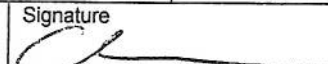


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 JUL 30 PM 6:54

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 7/25/12		Name of Building Owner/Operator (2) Nick Garofolo / Residence							
Agencies Notified	Type Notification	Street Address 357 North 6th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Surf City NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nick	Telephone Number [redacted] 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nick Garofolo / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 357 North 6th Street		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/6/12	Scheduled Completion Date (11) 8/10/12	Name of OSHA Monitor Pernaco 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 PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			X	Exterior Siding	2700 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 8/10/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 7/25/12			

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

RECEIVED # 4029.

Date of Notification (1) 7/25/2012		Name of Building Owner/Operator (2) Newark Housing Authority							
Agencies Notified	Type Notification	Street Address 500 Broad St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Joe Giannetti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 8		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 57 Sussex Ave.		Square Feet 15,000	# of Floors 3						
City (5) Newark, NJ 07102		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo							
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane							
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Leon		Telephone No. 973-706-7950	License No. 01088						
Start Date (10) 8-6-2012	Scheduled Completion Date (11) 12-31-2012	Name of OSHA Monitor Jadar Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Property Scheduled for Demo</u>		Street Address 22 Troy Ln							
		City, State, Zip Code Lincoln Park, NJ 07035							
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) 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
Interior				VAT and Mastic	7,000 SF				
Roof			x	Built up Roofing	7100 SF				
Exterior Windows			x	Caulking	200 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	900 SF				
Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171		Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.				
City, State Hackettstown, NJ				Disposal Date TBD	City, State Mellville, NY 11704				
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>			Date 7-25-2012		


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

RECEIVED

Date of Notification (1) 07/24/12 CK#2185 \$200		Name of Building Owner/Operator (2) Bernards Township Board of Education		2012 JUL 30 PM 6:53					
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		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Peachtree Road City, State, Zip Code Basking Ridge, New Jersey 07920 Name of Contact Roderic McLaughlin Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedar Hills Elementary 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 100 Peachtree Road			Square Feet 20,000		# of Floors 2				
City (5) Basking Ridge, New Jersey			Bldg. Age 55+						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900		Telephone No. 973-225-8400					
License No. 01104									
Start Date (10) 08/09/12		Scheduled Completion Date (11) 08/15/12		Name of OSHA Monitor J&S Environmental Labs LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Thur 4PM start, rest of shifts 7AM-11PM				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, New Jersey 07083					
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
Cafetorium		X		Multiple Layers of VAT & Mastic	3900 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15		Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424				Disposal Date 08/16/12		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 07/24/12			

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

RECEIVED

Date of Notification (1) 07/24/12 CK#2186 \$200		Name of Building Owner/Operator (2) Glen Rock Board of Education		2012 JUL 30 PM 6:52					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 Harristown Road City, State, Zip Code Glen Rock, New Jersey 07452 Name of Contact Bob Prashic Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richard E Byrd Elementary 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 640 Doremus Avenue			Square Feet 20,000 # of Floors 2 Bldg. Age 55+						
City (5) Glen Rock, New Jersey 07452			Current Use (Prior if being demolished) School						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900		Telephone No. 973-225-8400 License No. 01104					
Start Date (10) 08/03/12		Scheduled Completion Date (11) 08/04/12		Name of OSHA Monitor J&S Environmental Labs LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083					
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
Basement Closet	X			TSI Glove Bag method	4 LF	X			
Basement Closet	X			Elbow	1each	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 08/06/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature 	Date 07/24/12				

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

Check # 1445

Emergency Notification

RECEIVED

Date of Notification (1) <u>07</u> / <u>25</u> / <u>12</u>		Name of Building Owner/Operator (2) Kevin Brennan		2012 JUL 30 PM 6:51 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 430 Wastena Terrace City, State, Zip Code Ridgewood, NJ 07450			
		Name of Contact Kevin Brennan				Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 430 Wastena Terrace City (5) Ridgewood, NJ 07450 County (6) Bergen				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
				Square Feet	# of Floors				
				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Gr Tech LLC						
City, State, Zip Code			Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
			973-638-1777	01127					
Start Date (10) <u>07</u> / <u>26</u> / <u>12</u>		Scheduled Completion Date (11) <u>07</u> / <u>27</u> / <u>12</u>		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>		Date 07/25/2012				

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

VIA U.S. MAIL
CH# 1017
2012 JUL 30 PM 6:50
RECEIVED
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/25/12		Name of Building Owner/Operator (2) HUIBERRY GREEN REALTY LLC					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 KENSINGTON PLACE	City, State, Zip Code ROSELAND, N.J. 07068				
		Name of Contact MR JOSE LOPEZ	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 882-884 Broad St		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		Square Feet 10,000	# of Floors 4				
City (5) NEWARK N.J. 07102		Bldg. Age 85					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior, if being demolished) CLOSED					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC					
Street Address		Street Address P.O. Box 814					
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732) 238-7500	License No. 00806				
Start Date (10) 8/3/12	Scheduled Completion Date (11) 9/10/12	Name of OSHA Monitor NOVATECH INC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814					
		City, State, Zip Code Old Bridge N.J. 08857					
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 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
(ROOF) MATERIAL			X	ROOF MATERIAL	3,000 SF	X	
BASAMENT			X	PIPE INSULATION	150 LF	X	
BASAMENT			X	BOILER INSULATION	60 SF	X	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.			
City, State Old Bridge N.J. 08857		Disposal Date	City, State Harrisville PA				
Completed by CARLOS ALMEIDA	Title PRESIDENT	Signature [Signature]	Date 7/25/12				

Check # 1729

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

RECEIVED

Date of Notification (1) 7/6/12		Name of Building Owner/Operator (2) VOPAK TERMINAL PERTH AMBOY LLC							
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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1250 STATE ST.		City, State, Zip Code PERTH AMBOY, NJ 08861							
Name of Contact HANS TORREMAN		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VOPAK TERMINAL / FORMER HESS SITE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1250 STATE ST.		Square Feet 14,000	# of Floors 3						
City (5) PERTH AMBOY		Bldg. Age 58							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORAGE BUILDING / DEMO							
Name of Monitoring Firm Hired by Building Owner (8) BIRDALL SERVICES GROUP		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address 611 INDUSTRIAL WAY WEST		Street Address 105 Lowell Road							
City, State, Zip Code EATONTOWN, NJ 07724		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm PAUL CALABRESE		Telephone No. 732-380-1700	Telephone No. 201-262-5841						
License No. 00156		Name of OSHA Monitor Omega Environmental Services Inc.							
Start Date (10) 7/19/12	Scheduled Completion Date (11) 8/7/12	Street Address 280 Huyler Street							
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: _____		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
T-REIGHT BUILDING			X	ENTIRE STRUCTURE	14,000 SF	X			
Name of Registered Waste Hauler Rovic Transport / Russell Reid		NJDEP Waste Hauler ID No. 20785 / 7911	Cubic Yards of Waste 500	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457 / Keasbey, NJ 08832		Disposal Date 7/19/12	City, State Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature R. McDonald				Date 7/6/12		

Check # 1729

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

* SEE ATTACHED 7 PAGES *

Date of Notification (1) 7/6/12		Name of Building Owner/Operator (2) VOPAK TERMINAL PERTH AMBOY, LLC							
Agencies Notified	Type Notification	Street Address 1250 STATE ST.							
<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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PERTH AMBOY, NJ 08861							
		Name of Contact HANS TORREMAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VOPAK TERMINAL / FORMER HESS SITE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1250 STATE ST.		Square Feet 14,000	# of Floors 3						
City (5) PERTH AMBOY		Bldg. Age 58							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORAGE BUILDING / DEMO							
Name of Monitoring Firm Hired by Building Owner (8) BIRDSALL SERVICES GROUP		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address 611 INDUSTRIAL WAY WEST		Street Address 105 Lowell Road							
City, State, Zip Code EATONTOWN, NJ 07724		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm PAUL CALABRESE		Telephone No. 732-380-1700	Telephone No. 201-262-5841						
		License No. 00156							
Start Date (10) 7/19/12	Scheduled Completion Date (11) 7/25/12	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
TARGET BUILDING			X	ENTIRE STRUCTURE	14,000 SF	X			
Name of Registered Waste Hauler Rovic Transport / Russell Reid		NJDEP Waste Hauler ID No. 20785 / 7911	Cubic Yards of Waste 500	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457 / Keasbey, NJ 08832		Disposal Date 7/19/12 on		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald			Date 7/6/12		

State of New Jersey - Notification of Asbestos Abatement

Check # 2570

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

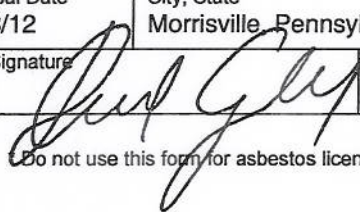
RECEIVED

Date of Notification (1) July 24, 2011		Name of Building Owner/Operator (2) Rutgers The State University of NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 additional material and extend completion date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address Environmental Health & Safety Department 27 Road 1, Bldg 4086 Livingston Campus City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith - Env Health & Safety	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rutgers University- Clothier Hall Bldg # 3064		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.) Sq. Feet: NA # of Floors: 8 Bldg. Age: 60 plus years	
Street Address College Avenue Campus		Current Use (prior if being demolished): ACADEMIC	
City (5) New Brunswick	County (6) Middlesex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates		ASCM No. 00098	
Street Address 3 Terri Lane		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Burlington, New Jersey 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Brian Kearny		Telephone Number 609.386-8800	License Number 00840
Scheduled Start Date (10) July 23, 2012		Scheduled Completion Date (11) July 25, 2012	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 5:pm to 5am Daily		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input checked="" type="checkbox"/> > 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Room 114 Room 114	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Surfacing material VAT	20 SF 20 SF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 8 CYDS
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date 7.25.2012	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Name of Registered Landfill GROWS Landfill	
Completed by (Print or Type) Raymond C. Pedalino		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C Pedalino</i>
		Date July 24, 2012	

GAC # 2012-060

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

RECEIVED
#2059

Date of Notification (1) 07/24/12		Name of Building Owner/Operator (2) Jairo Garcia		2012 JUL 30 PM 5:44					
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		12 Valley Road					
				City, State, Zip Code Paterson, NJ 07503					
		Name of Contact Jairo Garcia		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address 12 Valley Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Paterson				Square Feet 1,950	# of Floors 2				
				Bldg. Age 50+					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address				Street Address 163 Sargeant Avenue					
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07013					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-689-6281	License No. 01099				
Start Date (10) 08/03/12		Scheduled Completion Date (11) 08/03/12		Name of OSHA Monitor J&S Environmental Laboratories LLC					
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: _____				2333 Route 22 West					
				City, State, Zip Code Union, NJ 07081					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	75 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date 08/03/12	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 07/24/12				

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

RECEIVED

Date of Notification (1) 07-25-2012		Page 1 of 2		Name of Building Owner/Operator (2) Ewing Township School District		2012 JUL 30 PM 5:42	
Agencies Notified		Type Notification		Street Address 2099 Pennington Road		ASBESTOS CONTROL & LICENSING	
<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		City, State, Zip Code Ewing, NJ 08618		Telephone Number	
				Name of Contact Ryan Broadwater			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 1331 Lower Ferry Road				Square Feet 22,500		# of Floors 2	
City (5) Ewing				Bldg. Age 75			
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academy			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC		
Street Address 120 North Warren Street				Street Address 47 S. Lippincott Ave			
City, State, Zip Code Trenton, N.J 08608				City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200		Telephone No. 856-755-0099		License No. 00842	
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One) <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 107 Haddon Ave			
				City, State, Zip Code Westmont, New Jersey 08108			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	
See page 2 for Additional ACM		Yes No N/A					
Multiple Offices				Floor Tile and Mastic		2446 SF	
Boiler Room				Breeching		25 SF	
Boiler Room				Fire Brick		30 SF	
Boiler Room				Fire Door		1@	
Name of Registered Waste Hauler Jack Robinson Waste		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 30		Name of Registered Landfill Grows Landfill	
City, State Bellmawr, NJ		Disposal Date 8-21-2012		City, State Tullytown, PA			
Completed by William Lynch		Title Owner		Signature <i>William Lynch</i>		Date 07-25-2012	

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

RECEIVED

Date of Notification (1) 07-25-2012		Page 2 of 2		Name of Building Owner/Operator (2) Ewing Township School District		2012 JUL 30 PM 5:43	
Agencies Notified		Type Notification		Street Address		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road			
				City, State, Zip Code Ewing, NJ 08618			
				Name of Contact Ryan Broadwater		Telephone Number 1	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)			
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Ewing				Square Feet 22,500		# of Floors 2	
						Bldg. Age 75	
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academy			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC		
Street Address 120 North Warren Street				Street Address 47 S. Lippincott Ave			
City, State, Zip Code Trenton, N.J 08608				City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Ryan Broadwater			Telephone No. 609-392-4200		Telephone No. 856-755-0099		License No. 00842
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Westmont, New Jersey 08108			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable 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		
See page 1 for Additional ACM							
Interior and Exterior Windows					XX	Caulk	320 LF
Throughout Exterior					XX	Clad Panels	204 SF
Break Room					XX	Sink Mastic	6 SF
Business Office and Board Room					XX	Wood paneling Mastic	TBD
Name of Registered Waste Hauler Jack Robinson Waste			NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 30		Name of Registered Landfill Grows Landfill
City, State Bellmawr, NJ			Disposal Date 8-21-2012		City, State Tullytown, PA		
Completed by William Lynch			Title Owner		Signature <i>William Lynch</i>		Date 07-25-2012

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

RECEIVED

Date of Notification (1) 07-03-2012		Page 1 of 2		Name of Building Owner/Operator (2) Ewing Township School District		2012 JUL 30 PM 5:43			
Agencies Notified		Type Notification		Street Address		ASBESTOS CONTROL & LICENSING			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road					
				City, State, Zip Code Ewing, NJ 08618					
				Name of Contact Ryan Broadwater		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)					
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Ewing				Square Feet 22,500		# of Floors 2			
County (6) Mercer				County Code (7) (STATE USE ONLY)		Bldg. Age 75			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.				ASCM No.		Current Use (Prior if being demolished) Academy			
Street Address 120 North Warren Street				Name of Abatement Contractor (9) Shade Environmental, LLC					
City, State, Zip Code Trenton, N.J 08608				Street Address 47 S. Lippincott Ave					
Project Manager for Monitoring Firm Ryan Broadwater				Telephone No. 609-392-4200		City, State, Zip Code Maple Shade, NJ 08052			
Start Date (10) July 16, 2012				Scheduled Completion Date (11) Aug. 21, 2012		Telephone No. 856-755-0099			
Occupancy Status During Abatement (Check Only One)				License No. 00842					
<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 EMSL					
				Street Address 107 Haddon Ave					
				City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
See page 2 for Additional ACM		Yes	No	N/A					
Multiple Offices				XX	Floor Tile and Mastic	2446 SF	X		
Boiler Room				XX	Breeching	25 SF	X		
Boiler Room				XX	Fire Brick	30 SF	X		
Boiler Room				XX	Fire Door	1@	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 <i>William J. Lynch</i>		Date 07-03-2012		

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

RECEIVED

Date of Notification (1) 07-03-2012		Page 2 of 2		Name of Building Owner/Operator (2) Ewing Township School District		2012 JUL 30 PM 5:43	
Agencies Notified		Type Notification		Street Address		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road			
				City, State, Zip Code Ewing, NJ 08618			
				Name of Contact Ryan Broadwater		Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)			
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Ewing				Square Feet 22,500		# of Floors 2	
County (6) Mercer				County Code (7) (STATE USE ONLY)		Bldg. Age 75	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.				ASCM No.		Current Use (Prior if being demolished) Academy	
Street Address 120 North Warren Street				Name of Abatement Contractor (9) Shade Environmental, LLC			
City, State, Zip Code Trenton, N.J 08608				Street Address 47 S. Lippincott Ave			
Project Manager for Monitoring Firm Ryan Broadwater				Telephone No. 609-392-4200		City, State, Zip Code Maple Shade, NJ 08052	
Start Date (10) July 16, 2012				Scheduled Completion Date (11) Aug. 21, 2012		Telephone No. 856-755-0099	
Occupancy Status During Abatement (Check Only One)				License No. 00842			
<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 EMSL			
				Street Address 107 Haddon Ave			
				City, State, Zip Code Westmont, New Jersey 08108			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	
See page 1 for Additional ACM		Yes No N/A					
Interior and Exterior Windows				Caulk		320 LF	
Throughout Exterior				Clad Panels		204 SF	
Break Room				Sink Mastic		6 SF	
Business Office and Board Room				Wood paneling Mastic		TBD	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Grows Landfill	
City, State Freehold, NJ				Disposal Date		City, State Tullytown, PA	
Completed by William Lynch		Title Owner		Signature <i>William J. Lynch</i>		Date 07-03-2012	

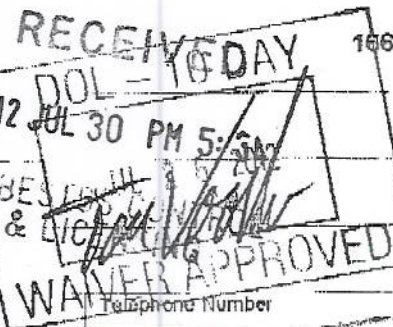
CHECK #
2359

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

RECEIVED

Date of Notification (1) <u>7/25/12</u>		Name of Building Owner/Operator (2) <u>WM. HARGROVE CORP.</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DORT <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 <u>1507 STATE ST.</u> City, State, Zip Code <u>CAMDEN, N.J. 08102</u> Name of Contact <u>NAME</u> Telephone Number <u>XXXXXXXXXX</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RES. DENCE</u>		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 <u>331 W. BROAD ST.</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>PALMYRA</u>		Bldg Age <u>40+</u>	
County (6) <u>BURLINGTON</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMM INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-771-0472</u>	License No. <u>00444</u>
Start Date (10) <u>8/13/12</u>	Scheduled Completion Date (11) <u>8/20/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2359.11 <input checked="" type="checkbox"/> 2360.11 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Enable Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
<u>SIDING</u>			<u>TRANSITE</u>
			<u>2000 #</u>
Name of Registered Waste Hauler <u>KLEMM INC.</u>		NJ DEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	Name of Registered Landfill <u>G. R. O. W. S.</u>
Signature <u>JOE KLEMM</u>		Title <u>OWNER</u>	City, State <u>MORRISVILLE PA.</u>
Date <u>7/25/12</u>			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:120)



REMEMBER - MAIL IN HARD COPY

Date of Notification: July 26, 2012

Name of Building Owner/Operator (2): Foster Wheeler North America Corp

Street Address: 53 Frontage Street

City, State, Zip Code: Clinton, NJ

Name of Contact: Kent Becker

Telephone Number: [REDACTED]

Agencies Notified

☒ FPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Foster Wheeler

Street Address: 12 Peach Tree Hill Road

City (5): Livingston, NJ

County (6): Essex

County Code (7) (STATE USE ONLY):

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

Square Feet: # of Floors: Bldg Age:

Current Use (Prior if being demolished): unknown

Name of Monitoring Firm Hired by Building Owner (8): Hillman

Street Address: 1605 Vauxhall Road, Suite 107

City, State, Zip Code: Union, NJ

Project Manager for Monitoring Firm: [REDACTED]

Telephone No.: (908) 688-7800

Project Manager: [REDACTED]

Start Date (10): 7-27-12

Scheduled Completion Date (11): 8-27-12

Name of Abatement Contractor (9): The MACK Group, LLC

Street Address: 1500 Kings HWY N, STE 209

City, State, Zip Code: Cherry Hill, NJ 08034

Telephone No.: (973) 759-5000

License No.: 00781

Name of OSHA Monitor: The MACK Group, LLC

Street Address: 1500 Kings HWY N, STE 209

City, State, Zip Code: Cherry Hill, NJ 08034

Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe

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
inside		<input checked="" type="checkbox"/>		transite table tops	1200 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: Freehold / Newark Carting / Circle Rubbish / Carnevale Disposal

City, State: Freehold / Newark / Linden / Hamilton, NJ

NJ DEP Waste Hauler ID No.: 15939

Cubic Yards of Waste: 12

Disposal Date: 8-27-12

Name of Registered Landfill: GROWS / IRRF Landfill

City, State: Morrisville, PA / Tullytown, PA

Completed by: Mike Cooper

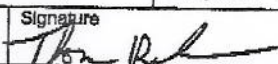
Title: President

Signature: [REDACTED]

Date: 7/26/12

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

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Date of Notification (1) 7-24-12		Name of Building Owner/Operator (2) IMRM							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation							
Street Address 745 Atlantic Ave		City, State, Zip Code Boston MA 02111							
Name of Contact Jim Procter		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Iron Mountain		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 1189 Magnolia Avenue		Square Feet							
City (5) Elizabeth		# of Floors							
County (6) Union		Bldg. Age 30 plus							
County Code (7) (STATE USE ONLY) 20		Current Use (Prior if being demolished) Storage							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety		ASCM No.							
Street Address 318 12th St.		Name of Abatement Contractor (9) Atek Remediation Services LLC							
City, State, Zip Code Hammonton NJ 08037		Street Address 2723 Salmon St.							
Project Manager for Monitoring Firm Jim Procter		City, State, Zip Code Philadelphia pa 19134							
Telephone No. 609-704-8850		Telephone No. 215-970-7030							
License No. 01167									
Start Date (10) 08-07-12		Scheduled Completion Date (11) 8-14-12							
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: occupied		Name of OSHA Monitor Health & Safety							
Street Address 318 12th St.									
City, State, Zip Code Hammonton nj 08037									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 locations	x			plaster	4000sf		x		
firing range	x			pipe	50 lf	x			
Basement Hallway				pipe	12lf	x			
Name of Registered Waste Hauler waste management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 40cy	Name of Registered Landfill wm-Tullytown Landfill				
City, State Camden nj		Disposal Date 08-14-12		City, State Tullytown PA					
Completed by Thomas Rock		Title PM		Signature 		Date 7-24-12			

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

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2012 JUL 30 PM 5:32

Date of Notification (1) <u>7/22/12</u>		Name of Building Owner/Operator (2) <u>Jennifer Chuang</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>114 West Maple Ave.</u>							
		City, State, Zip Code <u>Moorestown, NJ 08057</u>							
		Name of Contact <u>Jennifer Chuang</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>114 West Maple Ave.</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>						
City (s) <u>Moorestown</u>		Bldg. Age <u>50 yrs</u>							
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u></u>	ASCM No. <u></u>	Name of Abatement Contractor (9) <u>AEI2, LLC</u>							
Street Address <u></u>		Street Address <u>300 Lenola Road</u>							
City, State, Zip Code <u></u>		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Project Manager for Monitoring Firm <u></u>	Telephone No. <u></u>	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>7-26-12</u>	Scheduled Completion Date (11) <u>7-26-12</u>	Name of OSHA Monitor <u>AEI2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		Street Address <u>300 Lenola Road</u>							
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input 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	Encapsulation	Enclosure
Basement			X	Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler <u>AEI2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>.2</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature <u>[Signature]</u>	Date <u>7-22-12</u>					

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

Check # 8268
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Date of Notification (1) 7-25-12		Name of Building Owner/Operator (2) J. Vinch + Son							
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 P.O. Box 5465						
			City, State, Zip Code Trenton NJ 08638						
			Name of Contact Gary Vinch						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 531 Lake Drive		Square Feet 1							
City (5) Princeton Twp, NJ 08540		# of Floors 1							
County (6) Mercer		Current Use (Prior if being demolished) Single Family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		Name of Abatement Contractor (9) EPC Technologies							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365							
Start Date (10) 8-6-12		Scheduled Completion Date (11) 8-6-12							
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 EPC Technologies							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		Floor Tiles	1500 SF	X			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 4		Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 8-7-12		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature SD Schenker		Date 7-25-12			

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

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Date of Notification (1) 7/24/12		Name of Building Owner/Operator (2) Michael & Katherine Renoff 2012 JUL 30 PM 5:30							
Agencies Notified	Type Notification	Street Address 510 Ridgewood Avenue ASBESTOS CONTROL & LICENSING							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028							
		Name of Contact Michael Renoff	Telephone Number [REDACTED]						
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 510 Ridgewood Avenue		Square Feet 6000	# of Floors 3						
City (5) Glen Ridge		Bldg. Age 86							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 8/9/12	Scheduled Completion Date (11) 8/16/12	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 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
basement			x	pipe insulation	160 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	Signature 			Date 7/24/12			

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

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Date of Notification (1) 7-25-12		Name of Building Owner/Operator (2) Monmouth County						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 805 Newman City, State, Zip Code Lincroft NJ Name of Contact John Eisman Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 3-5 Arneytown Hornestown Rd		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 3-5 Arneytown Hornestown Rd		Square Feet 2000						
City (5) Upper Freehold NJ		# of Floors 1						
County (6) Monmouth		Bldg. Age 50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Empty Homes						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		Name of Abatement Contractor (9) All County Services LLC						
Street Address 64 Broad St		Street Address 128 Little Falls Rd						
City, State, Zip Code Matawan NJ		City, State, Zip Code Cedar Grove NJ						
Project Manager for Monitoring Firm Tom Heizer		Telephone No. 732 290 2217						
Telephone No. 732 290 2217		License No. 1179						
Start Date (10) 8-3-12		Scheduled Completion Date (11) 8-6-12						
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 Same						
		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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Kitchen Laundry Room		X		400	X			
Basement Stairwell		X		100	X			
Basement		X		60	X			
Name of Registered Waste Hauler SCC Contractors LLC		NJDEP Waste Hauler ID No. 32720	Cubic Yards of Waste 5	Name of Registered Landfill Grimes Pennsylvania				
City, State 57 Maple Ave Woodland Park NJ		Disposal Date 8-7-12	City, State Morrisville PA					
Completed by Vincent Scirica		Title Manager/Member	Signature [Signature]		Date 7/25/12			