

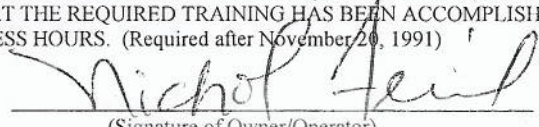
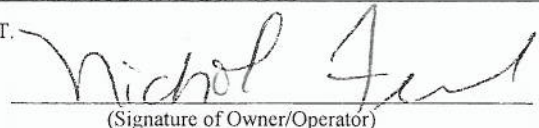
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

<p>RECEIVED</p> <p>DEC 11 2011</p>	<p>Date Received</p>
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DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O- Original R- Revised C- Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Trinity Construction, Inc.					
Address: 2290 West County Line Road, Suite 202					
City: Jackson		State: NJ		Zip: 08527	
Contact: David Kiessling				Tel:	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.					
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)					
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E- Emergency Renovation): E					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Middlesex County Voc. & Tech. School					
Address: 1 Convery Road Blvd.					
City: Woodbridge		State: NJ		County: Middlesex	
Site Location: Former bakery room					
Building Size: 20,000 sf		# of Floors: 2		Age in Years: 80	
Present Use: School				Prior Use: School	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed					
2. Category I ACM not removed					
3. Category II ACM not removed					
Pipes (Linear feet):					
Surface Area (Square feet): 24 sf		Transite panels		Former bakery room	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		5/25/12		Complete: 6/01/12	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Panels will be taken down in whole pieces wrapped in 6 mil. poly. All asbestos transite panels will be removed by nonfriable procedures.		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola		
	WASTE TRANSPORTER #2 Name: Address: City: State: Zip:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordertown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager (Printed Name/Title)  May 29, 2012 (Date)		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Fernicola / Project Manager (Printed Name/Title)  May 29, 2012 (Date)		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) <div style="text-align: center;">May 29, 2012</div>		Name of Building Owner/Operator (2) Trinity Construction, Inc. <i>CK# 20252 WAS Sent with original</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2290 West County Line Road, Suite 202	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Jackson, NJ 08527	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		David Kiessling	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Middlesex County Voc. & Tech. School			Type of Facility (4)		
Street Address 1 Convery Road Blvd.			<input checked="" type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k12)		
City Woodbridge			Square feet		
			20,000 sf		
County (6) Middlesex			# of Floors		
County Code (7) (STATE USE ONLY)			1		
			Bldg. Age		
			80		
			Current Use (Prior if being demolished)		
			School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/25/12		Scheduled Completion Date (11) 6/1/12			
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 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) 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
Former bakery room		X		Transite panels	24 sf	X			

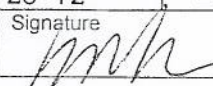
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 5/30/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/29/2012

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

no check

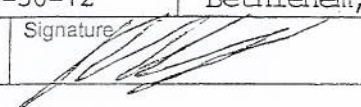
* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 4-30-12		Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe, Inc.							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	183 Sitegraves Street							
		City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Brian Nicus	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe, Inc.		Type of Facility (4)							
Street Address 183 Sitegraves 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) Phillipsburg		Square Feet 75,000	# of Floors 2						
County (6) Warren		County Code (7) (STATE USE ONLY) _____	Bldg. Age 100yrs						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 4-13-12		Scheduled Completion Date (11) 5-28-12	License No. 00398						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
South casting machine	x			transite	440 SF	x			
2nd floor hot box wall	x			transite	1,360 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 5-28-12		City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager		Signature 		Date 4-30-12			

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

Check # 8145


Notification (1) 3-21-12		Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 183 Sitegraves Street		City, State, Zip Code Phillipsburg, NJ 08865							
Name of Contact Brian Nicus		Telephone #							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe, Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 183 Sitegraves Street		Square Feet 75,000							
City (5) Phillipsburg		# of Floors 2							
County (6) Warren		Bldg. Age 100yrs							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) industrial							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.							
Street Address 411 Southgate Court		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.							
City, State, Zip Code Mickleton, NJ 08056		Street Address 923 Haws Avenue							
Project Manager for Monitoring Firm Jack Carney		City, State, Zip Code Norristown, PA 19401							
Telephone No. 856-224-0080		Telephone No. 610-239-9920							
Start Date (10) 4-13-12		License No. 00398							
Scheduled Completion Date (11) 4-30-12		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
South casting machine	X			transite	440 SF	X			
2nd floor hot box wall	X			transite	1,360 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 8	Name of Registered Landfill IESI				
City, State Newark, NJ		Disposal Date 4-30-12		City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager		Signature 			Date 3-21-12		

Date of Notification (1) 05/23/2012		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club							
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 1655 US HWY 9 City, State, Zip Code Old Bridge, NJ 08857 Name of Contact Bernadette Poppel Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.		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 24 A-D Glenwood Dr.		Square Feet 2000 SF	# of Floors 2						
City (5) Old Bridge,		Bldg. Age 60+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartments Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) DIA General Construction, Inc.							
Street Address		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 06/04/2012	Scheduled Completion Date (11) 06/07/2012	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Clifton, NJ 07012							
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) 200 LF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Crawl Space			X	Pipe/Elbow Insulation	200 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 4	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 06/07/2012		City, State Waynesburg, OH 44688					
Completed By Arutarth Jagad		Title President		Signature			Date 05/23/2012		

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

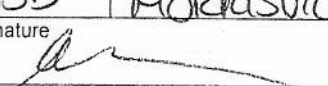
CHFCOL 11324

JUN 1 2012

Date of Notification (1) 5/30/12		Name of Building Owner/Operator (2) Marge Sesara							
Agencies Notified	Type Notification	Street Address 60 Conforti Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Marge Sesara	Telephone No. _____						
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 60 Conforti Avenue		Square Feet 2000	# of Floors 1						
City (5) West Orange		Bldg. Age 50							
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) 6/19/12	Scheduled Completion Date (11) 6/25/12	Name of OSHA Monitor							
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							
		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
basement			x	floor tile	140 SF	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 5/30/12			

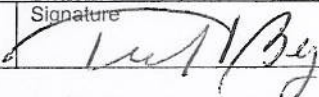
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK 11307

Date of Notification (1) 5/30/12		Name of Building Owner/Operator (2) Mr. & Mrs. Silverstein							
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 215 Blauvelt Avenue							
		City, State, Zip Code Ho Ho Kus, NJ							
		Name of Contact Mr. & Mrs. Silverstein	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 215 Blauvelt Avenue		Square Feet 2000	# of Floors 2						
City (5) Ho Ho Kus		Bldg. Age 50							
County (6) Bergen	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) 6/12/12	Scheduled Completion Date (11) 6/27/12	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 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	floor tile	325 SF	x			
Name of Registered Waste Hauler FREEHOLD CARRIAGE		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 5/30/12					

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

RECEIVED
CHECK # 8383
JUN 14 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-25-12		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address E.A. MacMillan Building							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortego	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 119 Fitzrandolph Road		Square Feet 2,200	# of Floors 3						
City (5) Princeton		Bldg. Age 60yrs.							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 610-239-9920						
		License No. 00398							
Start Date (10) 6/11/12	Scheduled Completion Date (11) 6/15/12	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
windows			x	window caulking	672 LF	x			
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 2	Name of Registered Landfill GROWS, Inc.					
City, State Bellmawr, NJ		Disposal Date 6/15/12		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 		Date 5/25/12			

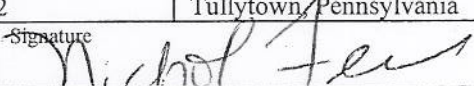
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 29, 2012		Name of Building Owner/Operator (2) Monmouth Medical Center <i>CL 20265</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	300 Second Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Long Branch, New Jersey 07740	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Chris Terry	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Monmouth Medical Center-3rd floor			Type of Facility (4)		
Street Address 300 Second Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Long Branch			Square feet 10,000		
			# of Floors 1		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 40		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/29/12		Scheduled Completion Date (11) 5/31/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe AFTER 4:00			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"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
3 rd floor construction area			X	Asbestos pipe insulation	200	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/01/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/29/2012

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

GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

Date Received

DEMOLITION / RENOVATION NOTIFICATION

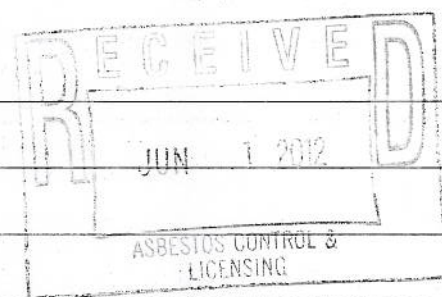
Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Monmouth Medical Center					
Address: 300 Second Avenue					
City: Long Branch		State: New Jersey		Zip: 07740	
Contact: Chris Terry		Tel:			
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola		Tel: 732-349-9932			
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:		Tel:			
IV. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emergency Renovation): E					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Monmouth Medical Center					
Address: 300 Second Avenue					
City: Long Branch		State: New Jersey		County: Monmouth	
Site Location: 3 rd floor construction area					
Building Size: 10,000		# of Floors: 1		Age in Years: 40	
Present Use: Hospital			Prior Use: Hospital		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed					
Pipes (Linear feet): 200		Asbestos pipe insulation		3 rd floor	
Surface Area (Square feet):					
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/29/12 Complete: 5/31/12					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Removal to take place using negative pressure glovebag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos fittings will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordertown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager (Printed Name/Title) Nicholas Fernicola (Signature of Owner/Operator) May 29, 2012 (Date)		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Fernicola / Project Manager (Printed Name/Title) Nicholas Fernicola (Signature of Owner/Operator) May 29, 2012 (Date)		

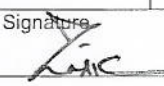
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/29/2012		Name of Building Owner/Operator (2) 95 Montgomery, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box # 4	
		City, State, Zip Code Jersey City, NJ 07303	
		Name of Contact John Fio Rito	Telephone Number



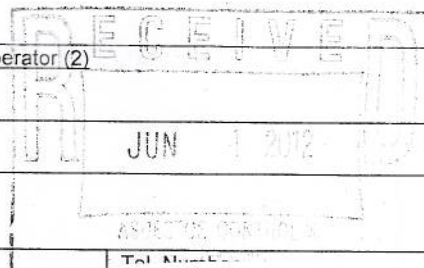
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 95 Montgomery Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City	Square Feet 14,000	# of Floors 5	Bldg. Age 60 + Years
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Full Renovation	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Incinia Contracting, Inc.	
Street Address		Street Address 1360 Clifton Avenue, Unit 365	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-450-9500	License No. 01036
Start Date (10) 06/11/2012	Scheduled Completion Date (11) 07/11/2012	Name of OSHA Monitor Incinia Contracting, 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 1360 Clifton Avenue, Unit 365	
		City, State, Zip Code Clifton, NJ 07012	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Roof		X		Roofing Membrane	3,500 SF	X			
Roof		X		Flashing Membrane	380 SF	X			

Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corporation	
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed by Sean Zoric	Title President	Signature 		Date 05/29/2012	

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

no check



Date of Notification (1) 1/13/12		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification Rev. 4-5 <input type="checkbox"/> Cancelled		Street Address 100 Campus Drive
			City, State, Zip Code Florham Park, NJ 07932
			Name of Contact Frank Piechoeta
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BASF - Main Production Building		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 1 James Street		Sq. Feet 121700 # of Floors 2	
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 50 +/- Current Use (prior if being demolished) vacant manufacturing
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 655 West Shore Trail		Street Address 404 N. Berry Street	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 1/30/2012	Scheduled Completion Date (11) 6/29/2012	Name of OSHA Monitor Testor Tech	
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 10 59 Jackson Ave.	
Describe Vacant Bldg. To Be Demolished 121,701 sf building to be demolished in its entirety		City, State, Zip Code L.I.C. New York, 11101	
Other - Describe			
Source of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> Small Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <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-Friable Outdoor Work			
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)
Throughout see attached sheet	X	See attached sheet	See attached sheet
Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 80	Name of Reg. Landfill Minerva Enterprises
City, State 58 Pyles Lane - New Castle, DE	Disp. Date 4/20/12	City, State Waynesburg, OH	
Completed by (Print or Type) Joseph K. White	Title Project Coordinator	Signature <i>Joseph K. White</i>	Date 5/31/12

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

no check

<u>Date of Notification (1)</u> 2/06/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification Rev. #2 () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u>
		FACILITY INFORMATION	
<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Powerhouse Building No. 4		<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> 1 James Street		<u>Sq. Feet</u> 15000 <u># of Floors</u> 2 + partial mezz	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 60 +/- <u>Current Use</u> (prior if being demolished) Powerhouse
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.		<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 655 West Shore Trail		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Sparta, NJ 07871		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 2/21/2012	<u>Scheduled Completion Date (11)</u> 7/27/2012	<u>Name of OSHA Monitor</u> Testor Tech	
<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> 10 59 Jackson Ave.	
<u>Describe Vacant Bldg. To Be Demolished</u> 15,000 sf building to be demolished in its entirety Other - Describe		<u>City, State, Zip Code</u> L.I.C. New York, 11101	
<u>Source of Work (Check all that apply)</u> (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure () Non-Friable Outdoor Work			
<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>
Throughout Interior & Exterior Pipe Racks	X	Pipe Insulation	2,700 lf
Windows	X	Glazing on Windows	150 each
Throughout	X	Debris on Floor	500 sf
Mezzanine Deck	X	Tank Insulation	800 sf
Top Tier & @ Boilers	X	Wire Wrap	150 lf
Boilers	X	Block Insulation	18,000 sf
South Side & Elec. Switch	X	Transite & Black Panels	1,500 sf
Roof	X	Flat & Flashings	13,000 sf
<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 120	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE		<u>Disp. Date</u> 5/04/12	<u>City, State</u> Waynesburg, OH
<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Manager	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 5/31/12