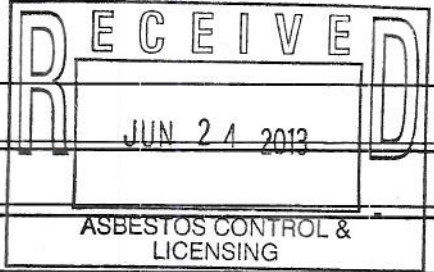


NO check

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

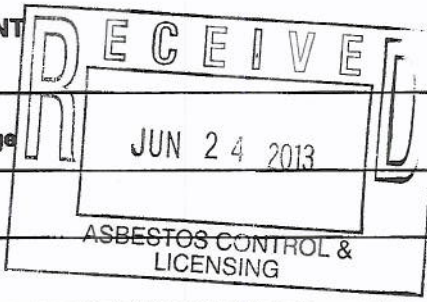


Date of Notification (1) 06/19/2013		Name of Building Owner/Operator (2) Greek Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Cotters Lane							
		City, State, Zip Code East Brunswick, NJ 08816							
		Name of Contact Matthew F. Schlindwein	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Seafriego Facility		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 536 Dowd Ave		Square Feet 155,000 SF	# of Floors 2						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Warehouse/Office							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Services	ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.							
Street Address 2333 Rt 22 West		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code Union NJ 07803		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Sherry Gelsomino	Telephone No. 908 206-0073	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 07/08/2013	Scheduled Completion Date (11) 08/09/2013	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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 System			X	Transite Panels	155,000 SF	X			
Office area mechanical room			X	Breeching TSI	480 SF	X			
Office Areas			X	Pipe TSI	270 LF	X			
Northwest/Southeast offices			X	VAT/mastic	15,700 SF	X			
Name of Registered Waste Hauler Weigle Trucking Company		NJDEP Waste Hauler ID No. 17634	Cubic Yards of Waste 6,000	Name of Registered Landfill Minerva Landfill					
City, State 274 Reynolds Road, Linden, PA 17744		Disposal Date 08/09/2013		City, State Waynesburg, OH 44688					
Completed By Krutarth Jagad	Title Project Manager		Signature 		Date 06/19/2013				

ASB41

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



Date of Notification (1) <u>06</u> / <u>13</u> / <u>13</u>		Name of Building Owner/Operator (2) Sussex County Community College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One College Hill Road	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact Ken Evans	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sussex County Community College - Building E		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 One College Hill Road		Square Feet 40,000	# of Floors 4
City (5) Newton		Bldg. Age 43	
County (6) Sussex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) College	

Name of Monitoring Firm Hired by Building Owner (8) Whitman	ASCM No. 00110	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 7 Pleasant Hill Road		Street Address 2 Henderson Drive	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. (732) 390-5858	Telephone No. (973) 808-1616	License No. 00411

Start Date (10) <u>06</u> / <u>24</u> / <u>13</u>	Scheduled Completion Date (11) <u>07</u> / <u>05</u> / <u>13</u>	Name of OSHA Monitor Superior Abatement Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u>5:00</u> PM- <u>2:00</u> AM		Street Address 2 Henderson Drive	
		City, State, Zip Code West Caldwell, NJ 07006	

Scope of Work (Check all that apply)

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

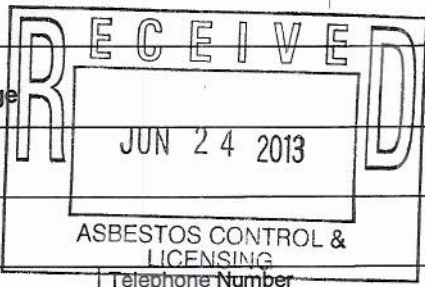
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Pack, Boiler, Tank & Cap Insul.	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cementitious Elbows	50 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Brick	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking & Rope Gasket	160 LF	<input checked="" 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. SW2117	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE		Disposal Date 7/5/13	City, State Waynesburgh, OH
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 6-13-13

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

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

no check



Date of Notification (1) 06 / 20 / 13		Name of Building Owner/Operator (2) Sussex County Community College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One College Hill Road	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact Ken Evans	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sussex County Community College - Building E		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 One College Hill Road		Square Feet 40,000	# of Floors 4
City (5) Newton		Bldg. Age 43	
County (6) Sussex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) College	

Name of Monitoring Firm Hired by Building Owner (8) Whitman	ASCM No. 00110	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 7 Pleasant Hill Road		Street Address 2 Henderson Drive	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. (732) 390-5858	Telephone No. (973) 808-1616	License No. 00411

Start Date (10) 06 / 24 / 13	Scheduled Completion Date (11) 07 / 05 / 13	Name of OSHA Monitor Superior Abatement Inc
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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: (Special Variance) 8:00AM-5:00 PM/ PM- AM	Street Address 2 Henderson Drive
	City, State, Zip Code West Caldwell, NJ 07006

Scope of Work (Check all that apply)

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

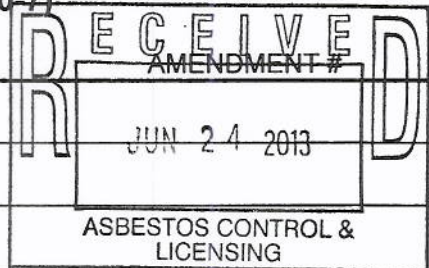
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Pack, Boiler, Tank & Cap Insul.	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cementitious Elbows	50 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Brick	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking & Rope Gasket	160 LF	<input checked="" 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. SW2117	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE		Disposal Date 7/5/13	City, State Waynesburgh, OH
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 6-20-13

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

ETS JOB # 3914/12

Check # 24037



Date of Notification (1) 6/19/2013		Name of Building Owner / Operator (2) Bed, Bath and Beyond	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 650 Liberty Avenue
			City, State & Zip Code Union, NJ 07083
		Name of Contact Mr. John Purcell	Telephone Number

FACILITY INFORMATION

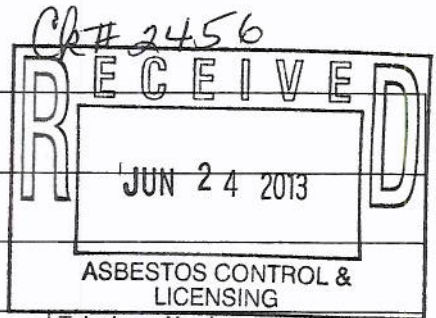
Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 650 Liberty Avenue			Square Feet 200,000	# of Floors 2	Bldg. Age 50+
City (5) Union	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Commercial Office		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address 1090 King Georges Post Road, Suite 706			Street Address 160 Clay Street		
City, State & Zip Code Edison, NJ 08837			City, State & Zip Code Brooklyn, NY 11222		
Project Manager for Monitoring Firm Pat Sisk		Telephone Number (732) 771-0051	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 7/3/2013	Scheduled Completion Date (11) 6/30/2014		Name of OSHA Monitor Environmental Tactics, 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: Work Area Vacated: - Working Hours from Monday - Saturday 7:00 AM - 3:30 PM			Street Address 64 Broad Street		
			City, State & Zip Code Matawan, NJ 0774		

Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> Large Project	<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM			<input type="checkbox"/> Glovebag Procedure		
		<input checked="" type="checkbox"/> Other: Tent			

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st Floor	No	VAT	1,500 SF	Removal
1st Floor	No	Pipe Insulation	60 LF	Removal

Name of Registered Waste Hauler Tri State Transfer	NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 600	Name of Registered Landfill Minerva Enterprises, Inc.
City, State Bronx, NY	Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) ROY JOHNSON	Title PROJECT EXECUTIVE	Signature 	Date 6/19/2013

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



Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University	
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 # <u>7-6/21/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		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 15 Washington Street			
City (5) Newark	Square Feet 200,000+	# of Floors 19	Bldg. Age 60+
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University	
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <u>2</u> / <u>15</u> / <u>13</u>	Scheduled Completion Date (11) <u>9</u> / <u>01</u> / <u>13</u>	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>7:00AM</u> - <u> </u> PM/ <u> </u> PM- <u>12:00AM</u>		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 type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chase Basement thru 14 FI (REV#7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stack Insulation	4015 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Gino Pizzigoni	Title General Manager	Signature <i>Gino Pizzigoni /jk</i>		Date 6/21/13	

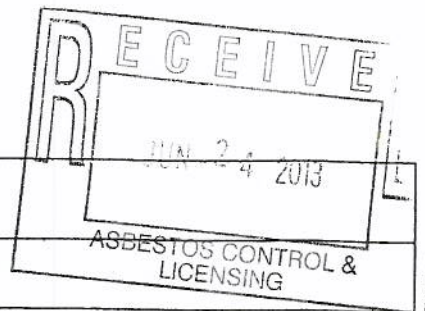
* Do not use this form for asbestos licensure exempted activities.

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 JUN 24 2013

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	87,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<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"/>

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



Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University	
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 # <u>6-5/31/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		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 15 Washington Street			
City (5) Newark	Square Feet 200,000+	# of Floors 19	Bldg. Age 60+
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University	

Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>2</u> / <u>15</u> / <u>13</u>	Scheduled Completion Date (11) <u>6</u> / <u>28</u> / <u>13</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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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>7:00AM</u> - <u> </u> PM/ <u> </u> PM- <u>12:00AM</u>	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 type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date 8/16/12	City, State WAYNESBURG, OH 44688	

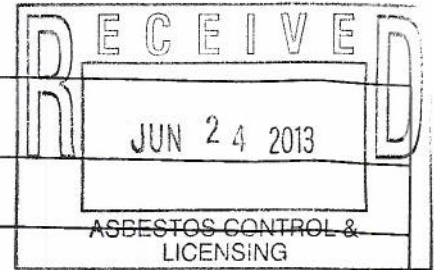
Completed By (Print or Type) Gino Pizzigoni	Title General Manager	Signature <i>Gino Pizzigoni</i> / jf	Date 5/31/13
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R E C E I V E

JUN 24 2013

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<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"/>

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



Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University	
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 # <u>5-4/25/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		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 15 Washington Street		Square Feet 200,000+	# of Floors 19
City (5) Newark		Bldg. Age 60+	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University	

Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>2</u> / <u>15</u> / <u>13</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>13</u>	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>7:00AM</u> - <u> </u> PM/ <u> </u> PM- <u>12:00AM</u>		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

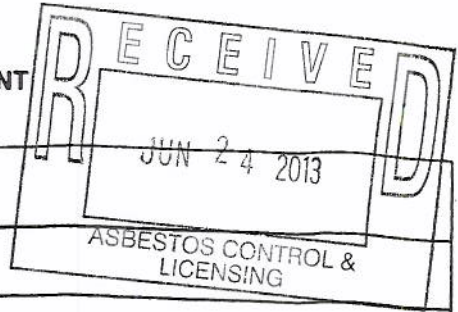
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12	City, State WAYNESBURG, OH 44688

Completed By (Print or Type) Gino Pizzigoni	Title General Manager	Signature <i>Gino Pizzigoni</i>	Date 4/25/13
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University	
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 # <u>4-2/15/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		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 15 Washington Street			
City (5) Newark		Square Feet 200,000+	# of Floors 19
County (6) Essex		Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University	

Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>2</u> / <u>15</u> / <u>13</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>13</u>	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>7:00AM-4:00PM</u> 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 type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

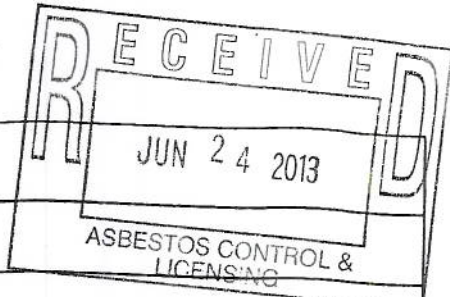
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Gino Pizzigoni	Title General Manager	Signature <i>Gino Pizzigoni</i>		Date 2/15/13	

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 JUN 24 2013
 ASBESTOS CONTROL & LICENSING

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<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"/>

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



Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University	
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 # <u>3-2/15/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address #27 Road 1 Bldg 4086
			City, State, Zip Code Piscataway, NJ 08854
		Name of Contact Mike Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		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 15 Washington Street		Square Feet 200,000+	# of Floors 19
City (5) New Brunswick		Bldg. Age 60+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University	

Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>2</u> / <u>15</u> / <u>13</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>13</u>	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>7:00AM-4:00PM</u> 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 type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

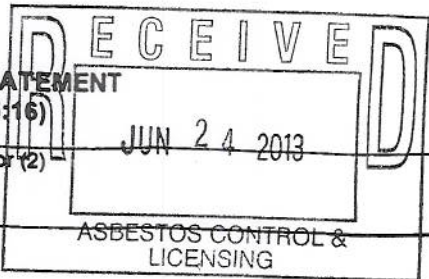
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Gino Pizzigoni	Title General Manager	Signature <i>Gino Pizzigoni/jl</i>	Date 2/15/13		

R E C E I V E D
 JUN 24 2013

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	ASBESTOS 8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<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"/>

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

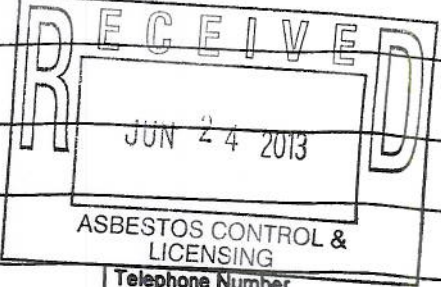


Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-2/7/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086								
		City, State, Zip Code Piscataway, NJ 08854								
		Name of Contact Mike Smith	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 15 Washington Street										
City (5) New Brunswick		Square Feet 200,000+	# of Floors 19							
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 60+							
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET								
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 215-788-6040							
Start Date (10) <u>ON HOLD</u>		Scheduled Completion Date (11) <u>5 / 31 / 13</u>	License No. 00509							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> PM- AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.								
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL						
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni / jh</i>				Date 2/7/13		

R E C E I V E D
 JUN 24 2013

Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	67,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Date of Notification (1) <u>1</u> / <u>23</u> / <u>13</u>		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-1/25/13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 15 Washington Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 15 Washington Street		Square Feet 200,000+	# of Floors 19
City (5) New Brunswick		Bldg. Age 60+	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University	

Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>2</u> / <u>6</u> / <u>13</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>13</u>	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>7:00AM-4:00PM</u> 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 type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1000 Cu Yds	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) Gino Pizzigoni	Title General Manager	Signature <i>Gino Pizzigoni</i>	Date 1/25/13

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JUN 24 2013

Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	87,282 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Tile	8,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	65,182 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	214 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	3,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	1,584 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triple Layer Tile	3,184 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHU Cork Sealant	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Electrical Wire	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Door Refractory	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Drum Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct/Boiler Insulation	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Basement Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	26,864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Shields	70 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

RECEIVED

JUN 24 2013
 CR# 2396

ASBESTOS CONTROL & LICENSING

Date of Notification (1)
1 / 23 / 13

Name of Building Owner/Operator (2)
Rutgers University

- Agencies Notified
- EPA 6352
 - DOLWD 6338
 - DHSS 6345
 - DCA (NJAC 5:23-8)

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

Street Address
#27 Road 1 Bldg 4086

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
Mike Smith

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
15 Washington Street

Street Address
15 Washington Street

City (5)
New Brunswick

County (6)
Essex

County Code (7)(STATE USE ONLY)

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

Square Feet: **200,000+** # of Floors: **19** Bldg. Age: **60+**

Current Use (Prior if being demolished)
University

Name of Monitoring Firm Hired by Building Owner (8)
ATC

ASCM No.
00098

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

Street Address
3 Terri Lane

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington Township, NJ 08016

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Brian Kearney

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
2 / 6 / 13

Scheduled Completion Date (11)
5 / 31 / 13

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

- Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
 - Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: **7:00AM-4:00PM** PM- AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
1000 Cu Yds

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date
8/16/12

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Gino Pizzigoni

Title
General Manager

Signature
Gino Pizzigoni Date
10/1/12

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

no check

D E C E I V E D

JUN 24 2013

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/13/2013		Name of Building Owner/Operator (2) Brian Harris	
Agency Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	247 East Glen Avenue	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Brian Harris	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 247 East Glen Avenue		<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.)	
City (5) Ridgewood, NJ 07450		Square Feet	Bldg. Age 50+
County (6) Bergen		County Code (7) (STATE USE ONLY)	
		Current Use (Prior if being demolished) <i>Home</i>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address 20-21 Wagaraw Road - Bldg 35E			RICI CORP	
City, State, Zip Code Fair Lawn, NJ 07410			Street Address 41 LIBERTY STREET	
			City, State, Zip Code PASSAIC, NJ 07055	
Project Manager for Monitoring Firm		Telephone No. 973-636-9145	Telephone No. 973-614-1266	License No. 00838

Start Date (10) June 18, 2013	Scheduled Completion Date (11) June 20, 2013	Name of OSHA Monitor RICI CORP	
Occupancy Status During Abatement (Check only one)		Street Address 41 LIBERTY STREET	
<input type="checkbox"/> Facility Close/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		City, State, Zip Code PASSAIC, NJ 07055	

Scope of Work (Check all that apply)

<input type="checkbox"/> ~: 3 sf or ~: 3 lf	<input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure	<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
---	---	--	--	--	---	--	---

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	250 LF	x			

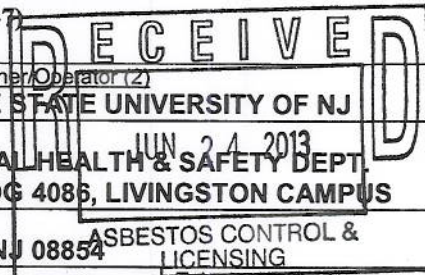
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL	
City, State PASSAIC, NJ			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by RISTO TRAJKOV	Title PRESIDENT	Signature 		Date 06/13/2013	

State of New Jersey - Notification of Asbestos Abatement

check #10386

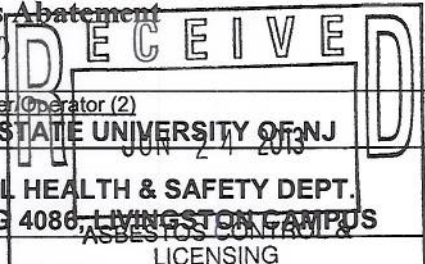
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13



Date of Notification (1) June 20, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - additional quantities <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.		Street Address 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
City, State, Zip Code PISCATAWAY, NJ 08854		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) HILL HALL, BLDG# 7225		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only) 	
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) 06/21/13	Scheduled Completion Date (11) 06/24/13		Name of OSHA Monitor 1 ENVIROVISION, 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: Shift Hours: 4:00 PM - 5:00 AM		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 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) 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)
101, 108	<input checked="" type="checkbox"/>	VAT	2800 SF
5th Floor Offices	<input checked="" type="checkbox"/>	TSI	<9 LF
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		Disposal Date 06/24/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 20, 2013

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

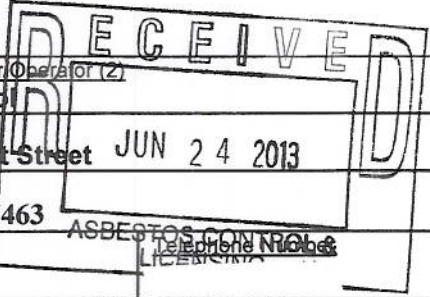


GAC Project # 060-13

Date of Notification (1) June 5, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- 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.		Street Address 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
City, State, Zip Code PISCATAWAY, NJ 08854		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) HURTADO HEALTH CENTER, BLDG# 3061		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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 70+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) <small>(State Use Only)</small>	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) 06/21/13	Scheduled Completion Date (11) 06/24/13		Name of OSHA Monitor 1 ENVIROVISION, 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: Shift Hours: 4:00 PM - 5:00 AM		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 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) 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)
202, 203, 234, 235, & 236	<input checked="" type="checkbox"/>	VAT	1200 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612		Disposal Date 06/24/13	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 <i>Raymond C. Pedalino</i>	Date June 5, 2013

State of New Jersey - Notification of Asbestos Abatement

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

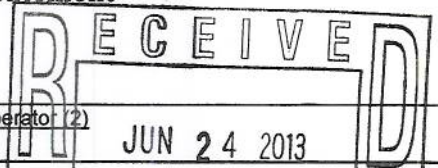


Date of Notification (1) June 18, 2013		Name of Building Owner/Operator (2) The Village School	
Agencies Notified X EPA X DCA X DOL X DEP X DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 100 West Prospect Street		City, State, Zip Code Waldwick, NJ 07463	
City (5) Waldwick		County (6) Bergen	
County Code (7) (State Use Only)		Name of Contact Marilyn Larkin	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Village School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 West Prospect Street		Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 50 years	
City (5) Waldwick		County (6) Bergen	
County Code (7) (State Use Only)		Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		Street Address 268 MAIN STREET	
Street Address 20-21 Wagaraw Road, Bldg # 34A		City, State, Zip Code Butler, NJ 07405	
City, State, Zip Code Fairlawn, NJ 07410		Telephone Number 973-492-0477	
Project Manager for Monitoring Firm Fred Larson		License Number 00840	
Telephone Number 973-636-9145		Name of OSHA Monitor EMSL inc.	
Scheduled Start Date (10) June 24, 2013		Scheduled Completion Date (11) July 12, 2013	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant Sub Chapter 8 - Non-Occupied		Street Address 1056 Stelton Road	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
SW Corner Stairwell 1st & 2nd Floors		Plaster	
1st Floor Hallway		Plaster	
Amount (Specify SF or LF) 1,031 sf		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
2,850 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: 40		Name of Registered Landfill Meadowfill Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405		Disposal Date July 12, 2013	
NJ DEP # 12561		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	
Signature <i>Marin Graure</i>		Date June 18, 2013	

GAC # 2013-384 Note: New Start Date

State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) May 14, 2013		Name of Building Owner/Operator (2) The Village School	
Agencies Notified x EPA x DCA x DOL x DEP x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 100 West Prospect Street	
		City, State, Zip Code Waldwick, NJ 07463	
		Name of Contact Marilyn Larkin	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Village School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 50 years	
Street Address 100 West Prospect Street		Current Use (prior if being demolished):	
City (5) Waldwick	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 34A		Street Address 268 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) June 22, 2013	Scheduled Completion Date (11) July 12, 2013	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant Sub Chapter 8 - Non-Occupied		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Renovation Demolition	x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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	<input type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose		
SW Corner Stairwell 1 st & 2 nd Floors	<input checked="" type="checkbox"/>	Plaster	1,031 sf
1 st Floor Hallway	<input checked="" type="checkbox"/>	Plaster	2,850 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date July 12, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date May 14, 2013

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

DOL - 10 DAY RECEIVED
JUN 17 2013
Check # 5901
JUN 14 2013
WAIVER APPROVED
ASBESTOS CONTROL & LICENSING
Telephone Number

Date of Notification (1) June 17, 2013		Name of Building Owner/Operator (2) Point Pleasant 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation		Street Address 2100 Panther Path
	City, State, Zip Code Point Pleasant, NJ 08742		Name of Contact D. Derosa

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Memorial Middle School		Type of Facility (4)		
Street Address 808 Laura Herbert Drive		<input checked="" 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.)		
City (5) Point Pleasant, NJ 08742		Square Feet 10,000	# of Floors 2	Bldg. Age 100
County (6) Ocean	County Code (7) STATE USE ONLY	Current Use (Prior to being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ABCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 5434 King Avenue, Suite 101		Street Address 623 Cutler Ave.		
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-908-4645	Telephone No. 858-768-0098	License No. 00842
Start Date (10) June 20, 2013	Scheduled Completion Date (11) June 22, 2013		Name of OSHA Monitor EMBL	
Occupancy Status During Abatement (Check Only One)		Street Address 107 Haddon Ave		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Westmont, New Jersey 08108		

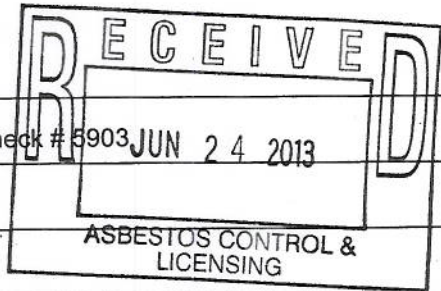
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 2 of or ≥ 3 IF	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 of or ≥ 260 M	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Gloving Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures

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 L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Rooms 102 and 104		X		Transite Table Tops	512 SF	RMK			

Name of Registered Waste Hauler Freehold	NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Dispose Date 6/22/2013	City, State Tullytown, PA.
Completed by Christina Lynch	Title Operations Manager	Signature <i>Christina Lynch</i>	Date June 17, 2013

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

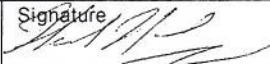


Date of Notification (1) June 19, 2013		Name of Building Owner/Operator (2) Township of Moorestown		Check # 5903 JUN 24 2013					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2 Executive Drive, Suite 9					
				City, State, Zip Code Moorestown, NJ 08057					
				Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Church Street Recreation Center			Type of Facility (4)						
Street Address 111 N. Church Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Moorestown, NJ 08057			Square Feet 10,000	# of Floors 4	Bldg. Age 100				
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Recreation Center					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 133 Jackson Road			Street Address 623 Cutler Ave.						
City, State, Zip Code Medford, NJ 08055			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm		Telephone No. 609-714-2141	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) July 1, 2013		Scheduled Completion Date (11) July 4, 2013		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			107 Haddon Ave						
			City, State, Zip Code Westmont, New Jersey 08108						
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 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
Rooms 203/205		X		Pipe Insulation (Wrap & Cut)	30 LF	xxx			
Rooms 203/205		X		Tile and Mastic	900 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 9	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 7/4/2013	City, State Tullytown, PA.					
Completed by Christina Lynch		Title Operations Manager		Signature 					
				Date June 19, 2013					

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

no check

785

Date of Notification (1) June 06, 2013		Name of Building Owner/Operator (2) Avison Young							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1120 Headquarters Plaza, West Tower 4th Floor		City, State, Zip Code Morristown, NJ 07960							
Name of Contact Alyssa Wright, PM		ASBESTOS CONTROL & ABATEMENT							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Green Village Apartments		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 Green Village Apartments		Square Feet	# of Floors						
City (5) Madison, NJ		Bldg. Age							
County (6) Morris	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) apartments							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	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. License No. (973) 759 - 5000 00781						
Start Date (10) 6-20-13	Scheduled Completion Date (11) 7-31-13	Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		<input checked="" type="checkbox"/>		VAT/Linoleum only	510 sf	<input checked="" type="checkbox"/>			
Kitchens		<input checked="" type="checkbox"/>		VAT w/mastic	240 sf	<input checked="" type="checkbox"/>			
throughout		<input checked="" type="checkbox"/>		Pipe & fittings	1518 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Rovic		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 22.7	Name of Registered Landfill G.R.O.W.S / T.R.R.F Landfill					
City, State Freehold / Riverdale, NJ		Disposal Date 7-31-13		City, State Morrisville, PA / Tullytown, PA					
Completed by Mike Cooper		Title President	Signature 			Date 6/6/13			

CHECK#
2805

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

RECEIVED
JUN 24 2013

Date of Notification (1) 6/19/13

Name of Building Owner/Operator (2) JONATHAN J. AND EXCAVATING

Street Address P.O. BOX 198

City, State, Zip Code CARE MAY COURT NJ LICENSING

Name of Contact JAME

Telephone Number _____

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE

Street Address 66 ROUTE 47

City (5) MIDDLE TOWNSHIP

County (6) CARE MAY

County Code (7) (STATE USE ONLY) _____

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

Square Feet 1000 # of Floors 2 Bldg Age 40+

Current Use (Prior if being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (8) N/A

ASCM No. _____

Name of Abatement Contractor (9) KLEMCO INC.

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, N.J. 08052

Telephone No. 856-779-0472 License No. 00444

Project Manager for Monitoring Firm _____ Telephone No. _____

Name of OSHA Monitor JOSEPH KLEMM

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, N.J. 08052

Start Date (10) 7/1/13 Scheduled Completion Date (11) 7/8/13

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Min-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Enable Procedure

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>800 LF</u>	<u>X</u>		
<u>SHEED & GUTTER</u>								

Name of Registered Waste Hauler KLEMCO INC.

NJDEP Waste Hauler ID No. 17904

Cubic Yards of Waste 5

Name of Registered Landfill C.M.C.M.U.A.

City, State WOODBINE, N.J.

Disposal Date _____

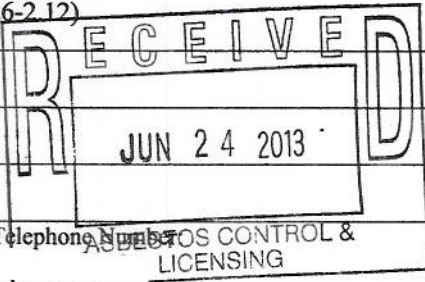
Completed By JOSEPH KLEMM

Title OWNER

Signature Joseph Klemm

Date 6/19/13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 06/17/2013		Name of Building Owner/Operator (2) Newark Public School	
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: 2 Cedar Lane	
	City, State, Zip Code: Newark, NJ 07102		Telephone Number: ASBESTOS CONTROL & LICENSING
	Name of Contact: Benjamin Olagadeyo		

FACILITY INFORMATION

Name of Facility Clinton Avenue School			Type of Facility (4): <input 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.)	
534 Clinton Avenue			Square Feet: 400.000 # of Floors: 3rd	
City/ (5): Newark	County (6): Essex	County Code (7): 07108	Bldg. Age 98 years Current Use : School	
Name of Monitoring Firm Hired by Building Owner: TTI Environmental, Inc.		ASCM No.: 00003	Name of Abatement Contractor (9): Envirocare Enterprises, Inc	
Street Address: 1253 North Church Street			Street Address: 358 Broadway, Suite 202	
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: James A. Guilardi		Telephone No.: 856-840-8808	Telephone No.: (973) 485-4000	License No.: 01017
Start Date (10): 06/28/13	Scheduled Completion Date (11): 06/04/13		Name of OSHA Monitor: AmeriSci	
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: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	

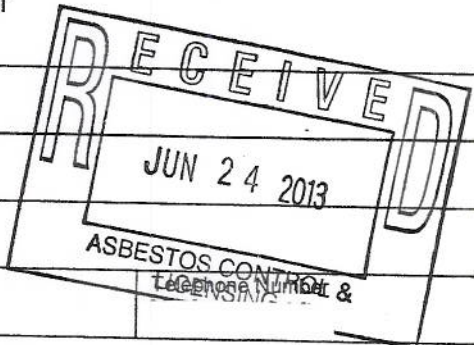
Scope of Work (Check all that apply):

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/ Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Pipe joint Insulation		X		Pipe Insulation	100pipe joint	*			

Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 30	Name of Registered landfill: Tullytown Re. Facility
City, State:		Disposal Date:	City, State: Tullytown, PA	
Completed By: Samuel Ilounoh		Title: President	Signature: 	Date: 06/17/2013

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



Date of Notification (1) 06/17/2013		Name of Building Owner/Operator (2) 3 DOTTS LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6505 ATLANTIC ST							
		City, State, Zip Code VENTNOR, NJ, 08406							
		Name of Contact BRIAN SANTORA							
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 6505 ATLANTIC ST.		Square Feet 3,600 SF	# of Floors 4						
City (5) VENTNOR, NJ		Bldg. Age 74 YRS							
County (6)	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC						
Street Address		Street Address 22 VAN ORDEN PLACE							
City, State, Zip Code		City, State, Zip Code HACKENSACK, NJ, 07601							
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 6/26/2013	Scheduled Completion Date (11) 06/27/2013	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
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 1551 OAKBRIDGE DR., SUITE B							
		City, State, Zip Code POWHATAN, VA, 23139							
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		X		9X9 FLOOR TILE	900SF	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State HACKENSACK, NJ		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 06/17/2013			

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

1926

RECEIVED

JUN 24 2013

ASBESTOS CONTROL & LICENSING

Date of Notification (1)
 6-18-13

Agency notified

- NJA
- NJP
- NJOL
- NJOH
- NJCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including publication)
- Cancellation

Name of Building Owner (Operator) (3)
 F4020K

Street Address
 1866

City, State, Zip Code
 Toms River, NJ

Name of Contact
 JOE BRENNER

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (4)
 F4020K

Street Address
 1866 COMPASS CT.

City (5)
 TOMS RIVER NJ

County (6)
 OCEAN

Type of Facility (4)

- School (K-12)
- Subchapter S (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Foot

of Floors

Build. Age

1800

1

73

Current Use (Prior if being demolished)
 RESIDENCE

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)
 ACE INSULATION CO INC

Street Address
 95 MONTROSS RD

City, State, Zip Code
 COLTS NECK NJ 07722

Telephone No.
 732 294 1757

License No.
 00029

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
 6-27-13

Scheduled Completion Date (11)
 7-3-13

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7AM 7PM

Name of OSHA Monitor
 ACE INSULATION CO INC

Street Address
 95 MONTROSS RD

City, State, Zip Code
 COLTS NECK NJ 07722

Scope of Work (Check all that apply)

- 1-3 sf or < 3 ft
- 160 sf or > 260 ft

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Enclosure
- Crawling Procedure
- Non-Exempted (*) and Non-Frask Procedure

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Asbestos	Lead	Other	Total	
OUTDOORS			✓	SIOLING	1400 SF	✓				

Name of Registered Waste Handler

ACE INSULATION CO

City, State

COLTS NECK NJ 07722

Completed By

Jack GALL

NIDEP Waste Handler ID No.

12086

Cubic Yards of Waste

2

Disposal Date

7-3-13

Signature

Jack GALL

Name of Registered Landfill

GROWS

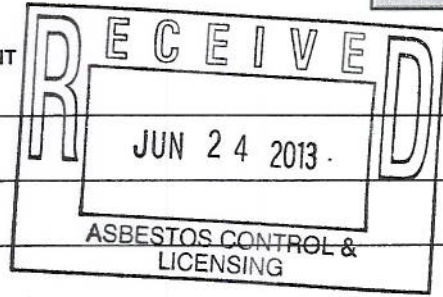
City, State

TULLY TOWN PA

Date

6-18-13

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



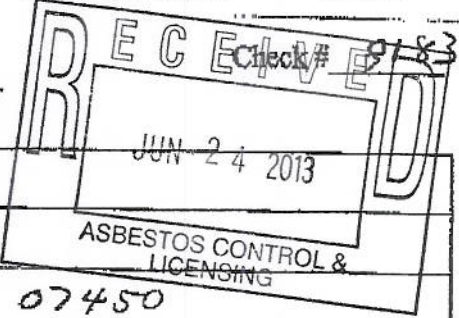
Date of Notification (1) 6/17/2013		Check #2434		Name of Building Owner/Operator (2) St Valentine Parish					
Agencies Notified		Type Notification		Street Address		City, State, Zip Code			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		125 North Spring Street		Bloomfield, NJ 07003			
				Name of Contact		Telephone Number			
				Rev. Juancho de Leon					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Valentine School				Type of Facility (4)					
Street Address 236 Hoover Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bloomfield, NJ 07003				Square Feet 40,000		# of Floors 3	Bldg. Age 60+		
County (6) ESSEX			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc			ASCM No. 00079		Name of Abatement Contractor (9) EA Services Corporation				
Street Address 20-21 Wagaraw Road- Bldg 35-E				Street Address 426 69th Street					
City, State, Zip Code Fair Lawn, NJ 07410				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm Fred Larson			Telephone No. 973-636-9145		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 6/24/2013		Scheduled Completion Date (11) 7/1/2013		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Regular hours w/evenings & weekends				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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor tile and Mastic	2,554 SF	x			
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management			
City, State PO Box 5010			Disposal Date tbd		City, State Tullytown Landfill				
Completed by Gina Salvador			Title Office Manager		Signature 		Date 6/17/2013		

Jun 18 2013 03:59pm

P001/001

DEPARTMENT OF HEALTH & SENIOR SERVICES
 (signature)
 Date: 6/18/13 Time: 2:40

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



Date of Notification (1) 6/18/13 Name of Building Owner/Operator (2) MRS. MOHAN
 Agencies Notified: EPA, DEP, DOL, DOH, DCA
 Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation
 Street Address: 128 DOREMUS
 City, State, Zip Code: RIDGEWOOD NJ 07450
 Name of Contact: _____ Telephone Number: _____

FACILITY INFORMATION
 Name of Facility Where Abatement is Taking Place (3) MOHAN Type of Facility (4): School (K-12), Subchapter 8 (Other than K-12), Other (i.e. private & commercial buildings, homes, etc.)
 Street Address: 128 DOREMUS AVE
 City (5) RIDGEWOOD Square Feet: 1950 # of Floors: 3 Bldg. Age: 60
 County (6) BERGEN County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) RES

Name of Monitoring Firm Hired by Building Owner (8) _____ ASCM No. _____ Name of Abatement Contractor (9) A. Mac Contracting Inc.
 Street Address: _____ Street Address: 105 Lowell Road
 City, State, Zip Code: _____ City, State, Zip Code: Glen Rock, N.J. 07452
 Project Manager for Monitoring Firm: _____ Telephone No. _____ Telephone No. 201-262-5841 License No. 00156

Start Date (10) 6/18/13 Scheduled Completion Date (11) 6/19/13 Name of OSHA Monitor Omega Environmental Services Inc.
 Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____
 Street Address: 280 Huyler Street
 City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply): ≥3 sf or ≥3 lf, ≥160 sf or ≥260 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>BASEMENT</u>			<u>X</u>	<u>PIPE</u>	<u>160 LF</u>	<u>X</u>			

Name of Registered Waste Hauler: Rovic Transport NJDEP Waste Hauler ID No. 20785 Cubic Yards of Waste: 1 Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
 City, State: Rivervale, New Jersey 07457 Disposal Date: 6/18/13 City, State: Bethlehem, PA 18015
 Completed by: R. McDonald Title: President Signature: _____ Date: 6/18/13

Jun 19 2013
REG E BOOWIE
 Check # 8183
 JUN 24 2013
 ASBESTOS CONTROL Services
 NY Dept. of Health & Senior Services
 (signature) 6/19/13 4:51

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

Date of Notification (1) 6/18/13		Name of Building Owner/Operator (2) GOLDBERG REALTY								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	Street Address 33 CLINTON ROAD								
		City, State, Zip Code WEST CALWELL NJ 07006								
		Name of Contact RICH S.	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement Is Taking Place (3) MATAWAN TOWN		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 40 CROSS ROAD		Square Feet 1200	# of Floors 3							
City (5) MATAWAN		Bldg. Age 56								
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road								
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452								
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156							
Start Date (10) 6/19/13	Scheduled Completion Date (11) 6/20/13	Name of OSHA Monitor Omega Environmental Services Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street								
		City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 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) BOILER ROOM # 10	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) PIPE	Amount (Specify SF or LF) 40 LF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			X			X				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste .5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State Riverdale, New Jersey 07457		Disposal Date 6/19/13 am	City, State Bethlehem, PA 18015							
Completed by R. McDonald	Title President	Signature <i>R. McDonald</i>	Date 6/18/13							

6365-NJ

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

Initial Non-Friable Notification
Check #: 5437

Date of Notification (1) 06/18/13		Name of Building Owner/Operator (2) Newark Public Schools	
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 2 Cedar Street City, State, Zip Code Newark, NJ 07102		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUN 24 2013</p> </div>	
Name of Contact Douglas Bland, Bus. Admin.			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Quitman Street 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 21 Quitman Street			Square Feet 35000		
City (5) Newark, NJ 07103		County (6) Essex	County Code (7) (STATE USE ONLY)		# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address			Street Address 180 Sargeant Avenue		
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 973-614-0377	
License Number		00807			
Scheduled Start Date (10) 06/28/13		Sched. Completion Date (11) 07/09/13			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:					
Name of OSHA Monitor Four Strong Builders, Inc.					
Street Address 180 Sargeant Avenue					
City, State, Zip Code Clifton, NJ 07013					

Scope of Work (Check all that apply)

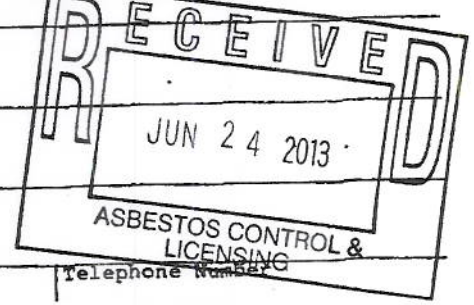
- Demolition
 >3 sf or >3 lf
 >160 sf or >260 lf

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)		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	N	E
Main & Principals Office, Conf Rm, WC, Safe, Storage, Office	<input checked="" type="checkbox"/>		Floor Tile and Mastic	2,247 SF	<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 6/18/13	



Date of Notification (1)
 0 6 / 1 8 / 1 3

Name of Building Owner/Operator (2)
 Newark Public Schools

Street Address
 2 Cedar Street

City, State, Zip Code
 Newark, NJ 07102

Name of Contact
 Douglas Bland, Bus. Admin.

Agencies Notified
 EPA
 DEP
 DGL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification
 Cancellation

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Bragaw Avenue School

Street Address
 103 Bragaw Avenue

City (5)
 Newark, NJ 07103

County (6)
 Essex

County Code (7)
 (STATE USE ONLY)

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

Square Feet
 35000

of Floors
 2

Bldg. Age
 50

Current Use (Prior if being demolished)
 School

Name of Monitoring Firm Hired by Building Owner (8)
 Whitman Companies, Inc.

ASCM No.
 00110

Name of Abatement Contractor (9)
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue

City, State, Zip Code
 Clifton, NJ 07013-1935

City, State, Zip Code
 East Brunswick, NJ 08816

Project Manager for Monitoring Firm
 Kevin Lovely

Telephone Number
 732-390-5858

Telephone Number
 973-614-0377

License Number
 00807

Scheduled Start Date (10)
 0 6 / 2 8 / 1 3

Sched. Completion Date (11)
 0 7 / 1 0 / 1 3

Name of OSHA Monitor
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue

City, State, Zip Code
 Clifton, NJ 07013

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe:
 Other - Describe:

Scope of Work (Check all that apply)

Demolition
 >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)			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	N	C	E			
Tunnel Area	<input checked="" type="checkbox"/>			Pipe Insulation	200 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
 Tullytown, PA

Completed By (Print or Type)
 Bilyana Kulakovska

Title
 Office Administrator

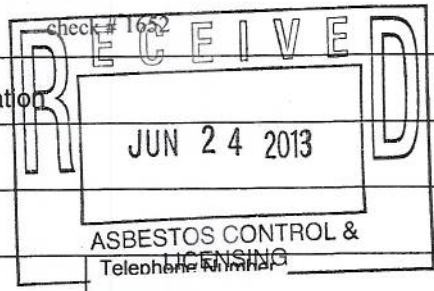
Signature

Date
 6/18/13

EDS13-061

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

Page 1 of 2



Date of Notification (1) 6-18-13		Name of Building Owner/Operator (2) Randolph Township Board of Education	
Agencies Notified	Type Notification	Street Address 25 Schoolhouse Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Randolph, NJ 07869	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Andy Hurd	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Randolph Middle School		Type of Facility (4)		
Street Address 507 Millbrook Avenue		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Randolph		Square Feet 50,000+	# of Floors 2	Bldg. Age 60+
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc	
Street Address PO Box 385		Street Address 140 Hamburg Turnpike		
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403		
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. 201-710-9725	License No. 01084

Start Date (10) 6-21-13	Scheduled Completion Date (11) 6-24-13	Name of OSHA Monitor GL Group, Inc		
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Turnpike		
<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 Bloomingdale, NJ 07403		

Scope of Work (Check All That Apply)

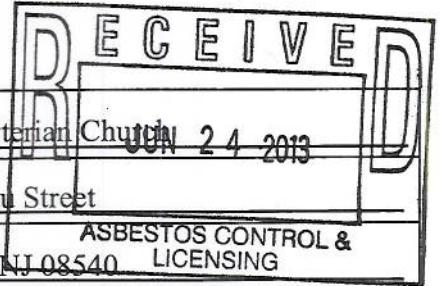
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable 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
Girls Locker Rm/Storage Rm		X		Pipe Insulation	25 Fittings	X			
Girls Locker Room Bathroom		X		Pipe Insulation	6 Fittings	X			
Girls Store Room (Inside Gym)		X		Pipe Insulation	26 Fittings	X			
Girls Store Room (Inside Gym)		X		Pipe Insulation	8 LF	X			

Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows	
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 6-18-13

CK # 25208

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



Date of Notification (1) <u>6/20/13</u>		Name of Building Owner/Operator (2) <u>Nassau Presbyterian Church</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>61 Nassau Street</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Andy Ward- PCG</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Nassau Presbyterian Church</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>61 Nassau Street</u>			
City (5) <u>Princeton, NJ</u>		Square Feet <u>10000 SF</u>	# of Floors <u>2</u>
		Bldg. Age <u>80</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Church</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 371</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weigarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>7/1/13</u>	Scheduled Completion Date (11) <u>7/12/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>3:30PM- Midnight</u>		Street Address <u>PO Box 371</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

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

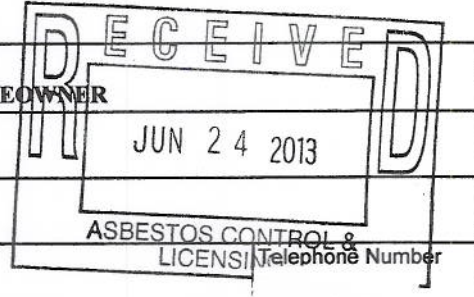
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Pipe Fitting insulation</u>	<u>9 LF</u>	<input checked="" type="checkbox"/>			
<u>Boiler Room</u>				<u>Pipe Fittings</u>	<u>12</u>		<input checked="" type="checkbox"/>		
<u>Basement</u>				<u>Pipe Fittings</u>	<u>10</u>		<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1/2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/12/13</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/20/12</u>		

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

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

CHECK#23173



Date of Notification (1) 6/19/2013		Name of Building Owner/Operator (2) JOE FILOON/AGENT FOR HOMEOWNER	
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 # _____	Street Address 51 Marin LANE	City, State, Zip Code BEACH HAVEN WEST, NJ
	<input type="checkbox"/> Emergency (including justification)	Name of Contact DAVID J. D'ANDREA	Telephone Number
	<input type="checkbox"/> Cancellation		
	FACILITY INFORMATION		

Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)	
Street Address 51 Marin LANE		Square Feet	# of Floors Bldg. Age
City (5) BEACH HAVEN WEST, NJ		Current Use (Prior if being demolished)	
County OCEAN	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD		
		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676	

Start Date (10) 6/20/2013	Scheduled Completion Date (11) 6/20/2013	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE SIDING	1000 S.F.	X			

Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.	Name of Registered Landfill GROWS	
City, State WEST CREEK, NJ		Disposal Date 6/21/2013	City, State MORRISVILLE, PA		
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>	Date 6/19/2013		

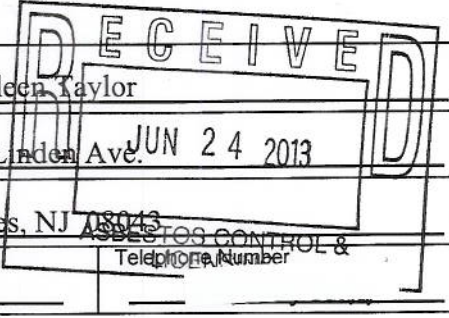
ASB-41

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CK# 25209

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



Date of Notification (1) <u>6/21/13</u>		Name of Building Owner/Operator (2) <u>Kathleen Taylor</u>	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1313 Linden Ave.</u>	
		City, State, Zip Code <u>Voorhees, NJ 08043</u>	
		Name of Contact <u>Kathleen Taylor</u>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1313 Linden Ave.</u>			
City (5) <u>Voorhees, NJ 08043</u>		Square Feet <u>1600</u>	# of Floors <u>2</u>
County (6) <u>Camden</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>7/10/13</u>	Scheduled Completion Date (11) <u>7/11/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4:30 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

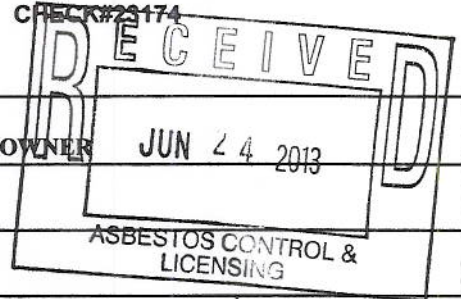
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Thermal Duct Insulation</u>	<u>4 sf</u>	<input checked="" type="checkbox"/>			
<u>Crawl space</u>				<u>Thermal Duct Insulation</u>	<u>45 sf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>7/11/13</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/21/13</u>		

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

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



Date of Notification (1) 6/19/2013		Name of Building Owner/Operator (2) JOE FILOON/AGENT FOR HOMEOWNER	
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 3 WEST HARMONY AVENUE
			City, State, Zip Code BRANT BEACH, NJ
		Name of Contact DAVID J. D'ANDREA	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)	
Street Address 3 WEST HARMONY AVENUE		Square Feet	# of Floors Bldg. Age
City (5) BRANT BEACH, NJ			

County OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
------------------------	----------------------------------	---

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
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Street Address	Street Address 15 BLACK FOREST ROAD
----------------	---

	City, State, Zip Code HAMILTON, NJ 08691
--	--

Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
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Start Date (10) 6/20/2013	Scheduled Completion Date (11) 6/20/2013	Name of OSHA Monitor N/A
-------------------------------------	--	------------------------------------

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours	Street Address	
	City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE SIDING	1000 S.F.	X			

Name of Registered Waste Hauler TIMSTER TRUCKING	NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.	Name of Registered Landfill GROWS
--	---	--------------------------------------	---

City, State WEST CREEK, NJ	Disposal Date 6/21/2013	City, State MORRISVILLE, PA
--------------------------------------	-----------------------------------	---------------------------------------

Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>	Date 6/19/2013
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ASB-41

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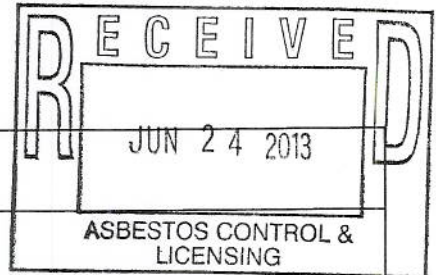
* Do not use this form for asbestos licensure exempted activities

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

Cr # 2455

Date of Notification (1) 6/19/13		Name of Building Owner / Operator (2) State of NJ Dept of Children and Families Office of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 10 Quakerbridge Plaza PO Box 710		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 24 2013 </div>					
		City, State & Zip Code Trenton, NJ 08625							
		Name of Contact Ronald Wybraniec							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Regional Schools - Burlington Campus			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 704 Woodlane Road			Square Feet	# of Floors	Bldg. Age				
City (5) Mount Holly	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren St.		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509					
Scheduled Start Date (10) 7/1/13	Scheduled Completion Date (11) 7/5/13 (OFF SITE 7/4/13)		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: 7 AM to 4 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street						
			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input 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"/> 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
Lobby and interior/exterior window banks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware		Disposal Date TBD	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jz</i>		Date 6/19/13				

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



Date of Notification (1) <u>06</u> / <u>19</u> / <u>13</u>		Name of Building Owner/Operator (2) St. Clare's Health Systems	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Blackwell Street	
		City, State, Zip Code Dover, NJ 07801	
		Name of Contact John J. Aryes	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Clare's Hospital - Dover Campus		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 400 Blackwell Street		Square Feet 100,000	# of Floors 4
City (5) Dover	Bldg. Age 47	Current Use (Prior if being demolished) Hospital	
County (6) Morris	County Code (7)(STATE USE ONLY)		

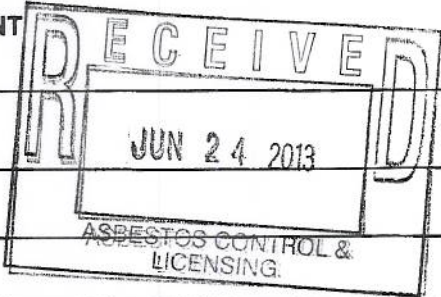
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations	ASCM No. 00104	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 665 West Shore Trail		Street Address 2 Henderson Drive	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm John A. Sekelsky	Telephone No. (973) 651-2039	Telephone No. (973) 808-1616	License No. 00411
Start Date (10) <u>06</u> / <u>29</u> / <u>13</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>13</u>	Name of OSHA Monitor Superior Abatement 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: Occupied BLDG- Construction barriers will isolate work areas from occupied portion of building		Street Address 2 Henderson Drive	
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 West Caldwell, NJ 07006	
		<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
Center Wing Sleep Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 North Kindred Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 6/21/13	City, State Waynesburgh, OH	
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 6-19-13

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



Date of Notification (1) <u>06</u> / <u>05</u> / <u>13</u>		Name of Building Owner/Operator (2) St. Clare's Health Systems	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 400 Blackwell Street	
		City, State, Zip Code Dover, NJ 07801	
		Name of Contact John J. Aryes	Telephone Number

FACILITY INFORMATION

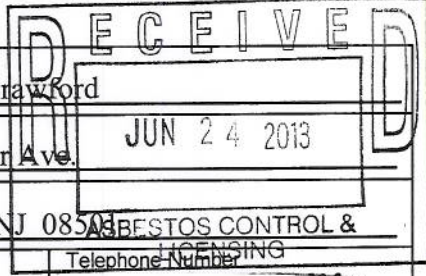
Name of Facility Where Abatement is Taking Place (3) St. Clare's Hospital - Dover Campus		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 200 Blackwell Street		Square Feet 100,000	# of Floors 4
City (5) Dover		Bldg. Age 47	
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 00104	Name of Abatement Contractor (9) Superior Abatement Inc
Street Address 665 West Shore Trail		Street Address 2 Henderson Drive	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm John A. Sekelsky		Telephone No. (973) 651-2039	License No. 00411
Start Date (10) <u>06</u> / <u>19</u> / <u>13</u>	Scheduled Completion Date (11) <u>06</u> / <u>21</u> / <u>13</u>	Name of OSHA Monitor Superior Abatement 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: Occupied BLDG- Construction barriers will isolate work areas from occupied portion of building		Street Address 2 Henderson Drive	
		City, State, Zip Code West Caldwell, NJ 07006	
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"/> 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
Center Wing Sleep Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	225 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. SW2117	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 6/21/13	City, State Waynesburgh, OH		
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 6-6-12		

CK 25207

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



Date of Notification (1) <u>6/20/13</u>		Name of Building Owner/Operator (2) <u>Beverly Crawford</u>	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>22 Waker Ave.</u>	
		City, State, Zip Code <u>Allentown, NJ 08541</u>	
		Name of Contact <u>Beverly Crawford</u>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>22 Waker Ave.</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>
City (5) <u>Allentown, NJ</u>		Bldg. Age <u>75</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>7/8/13</u>	Scheduled Completion Date (11) <u>7/9/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4:30 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Thermal Piping</u>	<u>145 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>7/10/13</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/20/13</u>

CK # 25 206

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



Date of Notification (1) <u>6/20/13</u>		Name of Building Owner/Operator (2) <u>Jean Keil</u>	
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 <u>1005 Riverview Drive</u>	
		City, State, Zip Code <u>Brielle, NJ 08730</u>	
		Name of Contact <u>Jean Keil</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1005 Riverview Drive</u>			
City (5) <u>Brielle, NJ</u>		Square Feet <u>2100</u>	# of Floors <u>2</u>
		Bldg. Age <u>65</u>	
County (6) <u>Monmouth</u>		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished) <u>Residential</u>			

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>		
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>		
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>7/9/13</u>	Scheduled Completion Date (11) <u>7/10/13</u>		Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4:30 pm</u>		Street Address <u>PO Box 341</u>		
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>		

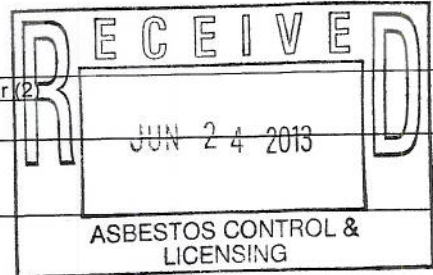
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Crawl space</u>			<input checked="" type="checkbox"/>	<u>Thermal Piping</u>	<u>18 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>6/28/13</u>		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature _____		Date <u>6/20/13</u>	

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



<u>Date of Notification (1)</u> 6/19/13		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification - Emergency <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	<u>Street Address</u> 800 Billingsport Rd	
		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
		<u>Name of Contact</u> Ravi Jarecha	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd			Sq. Feet <u>N/A</u> # of Floors <u>N/A</u>	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7) (State Use Only)</u>	<u>Bldg. Age</u> <u>N/A</u> Current Use (prior if being demolished) <u>Oil Refinery</u>	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> K A Industrial Services LLC
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<u>Street Address</u>		<u>Street Address</u> 800 Billingsport Rd	
		<u>City State, Zip Code</u> Paulsboro, NJ 08066	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 00857

<u>Scheduled Start Date (10)</u> 7/3/13	<u>Scheduled Completion Date (11)</u> 7/3/13	<u>Name of OSHA Monitor</u> Kenny Atlantic Industrial Services, LLC
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<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Other - Describe - Removal within restricted work area in outside areas		<u>Street Address</u> 800 Billingsport Rd
		<u>City, State, Zip Code</u> Paulsboro NJ 08066

Source of Work (Check all that apply)

Demolition Renovation
 Large Proj. (>160 SF or >260 LF ACM) SM Proj. (>25<160 SF or >10 <260 LF ACM) Minor Proj. (<25 SF or <10 LF ACM)
 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Locker Room Closet	X	Pipe Insulation	<10 LF	X			

<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> < 1 CY	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ	<u>Disp. Date</u> Various	<u>City, State</u> South Harrison, NJ	

<u>Completed by (Print or Type)</u> ANDREW GREEN	<u>Title</u> MANAGER - KENNY ATLANTIC	<u>Signature</u> Site Operations Supervisor	<u>Date</u> 6/19/13
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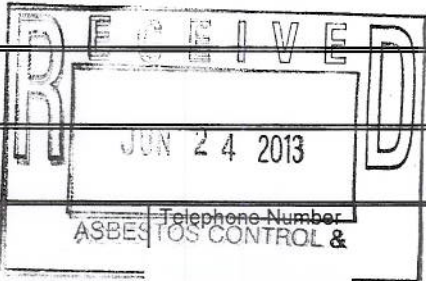
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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

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

D&S Proj. #: 2013

Date of Notification (1) 06/14/13		Name of Building Owner/Operator (2) tracey abernethy	
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 384 hamilton road	
	City, State, Zip Code RIDGEWOOD, NJ 07450		
	Name of Contact tracey abernethy		
	Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) tracey abernethy			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 384 hamilton road			Square Feet	# of Floors	Bldg. Age
City (5) RIDGEWOOD	County (6) bergen	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) 06/27/13	Sched. Completion Date (11) 07/10/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

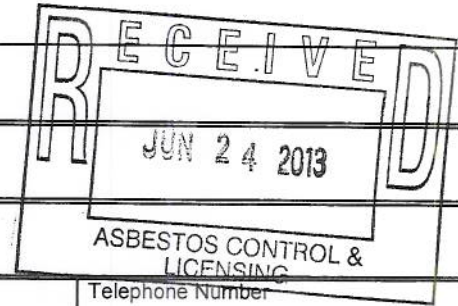
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input 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	E	E
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		DUCT INSULATION	35 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste n/a	Name of Registered Landfill n/a
City, State PATERSON, NJ 07503	Disposal Date n/a	City, State n/a	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/14/2013

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

D&S Proj. #: 2013



Date of Notification (1) 06/14/13		Name of Building Owner/Operator (2) jorge novura	
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 #: _____	Street Address 352 north 11th street	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code NEWARK, NJ 07104	
	<input type="checkbox"/> Cancellation	Name of Contact jorge novura	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jorge novura			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 352 north 11th street			Square Feet		
City (5) NEWARK		County (6) essex	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) 06/28/13	Sched. Completion Date (11) 07/12/13			
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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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 boiler room		<input checked="" type="checkbox"/>		PIPE INSULATION	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement living rm above ceiling		<input checked="" type="checkbox"/>		PIPE INSULATION	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 06/29/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 06/14/13

D&S Proj. #: 2013

State of NJ
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:26 and 17:27)

Spoke w/
Tom - 6/13/13
@ 9:16 AM

To be used
for Notification Fee
for others

Date of Notification (1) 10/16/13		Name of Building Owner/Operator (2) PAGE GAINES	
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		Street Address 200 WOODLAND AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WESTFIELD, NJ 07090	
		Name of Contact MARIE EVARESTO	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAGE GAINES			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 200 WOODLAND AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) WESTFIELD	County (6) UNION	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) 07/01/13	Sched. Completion Date (11) 07/12/13		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

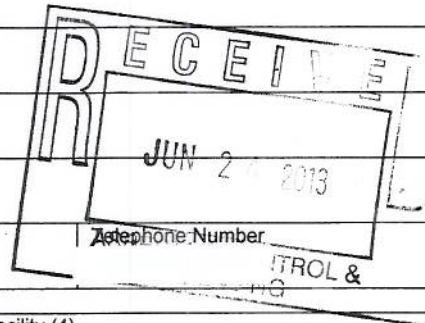
Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) 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	170 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	250 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 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503		Disposal Date 07/02/13	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 06/2013

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



Date of Notification (1) 06/18/2013		Name of Building Owner/Operator (2) Carteret Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 599 Roosevelt Blvd	
		City, State, Zip Code Carteret NJ 07008	
		Name of Contact Mr. Nilkanth Patel	

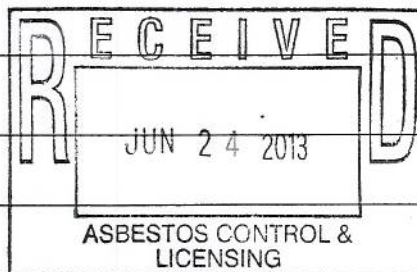
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Columbus Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Carteret Avenue		Square Feet	# of Floors 2
City (5) Carteret		Bldg. Age 50 years	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) R&K Occupational & Environmental		ASCM No. 0090	Name of Abatement Contractor (9) Savic Construction Corp
Street Address 403 St. James Avenue		Street Address 205 Route 46 Suite 15	
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Jonathan S. Gilbert		Telephone No. 908-454-6316	Telephone No. 973-339-9735
		License No. 01034	
Start Date (10) 07/02/2013	Scheduled Completion Date (11) 07/26/2013	Name of OSHA Monitor Savic Construction Corp	
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 205 Route 46 Suite 15	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Multiple classroom windows		X		Exterior asbestos caulking	45 openings	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Newark NJ		Disposal Date 07/26/2013	City, State Morrisville, PA		
Completed by Milos Savic	Title Project Manager	Signature <i>Milos Savic</i>	Date 06/18/2013		

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



Date of Notification (1) 06 / 19 / 13		Name of Building Owner/Operator (2) Adriana Santos	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 327 Brightwood Ave	
		City, State, Zip Code Westfield NJ	
		Name of Contact Adriana Santos	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 327 Brightwood Ave		Square Feet	# of Floors
City (5) Westfield		Bldg. Age	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P O Box 1224		Street Address 27 Outwater Lane		
City, State, Zip Code Union NJ		City, State, Zip Code Garfield NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973 494 3762	Telephone No. 973 928 4888	License No. 1188

Start Date (10) 06 / 29 / 13	Scheduled Completion Date (11) 7 / 1 / 13	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane suite B	
		City, State, Zip Code Garfield NJ 07026	

Scope of Work (Check all that apply)

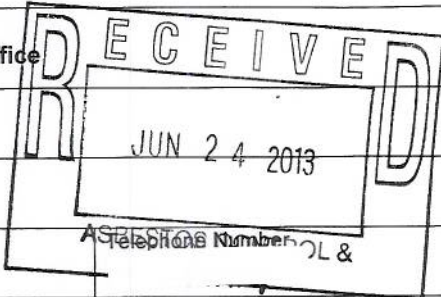
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor Tile	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed By (Print or Type) Zvonko Veskov	Title President	Signature 		Date 6/19/13	

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

Date of Notification (1) <u>06</u> / <u>18</u> / <u>13</u>		Name of Building Owner/Operator (2) Monmouth County Prosecutors Office	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" 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 132 Jersey Ville Avenue	
		City, State, Zip Code Freehold NJ 07728	
		Name of Contact Tom Aloia	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jerseyville Complex Bldg B		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 132 Jersey Ville Avenue		Square Feet 10,000 Sf.	# of Floors 1
City (5) Freehold NJ 07728		Bldg. Age 1960	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Prosecutor's Office/To be Demolished	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No. 30	Name of Abatement Contractor (9) APS Contracting Inc.	
Street Address 120 North Warren St.		Street Address 155-161 Pennsylvania Avenue		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	Telephone No. 973-754-1980	License No. 00875

Start Date (10) <u>07</u> / <u>22</u> / <u>13</u>	Scheduled Completion Date (11) <u>08</u> / <u>05</u> / <u>13</u>	Name of OSHA Monitor EMSL ANALYTICAL, INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 SHELTON AVE	
		City, State, Zip Code PISCATAWAY NJ 08854	

Scope of Work (Check all that apply)

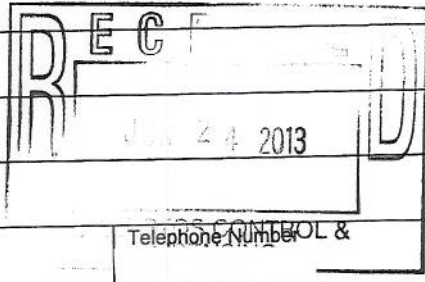
<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	8,120 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Sink -BasinMastic Soundproofing	4sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1012	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flooring Material	288 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 Atlantic Carting, Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Grows Landfill	
City, State Wayne, NJ 07470		Disposal Date 08/01/2013	City, State Morrisville, PA		

Completed By (Print or Type) Svetozar Savreski	Title President	Signature 	Date 6/18/13
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 06/20/2013		Name of Building Owner/Operator (2) KEAN UNIVERSITY	
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 100 MORRIS AVENUE	
		City, State, Zip Code UNION, NJ 07083	
		Name of Contact ADAM VARAVA	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) KEAN UNIVERSITY-EAST CAMPUS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 215 NORTH AVENUE		Square Feet	# of Floors
City (5) HILLSIDE		Bldg. Age	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL	ASCM No.	Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION	
Street Address 1253 NORTH CHURCH STREET		Street Address 235 WATCHUNG AVE	
City, State, Zip Code MOORESTOWN NJ 08057		City, State, Zip Code WEST ORANGE NJ 07052	
Project Manager for Monitoring Firm JIM GUILARDI	Telephone No. 856-840-8800 x 31	Telephone No. 973-243-9872	License No. 01171

Start Date (10) 07/01/2013	Scheduled Completion Date (11) 07/05/2013	Name of OSHA Monitor SCHNEIDER LABORATORIES	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>RENOVATION</u>		Street Address 2512 W. CARY STREET	
		City, State, Zip Code RICHMOND, VA 23220	

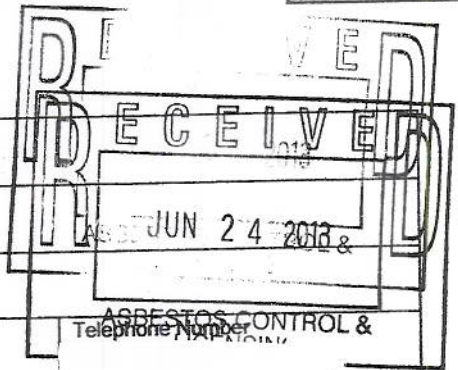
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
SWIMMING POOL BLDG. FLOOR			X	POOL TILE GROUT	260SF	X			

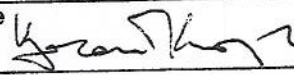
Name of Registered Waste Hauler KIELCZEWSKI CORPORATION	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill CONESTOGA LANDFILL
City, State WEST ORANGE NJ		Disposal Date	City, State MORGANTOWN, PA
Completed by SLAWOMIR KIELCZEWSKI	Title PRESIDENT	Signature 	Date 06/20/2013

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



Date of Notification (1) 06/20/2013		Name of Building Owner/Operator (2) White Township Board Of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 565 County Road 519							
			City, State, Zip Code Belvidere, NJ 07823							
			Name of Contact Dawn Huff							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) White Township Consolidated 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 565 County Road 519		Square Feet 50000	# of Floors 2							
City (5) Belvidere		Bldg. Age 50								
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) RKO Environmental Analysis, Inc		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.							
Street Address 403 St. James Avenue		Street Address 265A Route 46 Suite 3D								
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010							
			License No. 00666							
Start Date (10) 07/15/2013	Scheduled Completion Date (11) 07/26/2013	Name of OSHA Monitor Bako Construction & Restoration, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265A Route 46 Suite 3D								
		City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Rooms 200,210,220,230,240 & 250		x		Window Caulk	1136 LF	x				
Rooms 200,210,220,230,240 & 250		x		Transite Fascia	360 SF	x				
Rooms 300,310,320,330,540 & 560		x		Window Caulk	548 LF	x				
Rooms 300,310,320,330,540 & 560		x		Transite Fascia	265 SF	x				
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S						
City, State Totowa, NJ		Disposal Date 07/29/2013		City, State Morrisville, PA						
Completed by Damir Valjevac		Title Project Manager		Signature <i>Dawn Huff</i>				Date 06/20/13		

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

Date of Notification (1) 06/06/2013		Name of Building Owner/Operator (2) White Township Board of Education		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED JUN 24 2013 DEPARTMENT OF ENVIRONMENTAL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 565 County Road 519							
<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 Belvidere NJ 07823 Name of Contact Dawn Huff Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) White Township Consolidated School			Type of Facility (4)						
Street Address 565 County Road 519			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Belvidere		Square Feet 50000	# of Floors 2	Bldg. Age 50					
County (6) Warren		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) RKO Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 403 St. James Avenue		Street Address 265 Route 46 Ste 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010	License No. 00666					
Start Date (10) 06/24/2013	Scheduled Completion Date (11) 07/06/2013		Name of OSHA Monitor Bako Construction & Restoration, Inc.						
Occupancy Status During Abatement (Check Only One)			Street Address 265 Route 46 Ste 3D						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Totowa NJ 07512						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 200,210,220,230,240 & 250		x		Window Caulk	1136 LF	x			
Rooms 200,210,220,230,240 & 250		x		Transite Facia	360 SF	x			
Rooms 300,310,320,330,540 & 560		x		Window Caulk	548 LF	x			
Rooms 300,310,320,330,540 & 560		x		Transite Facia	265 SF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa NJ		Disposal Date 07/08/2013		City, State Morrisville PA					
Completed by Goran Kojic		Title Project Manager	Signature 		Date 06/06/2013				