALL - JC PENNEYS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2000 RT 38 STE 1000</b>		Square Feet	# of Floors
City (5) <b>CHERRY HILL</b>		Bldg. Age	
County (6) <b>CAMDEN</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>7 / 16 / 12</b>	Scheduled Completion Date (11) <b>7 / 16 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM- _____PM/ <b>10:00PM-8:00AM</b>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

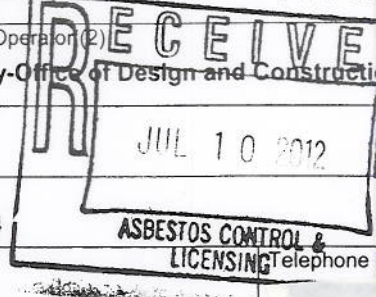
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	35 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>		Disposal Date <b>7/17/2012</b>	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>		Date <b>7/6/12</b>

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"/>



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



Date of Notification (1) <b>7 / 6 / 12</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2 - 7/6/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr</b>	City, State, Zip Code <b>Princeton, NJ 08544</b>
		Name of Contact <b>Robert Ortega</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University- Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Washington Rd</b>		Square Feet	# of Floors
City (5) <b>Princeton</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>Bromley Corporate Center-Three Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>4 / 14 / 12</b>	Scheduled Completion Date (11) <b>12 / 4 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM- AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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		
<b>B-Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>12,212 SF</b>
<b>Stair towers #2, #3, #4 &amp; #5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>	<b>1,755 SF</b>
<b>Stair towers #2, #3, #4 &amp; #5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window caulk and glazing</b>	<b>1,094 LF</b>
<b>Throughout 1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window caulk and glazing</b>	<b>2,548 LF</b>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LAKE</b>
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19061</b>
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		

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Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFILL			
Date 7/6/12			



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

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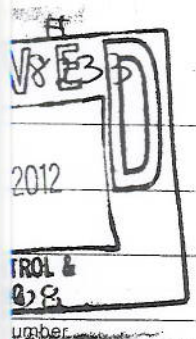
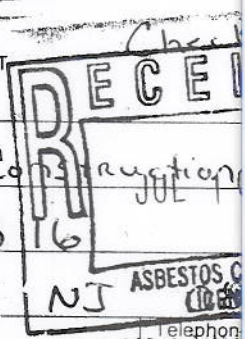
Print Form

Date of Notification (1)  		Name of Building Owner/Operator (2) <b>SUNOCO INC.</b>			
Agencies Notified	Type Notification	Street Address <b>1030 Shelton Rd.</b>			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Piscataway, NJ 08854</b>			
		Name of Contact <b>Jeremy Grimmet</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>SUNOCO</b>		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 <b>6272 Bloomfield Ave.</b>		Square Feet <b>1824</b>	# of Floors <b>1</b>		
City (5) <b>Bloomfield</b>		Bldg. Age <b>49</b>			
County (6) <b>Essex County</b>	County Code (7) (STATE USE ONLY) <b>---</b>	Current Use (Prior if being demolished) <b>Service Station</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>ARCTURUS ENV.</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Microtech Contracting Corp</b>		
Street Address <b>9 Prince Williams Rd.</b>		Street Address <b>38 Kean St.</b>			
City, State, Zip Code <b>Marlboro, NJ 07751</b>		City, State, Zip Code <b>West Babylon, NY 11704</b>			
Project Manager for Monitoring Firm <b>Frank Tmarzo</b>		Telephone No. <b>718-938-8455</b>	Telephone No. <b>631-243-5559</b>		
Start Date (10) <b>8/7/12</b> <small>New Start Date</small>	Scheduled Completion Date (11) <b>11/11/12</b>		Name of OSHA Monitor <b>NICOLAS LINAR</b>		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address <b>38 Kean St.</b>			
		City, State, Zip Code <b>West Babylon, NY 11704</b>			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
		<input 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) 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		
<b>Garage</b>			<b>X</b>	<b>Stucco Ceiling</b>	<b>1216 SF</b>
<b>Bathrooms</b>			<b>X</b>	<b>Joint Compounds</b>	<b>160 SF</b>
Name of Registered Waste Hauler <b>Vision Transport</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>Keansburg, NJ</b>		Disposal Date		City, State <b>Newburg, PA</b>	
Completed by <b>Vincent Arbucci</b>		Title <b>President</b>	Signature <b>[Signature]</b>		



No Check

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



Date of Notification (1) <b>7-6-12</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>Ship Bottom NJ 08533</b> Name of Contact <b>Joe Seminole</b>	

Name of Facility Where Abatement is Taking Place (3) <b>Bar/Restaurant</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than school buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>465-467 North Main Street</b>		Square Feet <b>2</b>	# of Floors <b>2</b>
City (5) <b>Barnegat NJ 08005</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bar/Restaurant</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Tech</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>		
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>		
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>	Lic. No. <b>00394</b>

Start Date (10) <b>6-29-12</b>	Scheduled Completion Date (11) <b>7-3-12</b>	Name of OSHA Monitor <b>EPC Technologies</b>
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> 23 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> 2160 sf or 2260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)

Location of Asbestos-Containing Material (ACM) 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 walls Bar			X	Siding Shingles	1800
exterior walls Garage			X	Siding Shingles	850
Bar			X	Brown Floor Tiles	120

Name of Registered Waste Hauler <b>EPC Tech.</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Waste Management <b>Waste Management PA</b>
City, State <b>NE NJ</b>		Disposal Date <b>7-3-12</b>	City, State <b>Monroeville PA</b>	

Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>SSchenker</b>	Date <b>7-6-12</b>
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Pressure  
able Procedure

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
X			
X			

Management  
PA  
Date  
7-6-12

Finished Early  
Only the Brown FT  
were Asbestos



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

Date of Notification (1) <b>6-16-12</b>		Name of Building Owner/Operator (2) <b>Seminole Construction</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box</b>	City, State, Zip Code <b>Ship Bottom, NJ</b>
		Name of Contact <b>Joe Seminole</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bar/Restaurant</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>465-467 North Main Street</b>		Square Feet	# of Floors <b>2</b>
City (5) <b>Barnegat NJ 08005</b>		Bldg. Age <b>45+-</b>	
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bar/Restaurant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>		
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>		
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609-758-3365</b>	Telephone No. <b>609-758-3365</b>	License No. <b>0394</b>
Start Date (10) <b>6-29-12</b>	Scheduled Completion Date (11) <b>6-11-12</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>		
		City, State, Zip Code <b>New Egypt NJ 08533</b>		

Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Square Feet) (14)
	Yes	No	N/A		
extension walls Bar			<b>x</b>	Siding Shingles	<b>180</b>
extension wall Garage			<b>x</b>	Siding Shingles	<b>85</b>
Bar/Restaurant Area			<b>x</b>	Flooring	<b>220</b>

Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Waste Management</b>	
City, State <b>NE NJ</b>		Disposal Date <b>6-11-12</b>	City, State <b>Moorestown</b>		
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>6-16-12</b>	





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

Date of Notification (1) 7-6-2012		Name of Building Owner/Operator (2) Legow Management	
Agencies Notified	Type Notification	Street Address 160 South Livingston Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039	
		Name of Contact John	

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<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit #44B		Type of Facility (4)	
Street Address Stenton Court		<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.)	
City (5) Hamilton		Square Feet	# of Floors
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Unit	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950
Start Date (10) 7-16-2012		Scheduled Completion Date (11) 7-17-2012	Name of OSHA Monitor Jadar Contracting, LLC
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5 pm		City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)	

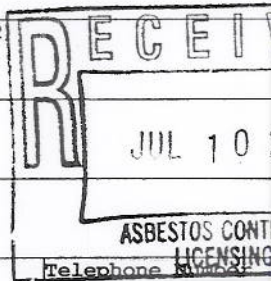
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	VAT	99 SF	X			

Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 190	
Completed by Lillie Lazarevich	Title Secretary	Signature <i>Lillie Lazarevich</i>		



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

Date of Notification (1) <b>07/06/12</b>		Name of Building Owner/Operator (2) <b>Nancy Corris</b>	
Agenies Notified	Type Notification	Street Address <b>25 Lloyd Place</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Belleville, NJ 07109</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Sandra Blischok</b>	
<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) <b>Private</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address <b>25 Lloyd Place</b>			Square Feet <b>2850</b>	# of Floors <b>2</b>
City (5) <b>Belleville</b>	County (6) <b>essex</b>	County Code (7) (STATE USE ONLY)	Bldg. Age <b>75</b>	
			Current Use (Prior if building demolished) <b>Residence</b>	

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>67</b>	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	
Scheduled Start Date (10) <b>7/16/12</b> Month Day Year	Sched. Completion Date (11) <b>7/17/12</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			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		
<b>Basement</b>				<b>Pipes</b>	<b>90 lf</b>

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>7/18/12</b>	City, State <b>Morrisville, PA 19067</b>

Completed By (Print or Type) **Constantine Vivian** Title **President**

Signature

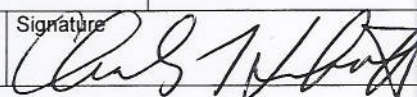
Date  
**7/06/12**

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



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

CK # 2 31

Date of Notification (1) <b>07 / 05 / 12</b>		Name of Building Owner/Operator (2) <b>Rancocas Valley Regional High School</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  JUL 10 2012  ASBESTOS CONTROL </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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>520 Jacksonville Road</b>	
		City, State, Zip Code <b>Mt. Holly, NJ 08060</b>				Name of Contact <b>William Dent</b>	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Rancocas Valley Regional High School</b>				Type of Facility (4) <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.)			
Street Address <b>520 Jacksonville Road</b>				Square Feet <b>60,000</b>	# of Floors <b>2</b>		
City (5) <b>Mt. Holly</b>				Bldg. Age <b>40+</b>			
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>High School</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Westchester Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corp</b>			
Street Address <b>307 N. Walnut Street</b>		Street Address <b>500 East Luzerne Street</b>					
City, State, Zip Code <b>West Chester, Pa 19380</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>					
Project Manager for Monitoring Firm <b>Matt Abraham</b>		Telephone No. <b>610-431-7545</b>		Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>		
Start Date (10) <b>07 / 16 / 12</b>		Scheduled Completion Date (11) <b>07 / 31 / 12</b>		Name of OSHA Monitor <b>SAME AS ABOVE</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM/</b> _____ PM-_____ AM				Street Address			
				City, State, Zip Code			
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Pro			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		
	Yes	No	N/A				
Hallways outside Class Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2' X 4' Ceiling Tiles	1,416		
C201 through C-208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No. <b>A901 #20990</b>		Cubic Yards of Waste <b>15 CY</b>	Name of Registered Landfill <b>Minerva</b>		
City, State <b>Waynesburg, OH</b>		Disposal Date <b>8-31-12</b>		City, State <b>Waynesburg, OH</b>			
Completed By (Print or Type) <b>Charles F. Imbimbo</b>		Title <b>Project Manager</b>		Signature 			
				Date <b>07/05/12</b>			



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

Date of Notification (1) 07/05/12 Ck#2158 \$200		Name of Building Owner/Operator (2) Walters Group			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 500 Barnegat Boulevard North, Building 100		City, State, Zip Code Barnegat, New Jersey 08005			
Name of Contact Ed Speitel		Telephone			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 21 East Euclid Avenue		Square Feet 20,000			
City (5) Haddonfield, New Jersey 08033		# of Floors 3			
County (6) Camden		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.			
Street Address 5434 Kings Avenue Suite 101		Name of Abatement Contractor (9) Lilich Corporation			
City, State, Zip Code Pennsauken, New Jersey 08109		Street Address 606 McBride Avenue			
Project Manager for Monitoring Firm Tom Pruno		City, State, Zip Code Woodland Park, New Jersey 07424			
Telephone No. 856-616-9516		Telephone No. 973-225-8400			
Start Date (10) 07/10/12		Scheduled Completion Date (11) 07/20/12			
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 Other - Describe: 7AM		Name of OSHA Monitor J&S Environmental Labs			
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" 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		
1st Fl East Waiting Rm, Reception Area		X		Glue Dots (assoc. Ceiling Tile)	300 SF
West Side of Basement Behind Kitchen		X		Transite Flue Pipe	45 LF
Attic Area	X			Corrugated Panel	5 SF
Roof			X	Roof Flashing	50 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 07/23/12		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>	

APPROVED  
Health & Senior Services  
Signature: *[Signature]*  
Date: 7/5/12  
T O 2012  
Number: *[Number]*  
L &  
INST. *[Initials]*

Abatement Type		
Removal	Repair	Enclosure
X		
X		
X		
X		

Pressure  
ble Procedure *[Signature]*

via  
to  
7/05/12



6328-NJ

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

Initial Emergen Notification  
 Check #: 4846

Date of Notification (1)  
 0 7 / 0 3 / 1 2

Name of Building Owner/Operator (2)

Ringwood Board of Education  
 Street Address

121 Carleondale Road  
 City, State, Zip Code

Ringwood, NJ 07456

Name of Contact

Warren C. Mitchell

Agencies Notified Type Notification

[ ] EPA

[X] DEP

[X] DOL

[X] DOH

[X] DCA

[X] Initial Notification

[ ] Amended Notification

[ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Eleanor G. Hewitt Intermediate School

Street Address

266 Sloatsburg Road

City (5)

County (6)

Passaic

Ringwood, NJ 07456

Name of Monitoring Firm Hired by Building Owner (8)

Omega Environmental Services

Street Address

280 Huyler Street

City, State, Zip Code

South Hackensack, NJ 07606

Project Manager for Monitoring Firm Telephone Number

Geiser Fajardo, SPM

201-489-8700

Scheduled Start Date (10) Sched. Completion Date (11)

0 7 / 0 5 / 1 2  
 Month / Day / Year

0 7 / 0 9 / 1 2  
 Month / Day / Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe:

[ ] Other - Describe:

Scope of Work (Check all that apply)

[ ] Demolition

[X] >3 sf or >3 lf

[ ] >160 sf or >260 lf

[X] Renovation

[ ] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No/N/A		
Basement - Corridor Adjacent Teachers Room & Library		X	Pipe Insulation	30 LF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

12609

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S., Inc.

City, State

Tullytown, PA

Clifton, NJ

Completed By (Print or Type) Title

Bilyana Kulakovska

Office Administrator

Signature

Date

7/3/12

ASB-41  
 JUN 95

G4667



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

Date of Notification (1) <b>7/3/12</b>		Name of Building Owner/Operator (2) <b>MR. JAMES BRENNAN</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>137 2ND ST</b> City, State, Zip Code <b>FANWOOD, NJ, 07023</b> Name of Contact <b>MR. BRENNAN</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MR. JAMES BRENNAN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>137 2ND ST</b>		Square Feet <b>2500</b>	# of Floors <b>2</b>
City (5) <b>FANWOOD</b>		Bldg. Age <b>1940</b>	
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>7/23/12</b>	Scheduled Completion Date (11) <b>7/24/12</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>Y</b>		
	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>X AT</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 1/2</b>
City, State <b>Hackensack, N.J.</b>		Disposal Date <b>7/24/12</b>	Name of Registered Landfill <b>CUMBERLAND CO. LANDFILL</b>
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>PA 17242</b>

**842**

**RECEIVED**

**JUL 10 2012**

**CONTROL & REMEDIATION**

**K-12 commercial buildings.**

**Bldg. Age 1940**

**demolished**

**00388**

**services**

**07606**

**Procedure**

Abatement Type	Enclosure	Encapsulate	Repair	Removal
<b>0 SF</b>	<b>X</b>			

**PA 17242**



G. H. E.  
 C. R. L.  
 T. A. E.  
 H. H. 2.  
 Telephone

<div style="display: flex; justify-content: space-between;"> <span>44</span> <span>EIVE</span> <span>D</span> </div>				
10 2012				
POS CONTROL & INSPECTION				
K-12) Commercial buildings.				
Bldg. Age		1940		
demolished)				
01				
0388				
rvice				
07606				
ssure				
Procedure				
Unit City LF)	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
0 SF	X			
25 HANDOFF: CC 5 2A				
Date		7/6/12		



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

Ch # 8257

Date of Notification (1) <b>7-7-12</b>		Name of Building Owner/Operator (2) <b>Carolyn + Richard</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>274 Church Street</b> City, State, Zip Code <b>Belford NJ 07718</b> Name of Contact <b>Noah Kolaszick</b>	

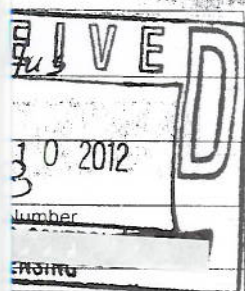
Name of Facility Where Abatement is Taking Place (3) <b>Office Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>274 Church Street</b>		Square Feet	# of Floors <b>1</b>
City (5) <b>Belford NJ 07718</b>	County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office Building</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Tech</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies</b>
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>
Start Date (10) <b>July 18, 2012</b>	Scheduled Completion Date (11) <b>July 18, 2018</b>	Name of OSHA Monitor <b>EPC Technologies</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input 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-Exempted (**) and Non-Exempted (***)

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L) (14)
	Yes	No	N/A		
Kitchen + Bathroom		<input checked="" type="checkbox"/>		12"x12" Floor Tiles	100
Hallway		<input checked="" type="checkbox"/>		9"x9" Floor Tiles	150
Rear (Northern) office		<input checked="" type="checkbox"/>		9"x9" Floor Tiles	150

Name of Registered Waste Hauler <b>EPC Tech.</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Waste Management Firm <b>Waste Management PA</b>
City, State <b>NE NJ</b>	Disposal Date <b>7-19-12</b>	City, State <b>Monroeville PA</b>	
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>	
Date <b>7-7-12</b>			




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"/>



**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 #

<u>Date of Notification (1)</u> <b>July 6, 2012</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <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	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
		<u>Name of Contact</u> <b>GREG LUPINSKI, ENV. HEALTH &amp; SAFETY</b>	<u>Telephone Number</u> 
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>FORD HALL, BLDG# 3018</b>		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> <b>COLLEGE AVENUE CAMPUS</b>		<u>Sq. Feet: N/A</u> <u># of Floors: 4</u> <u>Blk</u>	
<u>City (5)</u> <b>NEW BRUNSWICK</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> <b>ACADEMIC</b>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC ASSOCIATES</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>Lic. Number</u> <b>0084</b>
<u>Scheduled Start Date (10)</u> <b>07/16/12</b>	<u>Scheduled Completion Date (11)</u> <b>07/17/12</b>	<u>Name of OSHA Monitor</u> <b>1 ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 4:00 PM - 5:00 AM</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>	
<u>Scope of Work (Check all that apply)</u>  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment w/ Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) &amp; Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>BASEMENT STAIRWELL</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA <input checked="" type="checkbox"/> <b>VAT</b>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u> <b>100 SF</b>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> <b>NJDEP # 12561</b>		<u>Disposal Date</u> <b>07/17/12</b>	
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> <b>NJDEP # 4509</b>		<u>Registered Landfill</u> <b>V.S. North Landfill</b>	
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> 	<u>Date</u> <b>July 6, 2012</b>

<b>STATE OF NJ</b>
<b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b>
<b>LIVINGSTON CAMPUS</b>
<b>10 2012</b>
<b>Telephone Number</b>
<b>&amp;</b>
<b>LICENSING</b>
<b>es, etc.)</b>
<b>Age: 80+ years</b>
<b>EMIC</b>
<b>TANTS, INC.</b>
<b>Number</b>
<b>Negative Pressure</b>
<b>Non-Friable Procedure</b>
<b>atement Type</b>
<b>remove Repair Encap Enclose</b>
<b>Registered Landfill</b>
<b>V.S. North Landfill</b>
<b>City, State</b>
<b>100 New Ford Mill</b>
<b>Rd. Morrisville, Pa</b>
<b>19067</b>
<b>215-736-1700</b>
<b>y 6, 2012</b>



#1385

[illegible]



# 1346

3d)

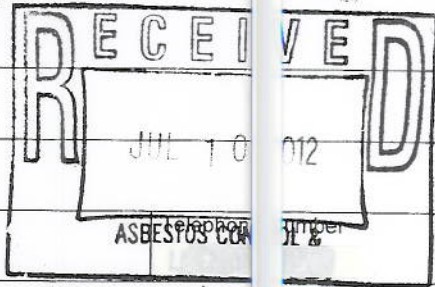
Enclosure				
Encapsulate				
Repair				
Removal				

012



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

Date of Notification (1) <b>02 / 13 / 12</b>		Name of Building Owner/Operator (2) <b>Boonton Board of Education</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> <del>DOL</del> (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>434 Lathrop Ave.</b> City, State, Zip Code <b>Boonton, NJ 07005</b> Name of Contact <b>John Kasternakis</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>John Hill School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <b>435 Lathrop Ave.</b>		Square Feet <b>45,028</b>	# of Floors <b>3</b>		
City (5) <b>Boonton, NJ 07005</b>		Bldg. Age <b>1922</b>			
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>EnviroVision Consultants, Inc.</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>SMAC Corp.</b>		
Street Address <b>20-21 Wagaraw Road-Bldg. 34A</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>			
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>			
Project Manager for Monitoring Firm <b>Guillermo M. Morales</b>		Telephone No. <b>973-636-9145</b>	License No. <b>01110</b>		
Start Date (10) <b>02 / 23 / 12</b>	Scheduled Completion Date (11) <b>08 / 24 / 12</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>1056 SHELTON AVE</b> City, State, Zip Code <b>PISCATAWAY NJ 08854</b>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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-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		
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300LF
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Mortar	100SF
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	1000S
1st, 2nd, 3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	3100S
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>	Cubic Yards of Waste <b>40 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>		Disposal Date <b>08/24/2012</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>	Signature <i>Borce Gjorsoski</i>		



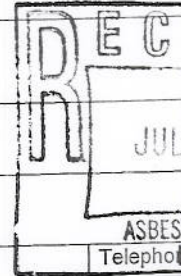
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked=""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

Date  
**07/06/2012**



\* CONTINUATION PAGE

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



Date of Notification (1) 02 / 13 / 12		Name of Building Owner/Operator (2) Boonton Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 434 Lathrop Ave. City, State, Zip Code Boonton, NJ 07005 Name of Contact John Kasternakis	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) John Hill School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 435 Lathrop Ave.		Square Feet 45,028	# of Floors 3
City (5) Boonton, NJ 07005		County Code (7) (STATE USE ONLY) Morris	
County (6) Morris		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) SMAC Corp.
Street Address 20-21 Wagaraw Road-Bldg. 34A		Street Address 27 EAST 33 <sup>RD</sup> STREET	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code PATERSON NJ 07514	
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9145	Telephone No. 973-345-4055
Start Date (10) 02 / 23 / 12		Scheduled Completion Date (11) 08 / 24 / 12	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL ANALYTICAL, INC	
Street Address 1056 SHELTON AVE		City, State, Zip Code PISCATAWAY NJ 08854	

Scope of Work (Check all that apply)

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

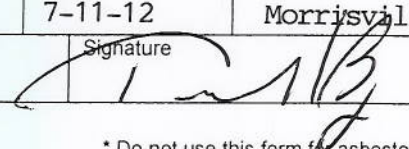
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or %)
	Yes	No	N/A		
1st Fl. Hallways-Girls and Boys Locker Rooms at Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Elbow insulation	700
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler SMAC Corp		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 40 Yards	Name of Registered Landfill Grows Landfill
City, State 27 E 33rd Street, Paterson, NJ - 07514		Disposal Date 08/24/2012	City, State Morrisville, PA	
Completed By (Print or Type) Borce Gjorsoski	Title President	Signature <i>Borce Gjorsoski</i>		

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date 07/06/2012			



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) United States Postal Service			
Agencies Notified	Type Notification	Street Address 421 Benigno Blvd.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bellmawr, NJ 08031			
		Name of Contact Jim Williams			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) South Jersey P&DC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 421 Benigno Blvd.		Square Feet 525,000	# of Floors 1		
City (5) Bellmawr	County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) mail processing		
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.		
Street Address 1253 North Church Street		Street Address 923 Haws Avenue			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Norristown, PA 19401			
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 610-239-9920		
Start Date (10) 7-10-12	Scheduled Completion Date (11) 7-10-12	Name of OSHA Monitor Plymouth Environmental Co., Inc.			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>work area isolated</u>		Street Address 923 Haws Avenue			
		City, State, Zip Code Norristown, PA 19401			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedures					
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		
main floor		x		transite panels	80
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Lessor GROWS	
City, State Bellmawr, NJ		Disposal Date 7-11-12	City, State Morrisville, NC		
Completed by Timothy E. Bryan		Title Vice-President	Signature 		

Check # 8554

RECEIVED

JUL 10 2012

ASBESTOS

Bldg. Age  
37yrs

Co., Inc.

No. 398

Co., Inc.

Pressure

able Procedure

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			

date 7-6-12



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) United States Postal Service			
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	421 Benigno Blvd.	Bellmawr, NJ 08031		
		Name of Contact	ASBESTOS CONTAINMENT LICENSING		
		Jim Williams			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) South Jersey P&DC		Type of Facility (4)			
Street Address 421 Benigno Blvd.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Bellmawr		Square Feet 525,000	# of Floors 1		
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) mail processing			
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.		
Street Address 1253 North Church Street		Street Address 923 Haws Avenue			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Norristown, PA 19401			
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 610-239-9920		
Start Date (10) 7-10-12	Scheduled Completion Date (11) 7-10-12	Name of OSHA Monitor Plymouth Environmental Co., Inc.			
Occupancy Status During Abatement (Check Only One)		Street Address 923 Haws Avenue			
<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>work area isolated</u>		City, State, Zip Code Norristown, PA 19401			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 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 Activities			
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		
main floor		X		transite panels	80
Name of Registered Waste Hauler Robinson Waste Disposal		NJOEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Bellmawr, NJ		Disposal Date 7-11-12	City, State Morrisville, NC		
Completed by Timothy E. Bryan		Title Vice-President	Signature 