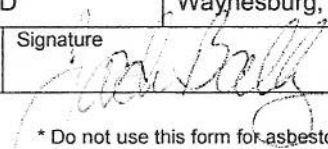


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 6, 2012		Name of Building Owner/Operator (2) Macerich							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Wilshire Blvd.							
		City, State, Zip Code Santa Monica, California 90401							
		Name of Contact Aladdin Ghafari							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deptford Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Clements Bridge Road		Square Feet +/-1,000,000	# of Floors 2						
City (5) Deptford		Bldg. Age 40							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 407 W. Lincoln Highway							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 484-872-8884						
		License No. 01161							
Start Date (10) June 4, 2012	Scheduled Completion Date (11) June 9, 2012	Name of OSHA Monitor EMSL							
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: Tenant space unoccupied for duration of abatement		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space 2060		x		Asbestos Floor Mastic	831 SF	x			
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Jack Bally		Title Sr. Project Manager	Signature 	Date 6/6/12					

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

Date of Notification (1) 06/04/12		Name of Building Owner/Operator (2) BR Beacon Urban Renewal Company, LLC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	100 Washington Blvd., Suite 200							
		City, State, Zip Code Stamford, CT 06902							
		Name of Contact John Dolan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Beacon Powerhouse		Type of Facility (4)							
Street Address 44 Beacon Place		<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 21,000	# of Floors 3						
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC						
Street Address 134 Bennington Pkwy		Street Address 27 Edsall Drive							
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm Kris Lis		Telephone No. 732-940-6207	Telephone No. 973-864-2022						
Start Date (10) 04/17/12		Scheduled Completion Date (11) 06/11/12	License No. 01137						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AmeriSci							
<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 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
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 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Powerhouse		x		Pipe Insulation	4,050 L.F.	x			
Throughout Powerhouse		x		Boiler & Breeching Insulation	16,000 S.F.	x			
3rd Floor North Rooms		x		Floor Tiles	550 S.F.	x			
Roof		x		Roofing & Flashing	3,000 S.F.	x			
Name of Registered Waste Hauler Pro-Tech LLC		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill				
City, State New Haven, CT				Disposal Date on completion	City, State Waynesburg, OH				
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>	Date 06/04/12				

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

Job #: 1205-1646

Check #: 2706

Date of Notification (1) 6/5/12		Name of Building Owner / Operator (2) Mary Campion, Executrix	
Agencies Notified	Type Notification	Street Address 27 Birchwood Drive	
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code North Arlington, NJ 07031	
		Name of Contact Mr. Craig Fisher (Owner Rep.)	
		Telephone Number	

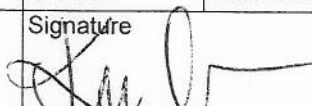
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 27 Birchwood Drive			Square Feet 1200	# of Floors 2	Bldg. Age >50
City (5) North Arlington	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Residential Property		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address PO Box 316		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862	
Scheduled Start Date (10) 6/18/12	Scheduled Completion Date (11) 6/20/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Goods, Floor tile & Mastic	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 6/21/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 6/5/12

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

Job #: 1204-1636

Check #: NA

Date of Notification (1) 4/18/12		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address NJ7-216-01-01 50 Route 173	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Clinton, NJ 08809	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3	Name of Contact Mr. Christopher P. D'Alleinne	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

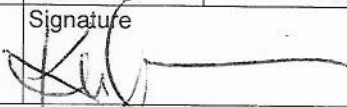
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America			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 600 East Union Avenue			Square Feet 2416	# of Floors 1	Bldg. Age 42
City (5) Bound Brook	County (6) Somerset	County Code (7)	Current Use (Prior if being demolished) Vacant Property-Bank		
Name of Monitoring Firm Hired by Building Owner (8) Lead Consultants of America, Inc.		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 225 Demott Lane, Suite 206		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Somerset, NJ 08873		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Stuart Levitch		Telephone Number 732-418-9006	Telephone Number 609-702-0400	License Number 00862	
Scheduled Start Date (10) 5/23/12	Scheduled Completion Date (11) 5/31/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing and Slag	3,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	340 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 5/31/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 5/24/12

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

Job #: 1205-1648
Check #: 2718

Date of Notification (1) 5/25/12		Name of Building Owner / Operator (2) Monmouth University	
Agencies Notified	Type Notification	Street Address 400 Cedar Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code West Long Branch, NJ 07764	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mr. Timothy Orr	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Howard Hall/Pollack Theatre			Type of Facility (4)		
Street Address 400 Cedar Avenue			<input type="checkbox"/> School (K-12)		
City (5) West Long Branch			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Monmouth	County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Square Feet 50,090 SF			# of Floors 3		Bldg. Age 1970
Current Use (Prior if being demolished) Education					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group, Inc.			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 611 Industrial Way, Suite 2			Street Address 3859 Sylon Blvd.		
City, State & Zip Code Eatontown, NJ 07724			City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Patrick Guilmette		Telephone Number 732-380-1700	Telephone Number 609-702-0400		License Number 00862
Scheduled Start Date (10) 5/29/12		Scheduled Completion Date (11) 5/31/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Westmont, NJ 08108		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
Describe:					
<input checked="" type="checkbox"/> Isolated Area					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor – Old Data Center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	1,050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor – Old Data Center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor Tile & Mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 5/31/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 5/25/12

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

Job #: 1202-1621
Check #: 2734

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

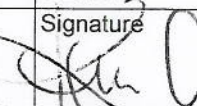
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bob Novick Auto Mall			Type of Facility (4)		
Street Address 808 North Pearl Street			<input type="checkbox"/> School (K-12)		
City (5) Bridgeton			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Cumberland	County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
	Square Feet 21,728	# of Floors 2	Bldg. Age 60+		
Current Use (Prior if being demolished) Auto Dealership					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address PO Box 316			Street Address 3859 Sylon Blvd.		
City, State & Zip Code Thorofare, NJ 08086			City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400		License Number 00862
Scheduled Start Date (10) 6/14/12		Scheduled Completion Date (11) 6/29/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Westmont, NJ 08108		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
Describe:					
<input checked="" type="checkbox"/> Isolated Area					

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 6	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 6/29/12	City, State Morrisville, PA	
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 6/5/12

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

Date of Notification (1) 06/04/2012		Name of Building Owner/Operator (2) Ampal Group							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 239 US 22 East, Suite 3A							
		City, State, Zip Code Green Brook, New Jersey 08812							
		Name of Contact Ms. Erica Amon	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sizzler Restaurant		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 & commercial buildings, homes, etc.)							
Street Address 343 Mt. Pleasant/ Mt. Hope Ave.		Square Feet 3,000 SF	# of Floors 1						
City (5) Rockaway		Bldg. Age 70+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC						
Street Address _____		Street Address 145 Mill Street							
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01108						
Start Date (10) 06/14/2012	Scheduled Completion Date (11) 06/17/2012	Name of OSHA Monitor Valiant Associates, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street							
		City, State, Zip Code Paterson, NJ 07501							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag 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
Roof			X	Perimeter roof flashing	180 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle DE		Disposal Date 06/14/2012		City, State Waynesburg, OH 44688					
Completed By Miodrag Stamenovic		Title President		Signature <i>Miodrag Stamenovic</i>				Date 06/04/2012	

ASB41

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

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

003619

Date of Notification (1) 10/16/10 14/11/12		Name of Building Owner/Operator (2) JOAN MAGEE	
Agencies Notified	Type Notification	Street Address 30 SPRINGBROOK ROAD	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code SPRINGFIELD, NJ 07081	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JOAN MAGEE	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOAN MAGEE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 30 SPRINGBROOK ROAD			Square Feet		
City (5) SPRINGFIELD	County (6) UNION	County Code (7) (State use only)	# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/14/12	Sched. Completion Date (11) 06/26/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		DUCT INSULATION	24 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/15/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/04/12

D&S Proj. #: MS 12-209

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

003618

Date of Notification (1) 10/16/10 14/11/12		Name of Building Owner/Operator (2) TOM DUFFY	
Agencies Notified	Type Notification	Street Address 8 WINDING WAY	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code WEST ORANGE, NJ 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact TOM DUFFY	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM DUFFY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 8 WINDING WAY			Square Feet # of Floors Bldg. Age		
City (5) WEST ORANGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/14/12		Sched. Completion Date (11) 06/28/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition
- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	173 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWL SPACE #1		<input checked="" type="checkbox"/>		PIPE INSULATION	26 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWL SPACE #2		<input checked="" type="checkbox"/>		PIPE INSULATION	30 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/15/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/04/12

D&S Proj. #: MS 12-208

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

RECEIVED

Date of Notification (1) 06/10/12		Name of Building Owner/Operator (2) PAUL MACNAMARA	
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 201 LINDEN AVENUE		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact PAUL MACNAMARA		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAUL MACNAMARA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 201 LINDEN AVENUE			Square Feet		
City (5) WESTFIELD			County (6) UNION		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 06/18/12		Sched. Completion Date (11) 06/29/12		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	150 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT ABOVE CEILING		<input checked="" type="checkbox"/>		PIPE INSULATION	50 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/E19/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/04/12	

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

B & G proj. #: 2012-117

Check # 5303

Date of Notification (1) <u>06/10/15/12</u>		Name of Building Owner/Operator (2) <u>Chris Bogash</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>153 Kenmore Road</u>		City, State, Zip Code <u>Boonton, NJ 07005</u>	
Name of Contact <u>Chris Bogash</u>		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Chris Bogash</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>153 Kenmore Road</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Boonton, NJ 07005</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>6/15/2012</u>		Sched. Completion Date (11) <u>6/15/2012</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

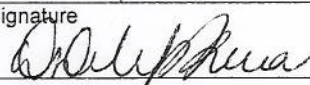
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|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room/laundry room			<input checked="" type="checkbox"/>	pipe insulation	62 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room			<input checked="" type="checkbox"/>	pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			<input checked="" type="checkbox"/>	pipe insulation	4 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"/>

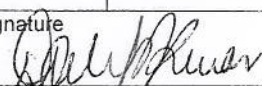
Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>6/16/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>	Date <u>6/5/2012</u>

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

2

Date of Notification (1) <div style="text-align: center;">05 / 30 / 12</div>			Name of Building Owner/Operator (2) New Jersey Schools Development Authority						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 W. State Street						
			City, State, Zip Code Trenton, NJ 08625						
			Name of Contact Robert Zeiders		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Morgan Village Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1000 Morgan Drive									
City (5) Camden			Square Feet 72000	# of Floors 2	Bldg. Age +/- 50				
County (6) Camden		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 30 S. 17th Street, Suite 1300		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Philadelphia, PA 19103		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Matt Connors		Telephone No. 215-864-0640	Telephone No. 215-365-5810	License No. 001156					
Start Date (10) <div style="text-align: center;">06 / 13 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">08 / 15 / 12</div>		Name of OSHA Monitor USA Environmental Management, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM / _____ PM-_____ AM			Street Address 8436 Enterprise Avenue						
			City, State, Zip Code Philadelphia, PA 19153						
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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	76,786 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE				Disposal Date 8/5/2012	City, State Lisbon, OH				
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 		Date 5/30/2012			

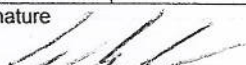
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05 / 30 / 12			Name of Building Owner/Operator (2) New Jersey Schools Development Authority						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 W. State Street					
				City, State, Zip Code Trenton, NJ 08625					
				Name of Contact Robert Zeiders					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Morgan Village Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1000 Morgan Drive									
City (5) Camden				Square Feet 72000	# of Floors 2				
				Bldg. Age +/- 50					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.					
Street Address 30 S. 17th Street, Suite 1300				Street Address 8436 Enterprise Avenue					
City, State, Zip Code Philadelphia, PA 19103				City, State, Zip Code Philadelphia, PA 19153					
Project Manager for Monitoring Firm Matt Connors		Telephone No. 215-864-0640		Telephone No. 215-365-5810	License No. 001156				
Start Date (10) 06 / 13 / 12		Scheduled Completion Date (11) 08 / 15 / 12		Name of OSHA Monitor USA Environmental Management, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM / ____ PM- ____ AM				Street Address 8436 Enterprise Avenue					
				City, State, Zip Code Philadelphia, PA 19153					
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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Thoroughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	66,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Sills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	446 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BlacBoards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6,940 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	3,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE				Disposal Date 8/5/2012	City, State Lisbon, OH				
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 		Date 5/30/2012			

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

Date of Notification (1) 5/31/12		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
<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 #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing, NJ 08628							
		Name of Contact David Jurkin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Cromwell Hall		Type of Facility (4)							
Street Address 2000 Pennington 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) Ewing		Square Feet 54000	# of Floors 6						
		Bldg. Age 20+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dormitory							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 0112	Name of Abatement Contractor (9) Mattiola Services, LLC						
Street Address 344 West State Street		Street Address 2082 B Lucon Road							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm William Wesigarber, Jr.		Telephone No. 609.656.8101	License No. 01077						
Start Date (10) 6/1/12	Scheduled Completion Date (11) 7/6/12	Name of OSHA Monitor Mattiola Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2082 B Lucon Road							
<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 Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure WRAP + CUT <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, Floors 1 thru 6		X		Vinyl asbestos tile & mastic	46850 SF	X			
Basement, Floors 1 thru 6		X		Fittings & joint insulation	974 LF	X			
1st Floor Kitchen		X		Roof drain insulation	12 LF	X			
1st Floor Main Lounge & Lobby		X		ACM coated sink	1 EA	X			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste	Name of Registered Landfill Waste Management				
City, State Keyport, NJ				Disposal Date	City, State Tullytown, PA				
Completed by Caroline M. Harper		Title Project Manager		Signature <i>Caroline M. Harper</i>	Date 5/31/12				

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

Date of Notification (1) May 23, 2012		Name of Building Owner/Operator (2) James McAdams							
Agencies Notified	Type Notification	Street Address 5 Bartons Mill Drive							
<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 Washington Crossing							
		Name of Contact Stan Hierer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 Obyrne Drive		Square Feet 800sq ft	# of Floors 2fl						
City (5) Eggharbor Twp		Bldg. Age 50yrs							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc.		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Services LLC.						
Street Address 204 E. Germantown Pike		Street Address 14 Read Drive							
City, State, Zip Code Norriton, P.A. 19401		City, State, Zip Code Sicklerville, N.J. 08081							
Project Manager for Monitoring Firm Raymond J Giodano		Telephone No. (856) 229-5369	License No. 01158						
Start Date (10) June 02, 2012	Scheduled Completion Date (11) June 05, 2012	Name of OSHA Monitor Graham-Tech Environmental Service LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 14 Read Drive							
		City, State, Zip Code Sicklerville, N.J. 08081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
Outside walls		X		Exterior Asbestos Shingles	800sq. ft	X			
Name of Registered Waste Hauler American Disposal System		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste	Name of Registered Landfill JP Mascaro-Pioneer Crossing					
City, State P.O. Box 348, Lumberton, N.J. 08048			Disposal Date	City, State 727 Red Lane Road. Birdsboro, P.A.					
Completed by Willis Graham		Title Owner	Signature 			Date 5/23/12			

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

CK# 3796

Date of Notification (1) 6/5/12		Name of Building Owner/Operator (2) MR. WILLIAM CHATLOS						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 165 GRANDVIEW AVE						
		City, State, Zip Code NORTH CALDWELL NJ 07006						
		Name of Contact MR. MENNITI	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. CHATLOS		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 165 GRANVIEW AVE		Square Feet 2200	# of Floors 2					
City (5) NORTH CALDWELL		Bldg. Age 1940						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 6/18/12	Scheduled Completion Date (11) 6/20/12	Name of OSHA Monitor Omega Environmental Services						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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
BASEMENT			X	THERMAL INSULATION	195 LF	X		
BASEMENT			X	THERMAL SURFACING INSULATION	40 SF	X		
FIRST FLOOR			T	THERMAL INSULATION	40 LF	X		
OUTSIDE SHED			T	SIDING/SLINGERS	450 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 6 CY	Name of Registered Landfill CUH BERLAND COUNTY LANDFILL			
City, State Hackensack, N.J.		Disposal Date 6/20/12		City, State NEWBURGH, PA. 17242				
Completed by J. Maiorano	Title Estimator			Signature <i>J. Maiorano</i>	Date 6/5/12			

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

Date of Notification (1) 6/4/12		Name of Building Owner/Operator (2) Earl Mohr	
Agencies Notified	Type Notification	Street Address 139 Summit Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Earl Mohr	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 139 Summit Avenue			Square Feet 4000	# of Floors 3	Bldg. Age 80
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6/14/12 Month Day Year	Sched. Completion Date (11) 6/15/12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

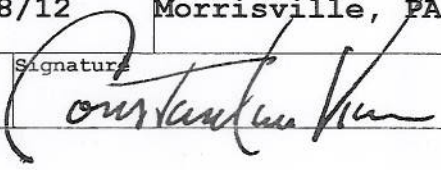
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	125 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6/18/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 6/4/12		

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

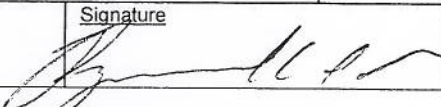
CHK # 3780

Date of Notification (1) 6-5-2012		Name of Building Owner/Operator (2) L. SULLIVAN							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input 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 529 LINCOLN AVENUE							
		City, State, Zip Code MAYWOOD, NJ 07607							
		Name of Contact L. SULLIVAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) L. SULLIVAN		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 529 LINCOLN AVENUE		Square Feet 2100	# of Floors 2						
City (5) MAYWOOD		Bldg. Age 75 YRS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 6-25-12	Scheduled Completion Date (11) 6-26-12	Name of OSHA Monitor Omega Environmental Services							
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 - 5PM		Street Address 280 Huyler St.							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 250 sf or 250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gypsum Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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	THERMAL INSULATION	35 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/240	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 6-26-12		City, State Waynesburg, OH.					
Completed by R. Veldran		Title Estimator	Signature R. Veldran	Date 6-5-12					

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

GAC Project # 060-12

Client Project #


Date of Notification (1) May 8, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SILVERS APTS., BLDG# 3812		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/22/12	Required Completion Date (11) 06/03/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 8:00 PM (24 Hour Access as necessary)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input 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) 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) 3648 SF
Apts. 167 - 172, 175 - 180 (Dining Rms/Hallways, Kitchens, Storage Rms & Bathrooms)	<input checked="" type="checkbox"/>	VAT & Linoleum	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 06/03/2012	City, State 100 New Ford Mill Rd Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 8, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

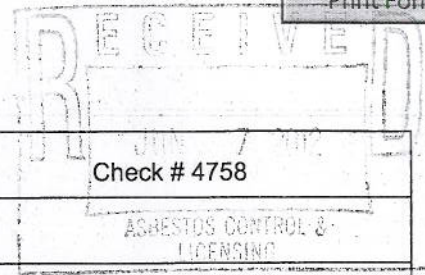
GAC Project # 060-12

Client Project #

Date of Notification (1) June 03, 2012			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 new completion date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SILVERS APTS., BLDG# 3812			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address BUSCH CAMPUS			Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years		
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 05/22/12		Scheduled Completion Date (11) 06/08/12		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 8:00 PM (24 Hour Access as necessary)			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) 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)	Abatement Type Remove Repair Encap Enclose
Apts. 167 - 172, 175 - 180 (Dining Rms/Hallways, Kitchens, Storage Rms & Bathrooms)	<input checked="" type="checkbox"/>	VAT & Linoleum		3648 SF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 06/08/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date June 03, 2012		

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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



Date of Notification (1) June 4, 2012		Name of Building Owner/Operator (2) Douglas Maute		Check # 4758					
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 141 Pleasant Valley Road City, State, Zip Code Moorestown, NJ 08057 Name of Contact Donna Weinstein Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 141 Pleasant Valley Road			Square Feet 2800 # of Floors 2 Bldg. Age 75						
City (5) Moorestown		County (6) Burlington		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08515		Street Address 47 S. Lippincott Ave					
City, State, Zip Code Chesterfield, NJ 08515		Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070 Telephone No. 856-755-0099 License No. 00842					
Start Date (10) June 16, 2012		Scheduled Completion Date (11) June 25, 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			xxx	Asbestos Ductwork	216 LF	xxx			
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste		Name of Registered Landfill Grows Landfill			
City, State Mount Holly, New Jersey 08060				Disposal Date		City, State Tullytown, PA.			
Completed by William Lynch		Title Owner		Signature <i>William J. Lynch</i>		Date June 4, 2012			

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

Check # 6512

Date of Notification (1) June 5, 2012		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	161 Maplewood Avenue City, State & Zip Code Maplewood, NJ 07040 Name of Contact Dino Nappi	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4)	
Street Address 161 Maplewood Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Maplewood		Square Feet 20,000	# of Floors 2
County (6) Essex		Bldg. Age 92	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address One Mall Drive, Suite 404		Street Address 829 Radio Road	
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) June 16, 2012	Scheduled Completion Date (11) June 24, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours (on 2 consecutive weekends – June 16 & 17 and June 23 & 24) <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Customer Area			X	Wall Plaster Veneer (under wallcovering)	4,000 SF		X		

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date June 25, 2012		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date June 5, 2012	

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

CR 3779

Date of Notification (1) 5-31-12		Name of Building Owner/Operator (2) P. BONFIGLIO							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 334 CRESCENT AVENUE							
		City, State, Zip Code LEONIA, NJ, 07605							
		Name of Contact P. BONFIGLIO							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P. BONFIGLIO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 334 CRESCENT AVENUE		Square Feet 2400	# of Floors 2						
City (5) LEONIA		Bldg. Age 83 yrs							
County (6) BERGEN		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 6-15-12		Scheduled Completion Date (11) 6-16-12							
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: 8 AM - 5 PM		Name of OSHA Monitor Omega Environmental Services							
		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2160 sf or 2280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fibrous 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/CRAWL SPACE			X	THERMAL INSULATION	35 LF	X			
BASEMENT			X	THERMAL INSULATION	4 LF			X	
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/4 YD.	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 6-16-12		City, State Waynesburg, OH.					
Completed by R. Veldran		Title Estimator	Signature R. Veldran		Date 5-31-12				

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

CK 3777

Date of Notification (1) 5/3/12		Name of Building Owner/Operator (2) MS. KATIE LINDQUIST					
Agency 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 142 WOODLAND AVE					
		City, State, Zip Code SUMMIT, NJ 07961					
		Name of Contact J.S. LINDQUIST	Telephone Number 				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) AS LINDQUIST		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 142 WOODLAND AVE		Square Feet 2200	# of Floors 2				
City (5) SUMMIT		Bldg. Age 1940					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 6/13/12	Scheduled Completion Date (11) 6/15/12	Name of OSHA Monitor Omega Environmental Services					
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: 2nd 3 PM		Street Address 280 Huyler St					
		City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 85 LF	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT			4 THERMAL SYSTEM INSULATION		X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 cu	Name of Registered Landfill Minerva Enterprises Inc			
City, State Hackensack, N.J.		Disposal Date 6/14/12	City, State Waynesburg, OH				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 5/3/12				

6328-NJ

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Notification - Non-Friable
Check #: 4735

Date of Notification (1) 05/23/12		Name of Building Owner/Operator (2) Ringwood Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 121 Carletondale Road		City, State, Zip Code Ringwood, NJ 07456	
Name of Contact Warren C. Mitchell		Telephone Number	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eleanor G. Hewitt Intermediate 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 266 Sloatsburg Road			Square Feet 40,000		
City (5) Ringwood, NJ 07456			# of Floors 2		
County (6) Passaic			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00120			Street Address 180 Sargeant Avenue		
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Geiser Fajardo, SPM			Telephone Number 973-614-0377		
Telephone Number 201-489-8700			License Number 00807		
Scheduled Start Date (10) 06/18/12			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 06/30/12			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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	E	N	E
				M	P	A	C	I
				O	A	S		O
				V	I	U		S
				A	R	L		U
				L				R
1st Floor	<input checked="" type="checkbox"/>	VAT and mastic	3,317 SF	<input checked="" type="checkbox"/>				
1st Floor - Heating Units	<input checked="" type="checkbox"/>	Mastic on Heating Units	180 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NUDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 5/23/12	

ASB-41
JUN 95

G4667

6328-NJ

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Notification - Friable
Check #: 4735

Date of Notification (1) <u>0</u> <u>5</u> / <u>1</u> <u>2</u> <u>3</u> / <u>1</u> <u>2</u>		Name of Building Owner/Operator (2) Ringwood Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 121 Carletondale Road		City, State, Zip Code Ringwood, NJ 07456	
Name of Contact Warren C. Mitchell		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eleanor G. Hewitt Intermediate 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 266 Sloatsburg Road			Square Feet # of Floors Bldg. Age 40,000 2 50		
City (5) Ringwood, NJ 07456	County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 280 Huyler Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Geiser Fajardo, SPM		Telephone Number 201-489-8700	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) <u>0</u> <u>6</u> / <u>1</u> <u>8</u> / <u>1</u> <u>2</u>		Sched. Completion Date (11) <u>0</u> <u>6</u> / <u>3</u> <u>0</u> / <u>1</u> <u>2</u>		Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue			
		City, State, Zip Code Clifton, NJ 07013			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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 I O S U R E	
Basement & Crawl Space	<input checked="" type="checkbox"/>	Pipe Insulation	750 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ			Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 		Date 5/23/12	

ASB-41
JUN 95

G4667

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

Ch # 2281

Date of Notification (1) 5 / 14 / 12		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 3438 <input checked="" type="checkbox"/> DHSS 5805 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET							
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204							
		Name of Contact MATTHEW ELICKER - OWNERS REP.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 150 QUAKER BRIDGE MALL		Square Feet	# of Floors						
City (5) LAWRENCEVILLE, NJ		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1102 BALTIMORE PIKE		Street Address 1123 BEAVER STREET							
City, State, Zip Code GLEN MILLS, PA 19342		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm DON HEIM		Telephone No.	License No. 00509						
Start Date (10) 5 / 24 / 12	Scheduled Completion Date (11) 5 / 29 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA		Disposal Date	City, State MORRISVILLE, PA						
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date <i>11/14/12</i>				

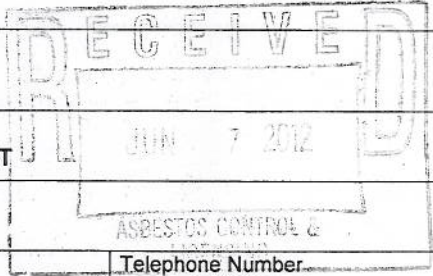
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 14 / 12		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
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 checked="" type="checkbox"/> Amended Amendment # 1-5/23/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET							
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204							
		Name of Contact MATTHEW ELICKER - OWNERS REP.	Telephone Number ▲						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 150 QUAKER BRIDGE MALL		Square Feet	# of Floors						
City (5) LAWRENCEVILLE, NJ		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1102 BALTIMORE PIKE		Street Address 1123 BEAVER STREET							
City, State, Zip Code GLEN MILLS, PA 19342		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 5 / 24 / 12	Scheduled Completion Date (11) 5 / 29 / 15		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/9:00PM-5:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick T. DeCaro</i>		Date 5/23/12			

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

Date of Notification (1) <div style="text-align: center;">5 / 14 / 12</div>		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
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 checked="" type="checkbox"/> Amended Amendment # 2-5/25/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET							
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204							
		Name of Contact MATTHEW ELICKER - OWNERS REP.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 150 QUAKER BRIDGE MALL									
City (5) LAWRENCEVILLE, NJ		Square Feet	# of Floors						
		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1102 BALTIMORE PIKE		Street Address 1123 BEAVER STREET							
City, State, Zip Code GLEN MILLS, PA 19342		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm DON HEIM		Telephone No.	License No. 00509						
Start Date (10) <div style="text-align: center;">5 / 24 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 1 / 12</div>							
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM 9:00PM-5:30AM</u> OFF SITE UNTIL TUES. 5/29/12		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code BRISTOL, PA 19007							
		<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
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL				
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick T. DeCaro/jl</i>		Date 5/25/12			

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

Date of Notification (1) 5 / 14 / 12		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
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 checked="" type="checkbox"/> Amended Amendment # 3-6/1/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET							
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204							
		Name of Contact MATTHEW ELICKER - OWNERS REP.							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 150 QUAKER BRIDGE MALL				Square Feet	# of Floors				
City (5) LAWRENCEVILLE, NJ				Bldg. Age					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCN No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1102 BALTIMORE PIKE		Street Address 1123 BEAVER STREET							
City, State, Zip Code GLEN MILLS, PA 19342		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm DON HEIM		Telephone No.		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 5 / 24 / 12	Scheduled Completion Date (11) 6 / 5 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00PM-5:30AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL				
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator		Signature <i>Patrick T. DeCaro</i>			Date 6/1/12			

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

Cl# 2289

Date of Notification (1) 05 / 25 / 12		Name of Building Owner/Operator (2) Virtua Memorial Hospital of Burlington County							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 5698 <input checked="" type="checkbox"/> DHSS 5681 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Madison Ave.							
		City, State, Zip Code Mount Holly, NJ 08060							
		Name of Contact Diana Amey	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Virtua Memorial Hospital of Burlington County		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 175 Madison Ave.									
City (5) Mount Holly		Square Feet	# of Floors						
		Bldg. Age							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 N. Penell Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-891-0114	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 06 / 04 / 12	Scheduled Completion Date (11) 06 / 04 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf 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
Labor & Delivery - Bathroom Shower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill				
City, State NEW CASTLE, DE 19720		Disposal Date 06/04/12		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni / jh		Date 5/25/12			

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

CL # 2293

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">05 / 25 / 12</div>		Name of Building Owner/Operator (2) Virtua Memorial Hospital of Burlington County							
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 checked="" type="checkbox"/> Amended Amendment #1-5/31/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Madison Ave.							
		City, State, Zip Code Mount Holly, NJ 08060							
		Name of Contact Diana Amey	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Virtua Memorial Hospital of Burlington County		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 175 Madison Ave.		Square Feet	# of Floors						
City (5) Mount Holly		Bldg. Age							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 N. Penell Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-891-0114	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">06 / 04 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 05 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>3:00PM/11:45PM</u> - <u> </u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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
Labor & Delivery - Bathroom Shower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Fl. Loading Dock Elevator Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading 1 st Fl. Cafeteria Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State NEW CASTLE, DE 19720			Disposal Date 06/05/12	City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>			Date 5/31/12		

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

CK# 2284

Date of Notification (1) 5 / 17 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA 7403 <input checked="" type="checkbox"/> DOLWD 7427 <input checked="" type="checkbox"/> DHSS 7410 <input checked="" type="checkbox"/> DCA 7397 (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Washington Rd				Square Feet					
City (5) Princeton				# of Floors					
County (6) MERCER				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 6 / 1 / 12		Scheduled Completion Date (11) 6 / 21 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-____PM/____PM-12:00AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 5/17/12			

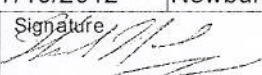
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CR # 2292

Date of Notification (1) <div style="text-align: center;">5 / 17 / 12</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-5/31/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr.						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Robert Ortega		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Washington Rd				Square Feet	# of Floors				
City (5) Princeton				Bldg. Age					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <div style="text-align: center;">6 / 8 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 28 / 12</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - PM / PM - 12:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jl</i>		Date 5/31/12			

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

148

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

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

CH 3778

Date of Notification (1) 5-31-12		Name of Building Owner/Operator (2) L. SHADY					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 233 RICHARDS ROAD					
		City, State, Zip Code RIDGEWOOD NJ 07450					
		Name of Contact L. SHADY	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) L. SHADY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 233 RICHARDS ROAD		Square Feet 3500	# of Floors 2				
City (5) RIDGEWOOD		Bldg. Age 8 YRS					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Best Removal Inc					
City, State, Zip Code		Street Address 450 South River St					
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601					
Telephone No.		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 6-13-12	Scheduled Completion Date (11) 6-14-12	Name of OSHA Monitor Omega Environmental Services					
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: 8 AM - 5 PM		Street Address 280 Huyler St					
		City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> ≥160 sf or ≥250 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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	Enclose
GARAGE	Yes	X THERMAL INSULATION	35 LF	X			
	No						
	N/A						
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 12 YD	Name of Registered Landfill Minerva Enterprises Inc			
City, State Hackensack, NJ		Disposal Date 6-14-12	City, State Waynesburg, OH.				
Completion by R. Veldran	Title Estimator	Signature R. Veldran	Date 5-31-12				

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)

Date of Notification (1) 06 / 06 / 12		Name of Building Owner/Operator (2) Montclair Board of Education		Check # 2103 \$200					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Valley Road City, State, Zip Code Montclair, New Jersey 07042 Name of Contact Leonard Saponara Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Watchung 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 and commercial buildings, homes, etc.)					
Street Address 14 Garden Street				Square Feet 10,000					
City (5) Montclair, New Jersey 07042				# of Floors 2					
County (6) Essex				Bldg. Age 55+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue		City, State, Zip Code Woodland Park, New Jersey 07042					
City, State, Zip Code Englewood, New Jersey 08631		City, State, Zip Code Woodland Park, New Jersey 07042		License No. 01104					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-225-8400					
Start Date (10) 06 / 08 / 12		Scheduled Completion Date (11) 06 / 09 / 12		Name of OSHA Monitor J & S Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM-6 PM/11 PM- ____ AM				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 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
Room 22 in Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wrap & Cure Pipe Insulation	12 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1/4	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, New Jersey				Disposal Date 06/11/12	City, State Morrisville, Pennsylvania				
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 6/5/12			

PRINT FORM

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

APPROVED	
NJ Dept. of Health & Senior Services	
<i>Paul C. Horner</i>	
Date: 6/4/12	Time: 10:04 AM

Date of Notification (1) 6/4/2012		Name of Building Owner/Operator (2) GREENTREE SQUARE AFFILIATES, L.L.C.	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 1680 ROUTE 23 NORTH, SUITE 330	
		City, State, Zip Code WAYNE, NJ 07470	
		Name of Contact RICHARD MAINARDI, JR.	Tel. Home Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GREENTREE SQUARE SHOPPING CENTER - FORMER RITE AID		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 928 ROUTE 73 NORTH		Square Feet	# of Floors
City (5) MARLTON, NJ 08053		Bldg. Age	
County (6) BURLINGTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No. _____	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-380-5858	Licensee No. 00494
Start Date (10) 6/6/2012	Scheduled Completion Date (11) 6/13/2012	Name of OSHA Monitor SAME AS (9) ABOVE	
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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 200 lf	<input type="checkbox"/> Demolition	Mini-Enclosure	
		Gloves 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
THROUGHOUT FACILITY		X		MASTIC	7,000 SF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJOEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 6/13/2012		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>	Date 6/4/2012	

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

Date of Notification (1) 6/4/2012		Name of Building Owner/Operator (2) GREENTREE SQUARE AFFILIATES, L.L.C.							
Agencies Notified	Type Notification	Street Address 1680 ROUTE 23 NORTH, SUITE 330							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WAYNE, NJ 07470							
		Name of Contact RICHARD MAINARDI, JR.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GREENTREE SQUARE SHOPPING CENTER - FORMER RITE AID		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 926 ROUTE 73 NORTH		Square Feet	# of Floors						
City (5) MARLTON, NJ 08053		Bldg. Age							
County (6) BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	Telephone No. 973-956-8700						
		License No. 00494							
Start Date (10) 6/6/2012	Scheduled Completion Date (11) 6/13/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT FACILITY		X		MASTIC	7,000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 6/13/2012	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>	Date 6/4/2012					

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

Date of Notification (1) 8-4-2012		Name of Building Owner/Operator (2) City of Belleville							
Agencies Notified	Type Notification	Street Address 110 S. Illinois Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ							
		Name of Contact Joe							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		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 74 Harrison Street		Square Feet unknown	# of Floors 2						
City (5) Belleville		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 8-5-2012		Scheduled Completion Date (11) 6-30-2012	License No. 01088						
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							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 250 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
Entire Structure				To be disposed as Asbestos					
				Waste					
Name of Registered Waste Hauler Yannuzzi & Sons Demolition		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 6-2-2012			

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

Date of Notification (1) June 5, 2012		Name of Building Owner / Operator (2) Church of Saint Gregory the Great	
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"/> Cancellation	Street Address 4620 Nottingham Way	
		City, State & Zip Code Hamilton Square, NJ 08690	
		Name of Contact Tom Raynor	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Gregory 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, home, etc.)	
Street Address 4680 Nottingham Way		Square Feet 10,000	# of Floors 2
City (5) Hamilton Square		Bldg. Age 50	
County (6) Mercer		Current Use (Prior if being demolished) School	
County Code (7) USE ONLY _____			
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental Inc.		ASCN No.	
Street Address 500 Horizon Drive, Ste. 540		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Robbinsville, NJ 08691		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Firoz Jan		Telephone Number 215-435-3674	License Number 00817
Scheduled Start Date (10) June 16, 2012		Scheduled Completion Date (11) June 16, 2012	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> ≥10 LF or ≥ 25 sf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
K-C and K-B			X	Ebonite Window Sills	36 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste .5	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date June 18, 2012		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date June 5, 2012	

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

Date of Notification (1) 06/01/12 Ck# 2094 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 River Road							
		City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Craig Gorszyca	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Madison Campus, Library		Type of Facility (4)							
Street Address 285 Madison Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Madison, New Jersey 07940		Square Feet 20,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	License No. 01104						
Start Date (10) 06/11/12	Scheduled Completion Date (11) 06/12/12	Name of OSHA Monitor J&S Environmental Labs, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: 5 PM Start		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 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) <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
Old Boiler Room	X			Duct Insulation piping	100 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 06/14/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 06/01/12		