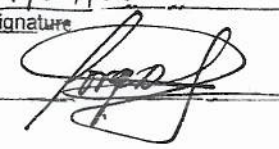


Date of Notification (1) 6 / 14 /12			Name of Building Owner/Operator (2) RECKITT		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		
Street Address ONE PHILLIPS PARKWAY			City, State, Zip Code MONTVALE, NEW JERSEY 07645		
Name of Contact JAMES CURRAN			Telephone Number [REDACTED]		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MONTVALE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address ONE PHILLIPS PARKWAY			Square Feet 83,000		
City (5) MONTVALE			# of Floors 1		
County (6) BERGEN			Bldg. Age 35		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) COMMERCIAL OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) ADVANCED ENVIRONMENTAL			ASCM No. 17		
Street Address 347 FIFTH AVENUE			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
City, State, Zip Code NEW YORK, NY 10016			Street Address 313 SPOOK ROCK ROAD		
Project Manager for Monitoring Firm EDWARD NAMATH			City, State, Zip Code SUFFERN, NEW YORK 10901		
Telephone Number 212-545-1855			Telephone Number 845-369-7500		
Expected State Date (10) 7 / 14 /12			License Number 460		
Sched. Completion Date (11) Month 7 / Day 14 / Year 12			Name of OSHA Monitor QUALITY ENVIRONMENTAL		
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: SATURDAY & SUNDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9 W		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl.: <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Amount (Specify SF or LF)			Abatement Type REMOVAL REPAIR ENCAPSUL ENCLCSUR		
B Room 132			Pipe Insulation 8 Lin. Ft.		
Name of Registered Waste Hauler DJM TRANSPORT, LLC			NJDEP Waste Hauler ID No. 26981		
Cubic Yards of Waste 3			Name of Registered Landfill GROWS LANDFILL		
City, State KEARNEY, NEW JERSEY			Disposal Date		
Completed by (Print or Type) BENJAMIN SANCHEZ			Signature [Signature]		
Title DIRECTOR OF OPERATIONS			Date 6/15/12		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 07/10/2012		Name of Building Owner/Operator (2) Lisa Young Mun	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL () DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Emergency Notification (including justification) () Cancelled	
Street Address 540 Durie Avenue		City, State, Zip Code Closter, NJ, 07624	
Name of Contact Lisa Young Mun		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 540 Durie Avenue		Sq. Feet: 10000 # of Floors 2 Bldg. Age 60	
City (5) Closter	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	
Street Address N/A		Name of Contractor (9) ISES, Inc.	
City, State, Zip Code N/A		Street Address 3300 Hudson Avenue	
Project Manager for Monitoring Firm David Camacho		City, State, Zip Code Union City, NJ	
Telephone Number (201) 325-0055		Telephone Number (201) 325-0055	
License Number 01124		Scheduled Start Date (10) 07/19/2012	
Scheduled Completion Date (11) 07/24/2012		Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe: Residential structure car garage. Damaged Roof. Other:		Street Address 3300 Hudson Avenue	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 SF or ≥ 3 LF <input checked="" type="checkbox"/> ≥ 160 SF or ≥ 260 LF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union City, NJ 07087	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)
Basement area	X	TSI	20 L FT
First Floor	X	Mastic on Plywood floor	1,400 Sq.Ft
Kitchen Area	X	Transite shingles	1,300 Sq.Ft.
Garage	X	Roof Shingles	300 Sq. Ft.
Name of Reg. Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 30	Name of Reg. Landfill Cumberland County Landfill
City, State 369 Raymond Blvd, Newark, NJ, 07105	Disp. Date 07/24/2012	City, State Newburg, PA 17242	
Completed by (Print or Type) Jorge Delgado	Title Supervisor	Signature 	Date 07/10/12

OK 2245


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

Date of Notification (1) <u>7 / 12 / 12</u>		Name of Building Owner/Operator (2) <u>VJ Corporation</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>PO Box 179</u>							
		City, State, Zip Code <u>Painter, VA 23420</u>							
		Name of Contact <u>Patel Amin</u>							
Telephone Number <div style="text-align: right;">ASBESTOS CONTROL & LICENSING</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>602 East Chestnut Avenue</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <u>602 East Chestnut Avenue</u>		Square Feet <u>15,000</u>	# of Floors <u>2</u>						
City (5) <u>Vineland</u>		Bldg. Age <u>35+ years</u>							
County (6) <u>Cumberland</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Commercial (Unoccupied)</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>GSI</u>	ASCM No.	Name of Abatement Contractor (9) <u>Ecoservices, LLC</u>							
Street Address <u>1 North Branch Drive</u>		Street Address <u>407 W. Lincoln Hwy, Suite 40</u>							
City, State, Zip Code <u>Cherry Hill NJ</u>		City, State, Zip Code <u>Exton PA 19341</u>							
Project Manager for Monitoring Firm <u>Ruxandra Roberts</u>	Telephone No. <u>856-229-7018</u>	Telephone No. <u>484-872-8884</u>	License No. <u>011661</u>						
Start Date (10) <u>07 / 23 / 12</u>	Scheduled Completion Date (11) <u>07 / 23 / 12</u>	Name of OSHA Monitor <u>EmSL</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <u>200 Route 130 North</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Pipe insulation</u>	<u>116 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Service Transport Group</u>	NJDEP Waste Hauler ID No. <u>SW-2117</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Minerva Enterprises</u>						
City, State <u>New Castle, DE</u>		Disposal Date <u>TBD</u>	City, State <u>Waynesburg, OH</u>						
Completed By (Print or Type) <u>JACK BALLY</u>	Title <u>Senior Project Manager</u>	Signature <u>[Signature]</u>	Date <u>7/12/12</u>						

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:26)

Date of Notification (1) July 10, 2012		Name of Building Owner/Operator (2) Milena Murray		RECEIVED APPROVED NJ Dept. of Health & Senior Services <i>Paul C. [Signature]</i> Date: 7/10/12 Time: 1:58 PM					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 35-04 High Street City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Milena Murray					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demolition				Type of Facility (4)					
Street Address 34 Baldwin Ave.,				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morganville				Square Feet 1500	# of Floors 1				
County (6) Monmouth				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
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) 7-14-2012				Scheduled Completion Date (11) 7-15-2012	License No. 01088				
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Jadar Contracting, LLC					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 22 Troy Lane					
				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Siding	1500 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 19067					
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>		Date 7-10-2012			

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

Date of Notification (1) <p align="center">6/29/2012</p>			Name of Building Owner/Operator (2) PRINCETON ACADEMY OF THE SACRED HEART Street Address 1128 THE GREAT RD City, State, Zip Code PRINCETON, NJ 08540 Name of Contact ANSLEY COX		
Agencies 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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Tel. Number <div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED JUN 29 2012 ASBESTOS CONTROL & </div>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRINCETON ACADEMY OF SACRED HEART Street Address 1128 THE GREAT RD City (5) PRINCETON			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 bldgs., homes, etc.) Sq. Feet <u>50,000</u> # of Floors <u>3</u> Bldg. Age <u>50+</u> Current Use (prior if being demolished) <u>SCHOOL</u>		
County (6) MERCER		County Code (7) (State Use Only)		Name of Contractor (9) Alliance Environmental Systems Street Address 550 East Union Street City, State, Zip Code West Chester, PA 19382	
Name of Monitoring Firm HORIZON environmental Street Address 301 9th street City, State, Zip Code West Deptford, NJ 08086		ASCM No. 00073		Telephone Number 610-701-9000	
Project Manager for Monitoring Firm Steve Flanagan		Telephone Number 856 848 0800		License Number 00508	
Scheduled Start Date (10) 7/16/2012		Scheduled Completion Date (11) 8/12/2012		Name of OSHA Monitor VERTEX, INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			Street Address 700 TURNER WAY, SUITE 105 City, State, Zip Code ASTON, PA 19014		
Describe Other -					
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Negative Pressure Enclosure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
1st center area		x		Pipe insulation	
1st floor admin area		x		Fitting insulation	
2nd floor center area behind library		x		Ceiling tile	
2nd floor admin area		x		VAT & MASTIC	
1st center area		x		Fitting insulation	
Amount (Specify SF or LF)		Abatement Type Rem. Rep. Encap Enclose		180 lf	
80lf(each)		X		70lf(each)	
750sf		x		150SF	
30LF(EACH)		x		100	
Name of Reg. Waste Hauler ALL JERSEY EXPRESS		NJDEP Waste Hauler ID # 18947		Name of Reg. Landfill ALLIED WASTE SERVICES	
City, State 326 S CHURCH ST., HAZELTON, PA 18201		Disp. Date TBD		City, State IMPERIAL, PA	
Completed by (Print or Type) DEVIN BLOM		Title Estimator		Signature 	
Date 7/2/2012					


Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

Original previously submitted

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


Date of Notification (1) <p align="center">6/29/2012</p>			Name of Building Owner/Operator (2) PRINCETON ACADEMY OF THE SACRED HEART		
Agencies 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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1128 THE GREAT RD PRINCETON, NJ 08540 Name of Contact ANSLEY COX	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRINCETON ACADEMY OF SACRED HEART			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 bldgs., homes, etc.)		
Street Address 1128 THE GREAT RD			Sq. Feet <u>50,000</u> # of Floors <u>3</u>		
City (5) PRINCETON	County (6) MERCER	County Code (7) (State Use Only)	Bldg. Age <u>50+</u> Current Use (prior if being demolished) <u>SCHOOL</u>		
Name of Monitoring Firm HORIZON environmental			ASCM No. 00073		
Street Address 301 9th street			Street Address 550 East Union Street		
City, State, Zip Code West Deptford, NJ 08086			City, State, Zip Code West Chester, PA 19382		
Project Manager for Monitoring Firm Steve Flanigan		Telephone Number 856 848 0800		Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10) 7/16/2012		Scheduled Completion Date (11) 8/12/2012		Name of OSHA Monitor VERTEX, INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			Street Address 700 TURNER WAY, SUITE 105		
Describe _____ Other - _____			City, State, Zip Code ASTON, PA 19014		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Negative Pressure Enclosure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
1st center area	x	Pipe insulation	180 lf	<input checked="" type="checkbox"/>	
1st floor admin area	x	Fitting insulation	80lf(each)	<input checked="" type="checkbox"/>	
2nd floor center area behind library	x	Fitting insulation	70lf(each)	<input checked="" type="checkbox"/>	
2nd floor admin area	x	Ceiling tile	750sf	<input checked="" type="checkbox"/>	
		VAT & MASTIC	150SF	<input checked="" type="checkbox"/>	
		Fitting insulation	30LF(EACH)	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler ALL JERSEY EXPRESS		NJDEP Waste Hauler ID # 18947		Cubic Yards of Waste 100	
City, State 326 S CHURCH ST., HAZELTON, PA 18201				Name of Reg. Landfill ALLIED WASTE SERVICES	
Disp. Date TBD				City, State IMPERIAL, PA	
Completed by (Print or Type) DEVIN BLOM		Title Estimator		Signature 	
Date 7/2/2012					

Mail to: NJDEP-DSHW-BRTRP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

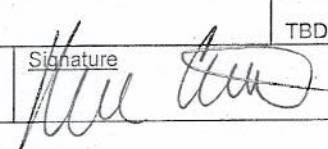
<u>Date of Notification (1)</u> <p align="center">6/29/2012</p>			<u>Name of Building Owner/Operator (2)</u> PRINCETON ACADEMY OF THE SACRED HEART		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> 1128 THE GREAT RD <u>City, State, Zip Code</u> PRINCETON, NJ 08540	
				<u>Name of Contact</u> ANSLEY COX	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> PRINCETON ACADEMY OF SACRED HEART			<u>Type of Facility (4)</u> (X) School (K-12) () Subchapter 8 (other than K-12) () Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 1128 THE GREAT RD			<u>Sq. Feet</u> 50,000 <u># of Floors</u> 3		
<u>City (5)</u> PRINCETON	<u>County (6)</u> MERCER	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50+ <u>Current Use (prior if being demolished)</u> SCHOOL		
<u>Name of Monitoring Firm</u> HORIZON environmental			<u>Name of Contractor (9)</u> Alliance Environmental Systems		
<u>Street Address</u> 301 9th street			<u>Street Address</u> 550 East Union Street		
<u>City, State, Zip Code</u> West Deptford, NJ 08086			<u>City, State, Zip Code</u> West Chester, PA 19382		
<u>Project Manager for Monitoring Firm</u> Steve Flanigan		<u>Telephone Number</u> 856 848 0800		<u>Telephone Number</u> 610-701-9000	
				<u>License Number</u> 00508	
<u>Scheduled Start Date (10)</u> 7/11/2012		<u>Scheduled Completion Date (11)</u> 8/3/2012		<u>Name of OSHA Monitor</u> VERTEX, INC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 700 TURNER WAY, SUITE 105		
<u>Describe</u> Other -			<u>City, State, Zip Code</u> ASTON, PA 19014		
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Negative Pressure Enclosure (x) Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
1st center area	x	Pipe insulation	180 lf	X	
1st floor admin area	x	Fitting insulation	80lf(each)	x	
2nd floor center area behind library	x	Ceiling tile	750sf	x	
2nd floor admin area	x	Fitting insulation	30LF(EACH)	x	
<u>Name of Reg. Waste Hauler</u> ALL JERSEY EXPRESS		<u>NJDEP Waste Hauler ID #</u> 18947		<u>Cubic Yards of Waste</u> 100	
				<u>Name of Reg. Landfill</u> ALLIED WASTE SERVICES	
<u>City, State</u> 326 S CHURCH ST., HAZELTON, PA 18201			<u>Disp. Date</u> TBD		<u>City, State</u> IMPERIAL, PA
<u>Completed by (Print or Type)</u> DEVIN BLOM		<u>Title</u> Estimator		<u>Signature</u> 	
				<u>Date</u> 6/29/2012	

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

<u>Date of Notification (1)</u> <p align="center">7/6/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>Street Address</u> <p>3 CENTER DRIVE, MONROE TOWNSHIP</p> <u>City, State, Zip Code</u> <p>CRANBURY, NJ 08831</p> <u>Name of Contact</u> <p>RICHARD JOHNSON</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>UNIT "G"</p>			<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 bldgs., homes, etc.)		
<u>Street Address</u> <p>259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1		
<u>City (5)</u> <p>CRANBURY</p>	<u>County (6)</u> <p>MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT <input checked="" type="checkbox"/>		
<u>Name of Monitoring Firm</u> <p>HILLMAN CONSULTING, LLC</p>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>	
<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>			<u>Street Address</u> <p>550 East Union Street</p>		
<u>City, State, Zip Code</u> <p>UNION, NJ 07083</p>			<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>		
<u>Project Manager for Monitoring Firm</u> <p>MICHAEL NEHLSSEN</p>		<u>Telephone Number</u> <p>9086887800</p>		<u>Telephone Number</u> <p>610-701-9000</p>	
<u>Scheduled Start Date (10)</u> <p>07/16/12</p>		<u>Scheduled Completion Date (11)</u> <p>07/24/2012</p>		<u>Name of OSHA Monitor</u> <p>HILLMAN CONSULTING, LLC</p>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		
<u>City, State, Zip Code</u> <p>UNION NJ 07083</p>					
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>		<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA		<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	
<u>Amount (Specify SF or LF)</u>		<u>Abatement Type</u> Rem. Rep. Encap Enclose			
<p>THROUGHOUT</p>		<p align="center">X</p>		<p>Vat & mastic</p>	
<p>THROUGHOUT</p>		<p align="center">X</p>		<p>120 SF</p>	
<p>THROUGHOUT</p>		<p align="center">X</p>		<p>2500 SF</p>	
<p>THROUGHOUT</p>		<p align="center">X</p>		<p>650 LF</p>	
<p>Roof</p>		<p align="center">X</p>		<p>Roof flashing and tar</p>	
<p>829 SLF</p>		<p align="center">X</p>		<p>829 SLF</p>	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 10</p>	
<u>City, State</u> <p>Hazleton, PA</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>		<u>Disp. Date</u> <p>TBD</p>	
<u>Completed by (Print or Type)</u> <p>Robert Casciato</p>		<u>Title</u> <p>President</p>		<u>Signature</u> 	
<u>Date</u> <p>7/6/12</p>		<u>City, State</u> <p>Imperial, PA</p>			

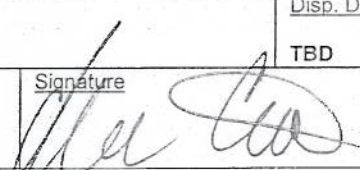
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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



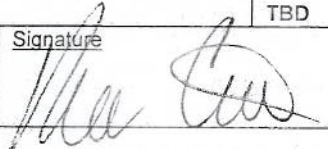
<u>Date of Notification (1)</u> 07/02/2012		<u>Name of Building Owner/Operator (2)</u> MATRIX DEVELOPMENT GROUP	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (x) Amended Notification Amendment # <u>2</u> () Emergency (including justification) () Cancellation	<u>Street Address</u> 3 CENTER DRIVE, MONROE TOWNSHIP <u>City, State, Zip Code</u> CRANBURY, NJ 08831	
		<u>Name of Contact</u> RICHARD JOHNSON	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> UNIT G		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 259 PROSPECT PLAINS RD		<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1	
<u>City (5)</u> CRANBURY	<u>County (6)</u> MIDDLESEX	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT X
<u>Name of Monitoring Firm</u> HILLMAN CONSULTING, LLC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems
<u>Street Address</u> 1600 RT 22 SUITE 107		<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> UNION, NJ 07083		<u>City, State, Zip Code</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> MICHAEL NEHLSSEN	<u>Telephone Number</u> 908-688-7800	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 7/9/2012	<u>Scheduled Completion Date (11)</u> 7/10/2012	<u>Name of OSHA Monitor</u> HILLMAN CONSULTING, LLC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 1600 RT 22 SUITE 107	
<u>Describe Other -</u>		<u>City, State, Zip Code</u> UNION NJ 07083	
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
			<u>Abatement Type</u> Rem. Rep. Encap. Enclose
THROUGHOUT	X	VAT & MASTIC	2400 SF X
THROUGHOUT	X	TRANSITE FLOOR MASTIC	200 SF X 2400 SF X
THROUGHOUT	X	FITTINGS PIPE INSULATION	50 EA X 50 LF X
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 5
<u>City, State</u> Hazleton, PA		<u>Disp. Date</u> TBD	<u>Name of Reg. Landfill</u> BFI Imperial
<u>Completed by (Print or Type)</u> ROBERT M. CASCIATO		<u>Title</u> PRESIDENT	<u>Signature</u> 
		<u>Date</u> 7/02/2012	<u>City, State</u> Imperial, PA

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

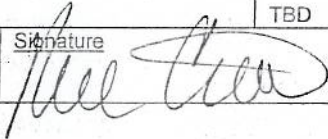
<u>Date of Notification (1)</u> <p align="center">06/22/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> () Initial Notification (x) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		<u>Street Address</u> <p>3 CENTER DRIVE, MONROE TOWNSHIP</p> <u>City, State, Zip Code</u> <p>CRANBURY, NJ 08831</p>	
				<u>Name of Contact</u> <p>RICHARD JOHNSON</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>UNIT G</p>			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1		
<u>City (5)</u> <p>CRANBURY</p>	<u>County (6)</u> <p>MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT X		
<u>Name of Monitoring Firm</u> <p>HILLMAN CONSULTING, LLC</p>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>	
<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		<u>Street Address</u> <p>550 East Union Street</p>			
<u>City, State, Zip Code</u> <p>UNION, NJ 07083</p>		<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>			
<u>Project Manager for Monitoring Firm</u> <p>MICHAEL NEHLSSEN</p>		<u>Telephone Number</u> <p>908-688-7800</p>		<u>Telephone Number</u> <p>610-701-9000</p>	
				<u>License Number</u> <p>00508</p>	
<u>Scheduled Start Date (10)</u> <p>7/3/2012</p>		<u>Scheduled Completion Date (11)</u> <p>7/10/2012</p>		<u>Name of OSHA Monitor</u> <p>HILLMAN CONSULTING, LLC</p>	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		
<u>Describe</u> Other -			<u>City, State, Zip Code</u> <p>UNION NJ 07083</p>		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
THROUGHOUT	X	VAT & MASTIC	2400 SF	X	
THROUGHOUT	X	TRANSITE FLOOR MASTIC	200 SF 2400 SF	X X	
THROUGHOUT	X	FITTINGS PIPE INSULATION	50 EA 50 LF	X X	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 5</p>	
<u>City, State</u> <p>Hazleton, PA</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>		<u>Disp. Date</u> <p>TBD</p>	
<u>Completed by (Print or Type)</u> <p>ROBERT M. CASCIATO</p>		<u>Title</u> <p>PRESIDENT</p>		<u>Signature</u> 	
				<u>Date</u> <p>6/22/2012</p>	

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\DOCS\ASBESTOS
9/18/00

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

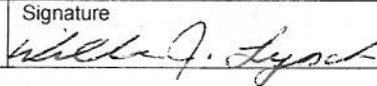
<u>Date of Notification (1)</u> <p align="center">6/11/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (x) Initial Notification () Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		<u>Street Address</u> <p>3 CENTER DRIVE, MONROE TOWNSHIP</p> <u>City, State, Zip Code</u> <p>CRANBURY, NJ 08831</p> <u>Name of Contact</u> <p>RICHARD JOHNSON</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>UNIT "G"</p>			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1		
<u>City (5)</u> <p>CRANBURY</p>	<u>County (6)</u> <p>MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT <u>X</u>		
<u>Name of Monitoring Firm</u> <p>HILLMAN CONSULTING, LLC</p>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>		
<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		<u>Street Address</u> <p>550 East Union Street</p>			
<u>City, State, Zip Code</u> <p>UNION, NJ 07083</p>		<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>			
<u>Project Manager for Monitoring Firm</u> <p>MICHAEL NEHLSSEN</p>		<u>Telephone Number</u> <p>9086887800</p>	<u>Telephone Number</u> <p>610-701-9000</p>	<u>License Number</u> <p>00508</p>	
<u>Scheduled Start Date (10)</u> <p>06/25/12</p>		<u>Scheduled Completion Date (11)</u> <p>06/29/2012</p>		<u>Name of OSHA Monitor</u> <p>HILLMAN CONSULTING, LLC</p>	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		
Describe _____ Other - _____			<u>City, State, Zip Code</u> <p>UNION NJ 07083</p>		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
THROUGHOUT	X	Vat & mastic	2400 SF	X	
THROUGHOUT	X X X	TRANSITE FLOOR MASTIC	200 SF 2400 SF	X X	
THROUGHOUT	X X	FITTINGS PIPE INSULATION	50 EA 50 LF	X X	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 5</p>	
<u>City, State</u> <p>Hazleton, PA</p>		<u>Disp. Date</u> <p>TBD</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>	
<u>Completed by (Print or Type)</u> <p>Robert Casciato</p>		<u>Title</u> <p>President</p>		<u>Signature</u> 	
<u>Date</u> <p>6/11/12</p>					

Mail to: NJDEP-DSHW-BRTRP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

Date of Notification (1) July 10, 2012		Name of Building Owner/Operator (2) The College of New Jersey		Check # 4815					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2000 Pennington Road					
				City, State, Zip Code Ewing, NJ 08628					
		Name of Contact Amanda Radosti		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Norsworthy Hall				Type of Facility (4)					
Street Address 2000 Pennington Road				<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.)					
City (5) Ewing				Square Feet 45,000	# of Floors 3				
				Bldg. Age 75					
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Dormitory					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCN No. 00112		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 344 West State Street		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) July 25, 2012		Scheduled Completion Date (11) July 31, 2012		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Lower Level Game Room			XX	Pipe & Fitting Insulation	354 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Freehold, NJ				Disposal Date	City, State Tullytown, PA				
Completed by William Lynch		Title Owner		Signature 		Date 07-10-2012			

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

No check

CHECK 11454

Date of Notification (1) 7-9-12		Name of Building Owner/Operator (2) The Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address PO box 9500							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark NJ 07104							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Tom McCue	Telephone Number ASBESTOS LICE						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 499 Belgrove Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Kearny		Square Feet 5000	# of Floors Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No. 00079	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 20-21 Wagaraw Road		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-764-2276 License No. 703						
Start Date (10) 7-23-12	Scheduled Completion Date (11) 9/18/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED				PURSUANT TO MCCABE					
				ENVIRONMENTAL SERVICES					
				SCOPE OF WORK					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature <i>[Signature]</i>			Date 7-9-12		

499 BELGROVE DRIVE, KEARNY

HUDSON COUNTY

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




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

Date of Notification (1) 7/10/12		Name of Building Owner/Operator (2) Caitaman Properties	
Agencies Notified	Type Notification	Street Address PO Box 371	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Highlands, NJ 07732	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dr. John M. Taylor	

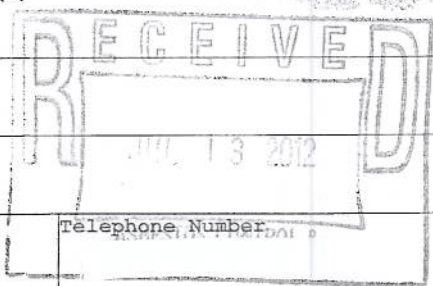
CHECK 11435
RECEIVED
JUL 13 2012
ASBESTOS CONTROL &

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 194 Route 35 South		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Middletown	Square Feet 3000	# of Floors 2	Bldg. Age 60
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/19/12	Scheduled Completion Date (11) 7/25/12	Name of OSHA Monitor	
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>weekend</u>		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
front/rear basement			x	pipe insulation	80 LF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill
City, State Freehold, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Andrew Scott Higgins	Title President/Owner	Signature 	Date 7/10/12

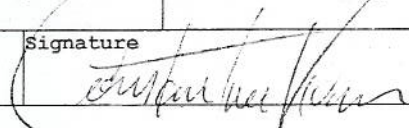
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/9/12		Name of Building Owner/Operator (2) David Sivella	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	614 New York Ave.	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Lyndhurst, NJ 07071	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact David	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Telephone Number	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

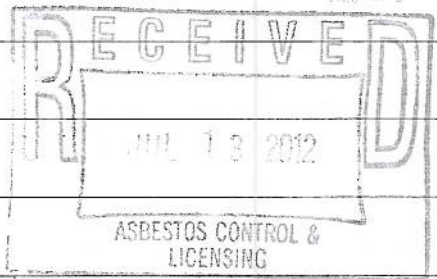
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 614 New York Ave.			Square Feet 2400	# of Floors 2	Bldg. Age 87
City (5) Lyndhurst	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 7/18/12 Month Day Year		Sched. Completion Date (11) 7/21/12 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		
Scope of Work (Check all that apply)					
<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-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	60 lf				
Basement			<input checked="" type="checkbox"/>	Vat	325 sf				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7/23/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/9/12		

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

Date of Notification (1) 7/9/12		Name of Building Owner/Operator (2) Kriste DeLane	
Agenies Notified	Type Notification	Street Address 395 Main Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Wallington, NJ 07057	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kriste	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 295 Main Ave.			Square Feet 1400		
City (5) Wallington			# of Floors 2		
County (6) Bergen			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 7/9/12 Month Day Year	Sched. Completion Date (11) 7/10/12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement				Boiler Insulation	30 sf	x			
				Pipe Insulation	9 lf	x			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7/11/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/9/12		

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

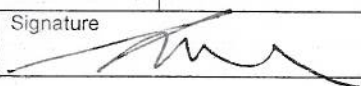
CHECK#21909

Date of Notification (1) 7/11/12		Name of Building Owner/Operator (2) OCEAN TWP. BD. OF EDUCATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 163 Monmouth Road	
		City, State, Zip Code Oakhurst, NJ 07755	
		Name of Contact David J. D'Andrea	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OCEAN TWP. HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address 550 WEST PARK AVENUE		Square Feet	# of Floors Bldg. Age
City (5) OCEAN TWP. HIGH SCHOOL		County Code (7) (STATE USE ONLY)	
County Monmouth		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MANAGEMENT ENVIRONMENTAL CONSULTING		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address P.O. BOX 341		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code CROSSWICKS, NJ 08515		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm WILLIAM WEISGARBER	Telephone No. 609-396-9208	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 7/9/2012	Scheduled Completion Date (11) 7/20/12	Name of OSHA Monitor MANAGEMENT ENVIRONMENTAL CONSULTING 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 ESSENTIAL PERSONNEL		Street Address P.O. BOX 341	
		City, State, Zip Code CROSSWICKS, NJ 08515	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Wrap & Cut <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
CAFETERIA & STAIRWELL		<input checked="" type="checkbox"/>	TRANSITE PANELS
STOREFRONT			
Name of Registered Waste Hauler LUCAS DISPOSAL		NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 1
City, State HIGHTSTOWN		Name of Registered Landfill GROWS	
Completed By DAVID D'ANDREA		Title PRESIDENT	Disposal Date 7/23/12
		Signature <i>David J. D'Andrea</i>	Date 7/20/12

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 7/10/12		Name of Building Owner/Operator (2) Community Congregational Church							
Agencies Notified	Type Notification	Street Address 200 Hartshorn Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Dr. Johann Bosman							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community Congregational Church		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 200 Hartshorn Drive		Square Feet 1600	# of Floors 2						
City (5) Short Hills, NJ 07078		Bldg. Age 56							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) church							
Name of Monitoring Firm Hired by Building Owner (8) Abe Environmental		ASCM No. 35613	Name of Abatement Contractor (9) Faith Environmental Inc						
Street Address 84 Vermont Av		Street Address 128 Stanley St							
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code East Rutherford, NJ 07073							
Project Manager for Monitoring Firm Don Anigbogu		Telephone No. 732.422.0733	Telephone No. 201-438-1144						
License No. 854									
Start Date (10) 7/20/12	Scheduled Completion Date (11) 7/31/12	Name of OSHA Monitor Boro Atanasoski							
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 333 Paterson Plank Rd							
		City, State, Zip Code Carlstadt NJ 07072							
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room	x			pipe lagging	105 lf	x			
stage area		x		pipe lagging	45 lf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 7/31/12		City, State Bethlehem, PA					
Completed by Boro Atanasoski		Title President		Signature 			Date 7/10/12		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) July 10, 2012		Name of Building Owner/Operator (2) Mary Botteon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 709 Madison Avenue	
		City, State, Zip Code Highland Park, NJ 08904	
		Name of Contact Mary Botteon	Telephone Number 203 999 1313

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 709 Madison Avenue			Square feet 2500 sf		
City Highland Park	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 7/25/12		Scheduled Completion Date (11) 7/27/12			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Basement		X		Asbestos pipe insulation	180 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 7/30/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 7/10/2012

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

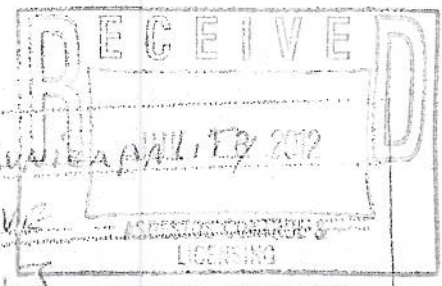
c/r #
1524

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:26 and 17:27)

Date of Notification (1) 7-13-12		Name of Building Owner/Operator (2) SAINT CONSTANTINE & HELEN CHURCH	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> NJDEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> NJCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 510 LINDEN PLACE		City, State, Zip Code ORANGE NJ 07051	
Name of Contract CITUEK		<div style="border: 2px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED JUL 13 2012 <small>ASBESTOS ABATEMENT</small> </div>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ST. CONSTANTINE & HELEN church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 510 LINDEN PLACE		Square Feet 10,000	# of Floors 2
City (5) ORANGE		Bldg. Age 75	
County (6) UNION		Current Use (Prior to being demolished) CHURCH	
County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 7-25-12		Scheduled Completion Date (11) 7-30-12	
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 <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Name of OSHA Monitor ACE INSULATION CO INC	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 3 sf or < 3 ft <input type="checkbox"/> > 160 sf or > 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
PIPE COVERING		200 LF	
FLOOR TILE		50 SF	
Name of Registered Waste Hauler ACE INSULATION CO INC		Cubic Yards of Waste 12.086	
City, State ORANGE NJ 07051		Name of Registered Landfill FESI	
Disposal Date 7-13-12		City, State BETHLEHEM PA	
Signature Jackie Grace		Signature Jackie Grace	
Date 7-13-12		Date 7-13-12	

CK# 1524

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:27)



Date of Notification (1) 7-15-12		Name of Building Owner/Operator (2) MORRIS PLAINS MUNICIPALITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 531 SPEEDWELL AVE City, State, Zip Code MORRIS PLAINS N.J. Name of Contact MAZZA Telephone Number 908-274-1757	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Borough of Morris Plains		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 260 TABOR RD		Square Foot 11060 # of Floors 1 Bldg Age 25	
City (5) MORRIS PLAINS		Current Use (Prior if being demolished) COMMERCIAL BLDG.	
County (6) MORRIS		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) ACE INSULATION CO. INC.	
City, State, Zip Code		Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Plan		Telephone No. 732-274-1757 License No. 00029	
Start Date (10) 8-01-12		Scheduled Completion Date (11) 8-08-12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 1am - 7pm		Name of OSHA Monitor ACE INSULATION CO. INC.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 251 or < 25 ft <input checked="" type="checkbox"/> < 160 sq ft or < 260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address 95 MONTROSE RD City, State, Zip Code COLTS NECK NJ 07722	
Location of Asbestos-Containing Material (ACM) TO BE ADAPTED IN FACILITY (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
FLOOR TILE & Mastic		6725	
ROOF FLASHING		30 SF	
Name of Registered Waste Hauler ACE INSULATION CO.		NJDEP Waste Hauler ID No. 12086	
City, State COLTS NECK NJ 07722		Cubic Yards of Waste 18	
Name of Registered Landfill CHRIS LANDFILL		Disposal Date 7-29-12	
City, State PA		Name of Registered Landfill CHRIS LANDFILL	
Completed by Jack Galle		Title OPS MGR	
Signature Jack Galle		Date 7-15-12	

CKH
1524

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

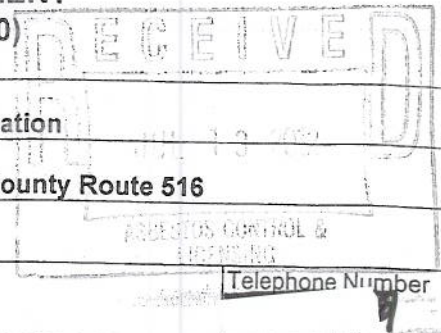
Date of Notification (1) 7-13-12		Name of Building Owner/Operator (2) SUSSEX REAL ESTATE LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Cancellation	Street Address 1170 WOODLAND AVE City, State, Zip Code EASTAMPTON NJ	Telephone Number 732-244-1757
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SUSSEX REAL ESTATE LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1170 WOODLAND AVE		Square Foot 40,000	# of Floors 1
City (5) EAST AMPTON		Bldg. Age 65	
County (6) BURLINGTON		Current Use (Prior if being demolished) OLD FURNITURE STORE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) ACE INSULATION CO. INC.	
City, State, Zip Code		Street Address 95 MONTROSE RD	
Project Manager for Monitoring Firm		City, State, Zip Code COLTS NECK NJ 07722	
Telephone No.		Telephone No. 732-244-1757	
Start Date (10) 7-25-12		License No. 00029	
Scheduled Completion Date (11) 8-3-12		Name of OSHA Monitor ACE INSULATION CO. INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address 95 MONTROSE RD	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 51 sf or < 3 ft <input checked="" type="checkbox"/> > 160 sf or > 260 ft		City, State, Zip Code COLTS NECK NJ 07722	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		9x9 Floor Tile	9000 SF
Name of Registered Waste Hauler ACE INSULATION	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill CHRIS LANDFILL
City, State COLTS NECK NJ 07722	Disposed Date 8-	City, State EASTON PA	
Completed By Jack Gable	Title OPS MGR	Signature Jack Gable	Date 7-13-12

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

CL# 2323

Date of Notification (1) 6/8/12		Name of Building Owner / Operator (2) Old Bridge Township 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 checked="" type="checkbox"/> Amended #2-7/10/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jonas Salk MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON-SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 155 West Greystone Road		Square Feet 50000	# of Floors 1						
City (5) Old Bridge	County (6) Middlesex	Bldg. Age 40+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	City, State & Zip Code Bristol, PA 19007						
Scheduled Start Date (10) 7/17/12	Scheduled Completion Date (11) 7/19/12	Telephone Number (215)788-6040	License Number 00509						
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 – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental Inc.							
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Minerva Landfill						
City, State New Castle, DE	Disposal Date 6/29/12	City, State Waynesburg, Ohio							
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>						Date 6/8/12	

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



Date of Notification (1) 6/8/12		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification	Street Address	
	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-6/22/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Patrick Torre Administration Bldg, County Route 516	
		City, State & Zip Code Matawan, NJ 07747	
		Name of Contact Mr. Frank Frazzitta	
		Telephone Number 9	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jonas Salk MS			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 155 West Greystone Road			Square Feet 50000		
City (5) Old Bridge		County (6) Middlesex	County Code (7)	# of Floors 1	Bldg. Age 40+
Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Insulation	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Header/Flange Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rope/Gasket Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 6/29/12	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/jl</i>		Date 6/8/12

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

Date of Notification (1) 6/8/12		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Patrick Torre Administration Bldg, County Route 516	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL 5674	<input type="checkbox"/> Emergency	Matawan, NJ 07747	
<input checked="" type="checkbox"/> DOH 5032	<input type="checkbox"/> Cancellation	Name of Contact	
<input checked="" type="checkbox"/> DCA 5667		Mr. Frank Frazzitta	
		ASBESTOS C LICENS	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jonas Salk MS			Type of Facility (4)		
Street Address			<input checked="" type="checkbox"/> School (K-12)		
155 West Greystone Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Old Bridge	Middlesex		50000	1	40+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Current Use (Prior if being demolished) School		
Street Address			Name of Abatement Contractor (9)		
120 North Warren Street			Bristol Environmental, Inc.		
City, State & Zip Code			Street Address		
Trenton, NJ 08010			1123 Beaver Street		
Project Manager for Monitoring Firm			City, State & Zip Code		
Ryan Broadwater			Bristol, PA 19007		
Telephone Number			Telephone Number		
609-392-4200			(215)788-6040		
Scheduled Start Date (10)			License Number		
6/25/12			00509		
Scheduled Completion Date (11)			Name of OSHA Monitor		
6/29/12			Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm			City, State & Zip Code		
Describe:			Bristol, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

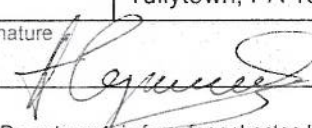
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Insulation	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Header/Flange Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rope/Gasket Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Service Transport Inc.	20990	4 Cu Yd	Minerva Landfill
City, State	Disposal Date	City, State	
New Castle, DE	6/29/12	Waynesburg, Ohio	
Completed By (Print or Type)	Title	Signature	Date
Gino Pizzigoni	Project Manager	<i>Gino Pizzigoni / jh</i>	6/8/12

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

Date of Notification (1) 7/2/12		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address 241 Erie St. Room 236							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City, NJ 07310							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ralph Campione	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Newark Liberty International Airport		Square Feet 240000	# of Floors 6						
City (5) Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Passenger Terminal							
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No. _____	Name of Abatement Contractor (9) ABC Construction Contracting, Inc.						
Street Address 241 Erie St. Room 236		Street Address 36-16 19th Avenue							
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Astoria, NY 11105							
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-961-6352	Telephone No. 718-729-2501						
Start Date (10) 7/23/12		Scheduled Completion Date (11) 12/31/12	License No. 01159						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Precision Environmental							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 36-15A 23rd Street							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Long Island City, NY 11105							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Terminal B Level 2 bet. col. 29-32			X	Fireproofing	5154SF	X			
Name of Registered Waste Hauler ABC Construction Contracting Inc.		NJDEP Waste Hauler ID No. 22280	Cubic Yards of Waste 280	Name of Registered Landfill Tullytown					
City, State Astoria, NY 11105		Disposal Date 1/2/13		City, State Tullytown, PA 19007					
Completed by Alex Gregoriou		Title Vice President		Signature 			Date 7/2/12		


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



Date of Notification (1) July 10, 2012		Name of Building Owner/Operator (2) amadevelopment							
Agencies Notified	Type Notification	Street Address							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	400 Interpace Parkway City, State, Zip Code Parsippany, NJ 07054 Name of Contact Howard L. Cohen							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)							
Street Address 113 Essex St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Maywood		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
Start Date (10) 6/19/2012		Scheduled Completion Date (11) 7/31/2012	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout		<input checked="" type="checkbox"/>		Vat/Mastic	6,860 s/f	<input checked="" type="checkbox"/>			
" "		<input checked="" type="checkbox"/>		Pipe Fittings	147	<input checked="" type="checkbox"/>			
Exterior		<input checked="" type="checkbox"/>		Exterior transite	1,770 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 87.8	Name of Registered Landfill Cumberland County Landfill					
City, State Newark / Riverdale, NJ		Disposal Date 7/31/2012		City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 			Date 7/10/12			

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

148

Date of Notification (1) May 30, 2012			Name of Building Owner/Operator (2) amadevelopment		
Agencies Notified		Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	400 Interpace Parkway City, State, Zip Code Parsippany, NJ 07054 Name of Contact Howard L. Cohen		
			Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Building				Type of Facility (4)	
Street Address 113 Essex St				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Maywood				Square Feet	# of Floors
County (6) Bergen				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Building			
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC		
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781	
Start Date (10) 6/19/2012		Scheduled Completion Date (11) 7/10/2012		Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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		
throughout		<input checked="" type="checkbox"/>		Vat/Mastic	6,860 s/f
"		<input checked="" type="checkbox"/>		Pipe Fittings	147
Exterior		<input checked="" type="checkbox"/>		Exterior transite	1,770 s/f
Abatement Type					
Removal		<input checked="" type="checkbox"/>			
Repair		<input type="checkbox"/>			
Encapsulate		<input type="checkbox"/>			
Enclosure		<input type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 87.8	Name of Registered Landfill Cumberland County Landfill	
City, State Newark / Riverdale, NJ		Disposal Date 7/10/2012	City, State Newburg, PA		
Completed by Mike Cooper		Title President	Signature 	Date 5/30/12	

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



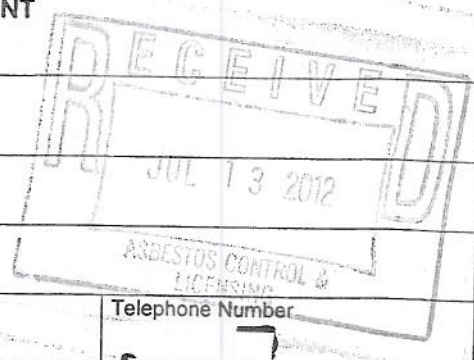
Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) VORNADO REALTY TRUST	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5-7/9/12 <input type="checkbox"/> Emergency (including justification)	Street Address 888 SEVENTH AVENUE	
		City, State, Zip Code NEW YORK, NY 10019	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address ROUTES 35 & 36			
City (5) EATONTOWN, NJ 07724		Square Feet	# of Floors
		Bldg. Age	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm THOMAS RUBINO	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 27 / 12	Scheduled Completion Date (11) ON HOLD		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM 10:00PM-8:00AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 7/9/12	

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



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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address ROUTES 35 & 36			
City (5) EATONTOWN, NJ 07724		Square Feet	# of Floors
		Bldg. Age	
County (6) MONMOUTH	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm THOMAS RUBINO	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>6</u> / <u>27</u> / <u>12</u>	Scheduled Completion Date (11) <u>7</u> / <u>9</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM 10:00PM-8:00AM</u> <u>OFF SITE FRI 6/29 + TUES 7/3/12</u>		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T DeCaro / jcl</i>		Date <u>6/29/12</u>	

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

CL # 2313

Date of Notification (1) <u>6</u> / <u>7</u> / <u>12</u>		Name of Building Owner/Operator (2) VORNADO REALTY TRUST							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-6/26/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE City, State, Zip Code NEW YORK, NY 10019 Name of Contact Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address ROUTES 35 & 36		Square Feet # of Floors Bldg. Age 							
City (5) EATONTOWN, NJ 07724		County (6) MONMOUTH							
County Code (7) (STATE USE ONLY) 		Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET							
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-688-7800							
Start Date (10) <u>6</u> / <u>27</u> / <u>12</u>		License No. 00509							
Scheduled Completion Date (11) <u>7</u> / <u>6</u> / <u>12</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / 10:00PM-8:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date 	City, State WAYNESBURG, OH					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date <i>11/26/12</i>					

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

Ch # 2312

Date of Notification (1) <div style="text-align: center;">6 / 7 / 12</div>		Name of Building Owner/Operator (2) VORNADO REALTY TRUST							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-6/25/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE City, State, Zip Code NEW YORK, NY 10019 Name of Contact <div style="float: right;">Telephone Number</div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MONMOUTH MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address ROUTES 35 & 36		Square Feet	# of Floors						
City (5) EATONTOWN, NJ 07724		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET							
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm THOMAS RUBINO	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">6 / 26 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 10:00PM-8:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD/MEN'S - JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type)		Title							

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

Date of Notification (1)

6 / 7 / 12

Agencies Notified

- ☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification

- ☒ Initial
☒ Amended
Amendment # 1-6/21/12
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

VORNADO REALTY TRUST

Street Address

888 SEVENTH AVENUE

City, State, Zip Code

NEW YORK, NY 10019

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MONMOUTH MALL - JC PENNEYS

Street Address

ROUTES 35 & 36

City (5)

EATONTOWN, NJ 07724

County (6)

MONMOUTH

County Code (7)(STATE USE ONLY)

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

HILLMAN CONSULTING LLC

ASCM No.

Name of Abatement Contractor (9)

BRISTOL ENVIRONMENTAL, INC.

Street Address

1600 ROUTE 22 EAST

Street Address

1123 BEAVER STREET

City, State, Zip Code

UNION, NJ 07083

City, State, Zip Code

BRISTOL, PA 19007

Project Manager for Monitoring Firm

THOMAS RUBINO

Telephone No.

908-688-7800

Telephone No.

215-788-5040

License No.

00509

Start Date (10)

ON HOLD

Scheduled Completion Date (11)

7 / 6 / 12

Name of OSHA Monitor

BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM - PM 10:00PM-8:00AM

Street Address

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf

☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation

☐ Demolition

☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility
(13)

Is Location
Normally
Used Solely by
Maintenance/
Custodial Staff?
(12)

Yes No N/A

Description of
Asbestos Containing Material (ACM)
(i.e., thermal systems insulation,
surfacing, VAT, or
other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

WOMENS ARIZONA-LOWER LEVEL

☐ ☒ ☐

FLOOR TILE/MASTIC

LEVI - LOWER LEVEL

☐ ☒ ☐

FLOOR TILE/MASTIC

12500 SF

☒ ☐ ☐ ☐

KIDS SHOES - LOWER LEVEL

☐ ☒ ☐

VAT/MASTIC

1000 SF

☒ ☐ ☐ ☐

2200 SF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP

NJDEP Waste

Hauler ID No.

20990

Cubic Yards of
Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State

NEW CASTLE, DE 19720

Disposal Date

City, State

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

Ch # 2298

Date of Notification (1)
6 / 7 / 12

Agencies Notified
☒ EPA 5247
☒ DOLWD 5230
☒ DHSS 5225
☐ DCA
(NJAC 5:23-8)

Type Notification
☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
VORNADO REALTY TRUST

Street Address
888 SEVENTH AVENUE

City, State, Zip Code
NEW YORK, NY 10019

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MONMOUTH MALL - JC PENNEYS

Street Address
ROUTES 35 & 36

City (5)
EATONTOWN, NJ 07724

County (6)
MONMOUTH

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
HILLMAN CONSULTING LLC

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1600 ROUTE 22 EAST

Street Address
1123 BEAVER STREET

City, State, Zip Code
UNION, NJ 07083

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
THOMAS RUBINO

Telephone No.
908-688-7800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
6 / 21 / 12

Scheduled Completion Date (11)
7 / 6 / 12

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM PM 10:00 PM 8:00 AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC					
LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	12500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDS SHOES - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP					NJDEP Waste Hauler ID No. 20990				
City, State NEW CASTLE, PA					Cubic Yards of Waste				
					Name of Registered Landfill MINERVA LANDFILL				

B & G proj. #: 2012-131

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

Non Sub 8

Check # 5373

Date of Notification (1) 07/10/12		Name of Building Owner/Operator (2) Somerset Hills 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 25 Olcott Avenue		City, State, Zip Code Bernardsville, NJ 07924	
Name of Contact Nancy Hunter		Telephone Number Licensing	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bernardsville Middle School (non sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 141 Seney Drive			Square Feet # of Floors Bldg. Age		
City (5) Bernardsville	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 7/19/2012		Sched. Completion Date (11) 7/20/2012	Name of OSHA Monitor B & G 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: 4:00 PM START			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
hallway			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 7/20/12	City, State Tullytown, PA	
Completed by (Print or Type) Goran Vucenovic	Title Vice President	Signature Goran Vucenovic	Date 7/9/12

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

Date of Notification (1) 07/09/20112		Name of Building Owner/Operator (2) 1 EXCHANGE PLACE JC, LLC c/o ONYX MANAGEMENT							
Agencies Notified	Type Notification	Street Address 30 MONTGOMERY STREET, SUITE 1205							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY, NJ 07302							
		Name of Contact JIM O'DONNELL	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 EXCHANGE PLACE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 EXCHANE PLACE		Square Feet	# of Floors						
City (5) JERSEY CITY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) NOT APPLICABLE		ASCM No.	Name of Abatement Contractor (9) ENVIRONMNETAL CONTRACTORS INC.						
Street Address		Street Address 235 WATCHUNG AVE							
City, State, Zip Code		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 07/10/2012		Scheduled Completion Date (11) 07/10/2012	Name of OSHA Monitor LONG ISLAND ANALYTICAL						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 110 COLIN DRIVE							
		City, State, Zip Code HOLOBROOK NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground floor			x	pipe insulation	6lf	x			
Name of Registered Waste Hauler Environmental Contractors Inc.		NJDEP Waste Hauler ID No. 19101	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ			Disposal Date	City, State Morgantown PA					
Completed by Slawomir Kielczewski		Title President	Signature <i>[Signature]</i>			Date 07/09/2012			

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

Date of Notification (1) 07/09/12		Name of Building Owner/Operator (2) CRANFORD BOARD OF EDUCATION	
Agencies Notified	Type Notification	Street Address 132 THOMAS STREET	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CRANFORD NJ 07016	
		Name of Contact MARIO CUHNA	Telephone Number _____

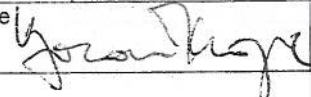
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ORANGE AVENUE SCHOOL		Type of Facility (4)	
Street Address 901 ORANGE AVENUE		<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) CRANFORD	Square Feet 80000	# of Floors 1	Bldg. Age 50+
County (6) UNION	County Code (7) (STATE USE ONLY) _____	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) BAKO CONSTRUCTION & RESTORATION INC.
Street Address 20-21 WAGARAW RD. BLDG. 34 A		Street Address 265 RT 46 SUITE 3D	
City, State, Zip Code FAIR LAWN NJ 07410		City, State, Zip Code TOTOWA NJ 07512	
Project Manager for Monitoring Firm GUILLERMO MORALES		Telephone No. 973 636 9145	Telephone No. 973 256 7010
			License No. 00666
Start Date (10) 08/01/12	Scheduled Completion Date (11) 08/03/12	Name of OSHA Monitor BAKO CONSTRUCTION & RESTORATION INC.	
Occupancy Status During Abatement (Check Only One)		Street Address 265 RT 46 SUITE 3D	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code TOTOWA NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
BOOK ROOM		X		PIPE INSULATION	40 LF	X			

Name of Registered Waste Hauler BAKO CONSTRUCT. & RESTORAT. INC.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S INC	
City, State TOTOWA NJ		Disposal Date 08/03/12	City, State MORRISVILLE PA		
Completed by GORAN KOJIC	Title V.P.	Signature <i>Goran Kojic</i>	Date 07/09/12		

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

Date of Notification (1) 07/09/12		Name of Building Owner/Operator (2) CRANFORD BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 132 THOMAS STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CRANFORD NJ 07016							
		Name of Contact MARIO CUHNA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HILLSIDE AVENUE SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 125 HILLSIDE AVENUE		Square Feet 80000	# of Floors 1						
City (5) CRANFORD		Bldg. Age 50+							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	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) BAKO CONSTRUCTION & RESTORATION INC.						
Street Address 20-21 WAGARAW RD. BLDG. 34 A		Street Address 265 RT 46 SUITE 3D							
City, State, Zip Code FAIR LAWN NJ 07410		City, State, Zip Code TOTOWA NJ 07512							
Project Manager for Monitoring Firm GUILLERMO MORALES		Telephone No. 973 636 9145	License No. 00666						
Start Date (10) 07/30/12	Scheduled Completion Date (11) 08/01/12	Name of OSHA Monitor BAKO CONSTRUCTION & RESTORATION INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265 RT 46 SUITE 3D							
		City, State, Zip Code TOTOWA NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOOK ROOM		X		PIPE INSULATION	40 LF	X			
Name of Registered Waste Hauler BAKO CONSTRUCT. & RESTORAT. INC.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S INC					
City, State TOTOWA NJ		Disposal Date 08/01/12		City, State MORRISVILLE PA					
Completed by GORAN KOJIC		Title V.P.	Signature 			Date 07/09/12			

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

Date of Notification (1) 7/10/12		Name of Building Owner/Operator (2) James Cotter	
Agenencies Notified	Type Notification	Street Address 21 Cloverhill Pl.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact James	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 21 Cloverhill Pl.			Square Feet 2700		
City (5) Montclair			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 3
			Bldg. Age 91		
			Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 7/20/11		Sched. Completion Date (11) 7/21/11		
Month Day Year		Month Day Year		
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»				

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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	150 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 7/22/11	City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/10/12
---	---------------------------	---	------------------------

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

No check

CHECK 11459

Date of Notification (1) 7/5/12 <i>7/10/12</i>		Name of Building Owner/Operator (2) The Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address PO box 9500							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07104							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Tom McCue	Telephone Number						
FACILITY INFORMATION		LICENSING							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 499 Belgrave Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Kearny		Square Feet 5000	# of Floors Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants		ASCM No. 00079	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 20-21 Wagaraw Road		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-764-2276 License No. 703						
Start Date (10) 7/16/12 <i>7/23/10</i>	Scheduled Completion Date (11) 9/18/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED				PURSUANT TO MCCABE					
				ENVIRONMENTAL SERVICES					
				SCOPE OF WORK					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed by Andrew Scott Higgins		Title President	Signature <i>[Signature]</i>				Date 7/5/12 <i>7/10/12</i>		

499 BELGROVE DRIVE, KEARNY

HUDSON COUNTY

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



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

CHECK 11404

Date of Notification (1) 6/26/12		Name of Building Owner/Operator (2) Louis Izzi							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 131 Malone Avenue City, State, Zip Code Belleville, NJ 07109 Name of Contact Gary Salvano						
			Telephone Number _____						
	ASBESTOS LICENSE								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 131 Malone Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Belleville		Square Feet 2000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm ON HOLD		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 7/13/12		Scheduled Completion Date (11) 7/20/12	License No. 703						
Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room east			x	pipe insulation	30 LF	x			
boiler room east			x	boiler insulation	30 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 6/26/12 7/13/12			

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

check 11043

Date of Notification (1) 6/25/12 <i>7-10-12</i>		Name of Building Owner/Operator (2) Nathan Barry Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Main Street City, State, Zip Code West Orange, NJ 07052 Name of Contact Carol Reed						
			Telephone Number						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Street Address 529 Route 22 West City (5) North Plainfield County (6) Somerset		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 8400 # of Floors 1 Bldg. Age 40 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address 4 E Gate Drive, PO Box 483 City, State, Zip Code Glenwood, NJ 07418	Telephone No. 973-764-2276 License No. 703						
Start Date (10) 7/9/12 Scheduled Completion Date (11) 7/30/12		Name of OSHA Monitor _____							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
main floor			x	floor tile	8250 SF	x			
roof			x	flashing	390 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State					
Completed by Andrew Scott Higgins		Title President	Signature <i>[Signature]</i>			Date 6/25/12 <i>7-10-12</i>			

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

clock 1402

Date of Notification (1) 6-25-12 7/14/12		Name of Building Owner/Operator (2) Anthony Dolcimascolo							
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 15 Highland Avenue		City, State, Zip Code Montvale, NJ 07645							
Name of Contact Anthony Docimascolo		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		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 404 St. Louis Avenue		Square Feet 1800							
City (5) Point Pleasant Beach		# of Floors 3							
County (6) Ocean		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 East Gate Drive, PO Box 483							
Project Manager for Monitoring Firm ON HOLD		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 7/18/12		License No. 703							
Scheduled Completion Date (11) 7/23/12		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	75 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill GROWS Landfill			
City, State Freehold NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by Andrew Scott Higgins		Title Owner		Signature 		Date 7-10-12			

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

CHK# 3953

Date of Notification (1) 7-9-2012		Name of Building Owner/Operator (2) Mrs. Corino		<div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED NJ Dept. of Health & Senior Services <i>(Signature)</i> 7/9/12 1:28PM </div>					
Agencies Notified		Street Address 21 Spenser Street							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Garfield, NJ 07026					
		Name of Contact Mrs. Corino		Telephone Number					
ASBESTOS CONTROL LICENSING									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demolition				Type of Facility (4)					
Street Address 21 Spenser Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Garfield				Square Feet 1500	# of Floors 2				
County (6) Bergen				Bldg. Age					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House for Demolition					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9)					
Street Address n/a				Jadar Contracting, LLC					
City, State, Zip Code n/a				Street Address 22 Troy Lane					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		City, State, Zip Code Lincoln Park, NJ 07035					
Start Date (10) 7-13-2012		Scheduled Completion Date (11) 7-15-2012		Telephone No. 973-706-7860					
				License No. 01088					
Name of OSHA Monitor Jadar Contracting, LLC									
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other—Describe: _____				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 of or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 ft									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Transite Shingles	1500 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 19067				
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>		Date 7-9-2012			

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



Date of Notification (1) 07/11/12 <small>Month/Day/Year</small>		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code	
	<input type="checkbox"/> Amended	Princeton NJ 08543	
	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 20 Washington Road			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 20 Washington Road			Square Feet # of Floors Bldg. Age 100000 4 50+		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Kechn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 07/23/12 <small>Month/Day/Year</small>		Sched. Completion Date (11) 10/01/12 <small>Month/Day/Year</small>		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specifv SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ground Floor - exterior outside room 1		x		window caulk	170 LF	x			
1st Floor - exterior outside room 101 G		x		window caulk	170 LF	x			
2nd Floor - exterior outside room 201 G		x		window caulk	170 LF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	

Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 7-11-12
---	--------------------------	---------------------------------	-----------------

ABS-41
JUN 95

G4667

NO
check

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

Date of Notification 0 7 0 9 1 2			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification Initial Notification X Amended Cancellation	Street Address 7 WEST SEVENTH STREET		
			City, State, Zip Code CINCINNATI, OHIO 45202		
			Name of Contact KIRIT VORA		Telephone Number CONTROL & LICENSING
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF	# Floor 3	Age of Bldg. 50+
City WOODBIDGE	County UNION	County Code State use Only	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner BUREAU VERITAS NORTH AMERICA INC.		ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 160 FIELDCREST AVENUE			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code EDISON, NJ 08837			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008	License Number 00575	
Scheduled Start Date 6 25 2012		Scheduled Completion Date 7 9 2012	Name of OSHA Monitor EMSL ANALYTICAL		
Month Day Year		Month Day Year	Street Address 307 WEST 38TH STREET		
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:00PM TO 6:30AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation		Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Abatement Type Rem. Rep. Enc. Encl.
Southeast Emergency Stairwell			Sprayon Fireproofing	1600SF	X
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY		Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER	Signature <i>[Signature]</i>		Date 7/9/2012

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:26-7 AND 12:12-7)
ANNUAL NOTIFICATION

CH# 5997

Date of Notification (1) 07 / 08 / 12		Name of Building Owner / Operator (2) Poly C LLC and Serf Realty LLC c/o Colin Development		APPROVED NJ Dept. of Health & Senior Services 7/6/12 (signature) 3:30 PM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 1620 Northern Blvd City, State, Zip Code Manhasset, NY 11030 Name of Contact Ed Glacken Telephone Number ASBESTOS	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Bank Street Address 154 East Broad Street City (5) Westfield County (6) Union County Code (7)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) Square Feet 12,318 # Of Floors 2 Building Age over 50 years Current Use (Prior if being demolished) Vacant - Retail Space		
Name of Monitoring Firm Hired by Bldg. Owner (8) Airtex Environmental Corporation Street Address 39-37 29th Street City, State, Zip Code Long Island City, NY 11101 Project Mng'r. For Monitoring Firm Mr Sean Zouak Telephone Number 718-837-3720			ASCM NO Name of Abatement Contractor (9) Slavco Construction Inc. Street Address 164 Getty Avenue City, State, Zip Code Clifton, NJ 07011 Telephone Number 973-478-4848 License Number 00724		
Scheduled Start Date (10) 07 / 09 / 12 Sched. Completion Date (11) 08 / 09 / 12			Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed / Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 am to 3:30pm Name of OSHA Monitor Slavco Construction Inc. Street Address 164 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥100 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		YES NO N/A		Amount (Specify SF or LF)	
Basement		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		470 LF	
First Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		480 SF	
First Floor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		24 LF	
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Cubic Yards of Waste 318508		Name of Registered Landfill G.R.O.W. 8 Landfill	
City, State Clifton, NJ		Disposal Date TBD		City, State Monroeville, PA	
Completed by (Print or Type) Vivian Jurcovic		Title Administrative Assistant		Signature Vivian Jurcovic Date July 6, 2012	

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
ANNUAL NOTIFICATION

Ch # 5997

Date of Notification (1) 07 / 06 / 12		Name of Building Owner / Operator (2) Poly C LLC and Serf Realty LLC c/o Colin Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ Justification <input type="checkbox"/> Cancellation	
Street Address 1520 Northern Blvd		City, State, Zip Code Manhasset, NY 11030	
Name of Contact Ed Glacken		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 154 East Broad Street			Square Feet 12,316		
City (5) Westfield	County (6) Union	County Code (7)	# Of Floors 2	Building Age over 50 years	
Name of Monitoring Firm Hired by Bldg. Owner (8) Airtek Environmental Corporation			Name of Abatement Contractor (9) Slavco Construction Inc.		
Street Address 39-37 29th Street			Street Address 164 Getty Avenue		
City, State, Zip Code Long Island City, NY 11101			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Mr Saad Zouak			Telephone Number 718-937-3720		
Scheduled Start Date (10) 07 / 09 / 12		Sched. Completion Date (11) 08 / 03 / 12		Telephone Number 973-478-4848	
				License Number 00724	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed / Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 am to 3:30pm			Name of OSHA Monitor Slavco Construction Inc.		
			Street Address 164 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Basement	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation	470 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Insulation	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.	NJDEP Waste S18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, NJ	Disposal Date TBD	City, State Morrisville, PA	

Completed by (Print or Type) Vivian Jurcevic	Title Administrative Assistant	Signature <i>Vivian Jurcevic</i>	Date July 6, 2012
---	-----------------------------------	-------------------------------------	----------------------