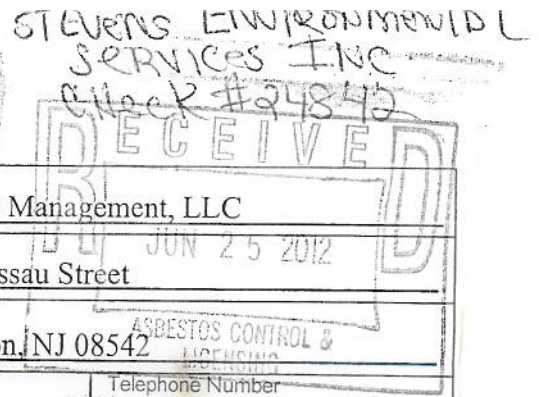


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>6/11/12</u>		Name of Building Owner/Operator (2) <u>Palmer Square Management, LLC</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>40 Nassau Street</u>							
		City, State, Zip Code <u>Princeton, NJ 08542</u>							
		Name of Contact <u>Mike Casey</u>	Telephone Number <u>[REDACTED]</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Store</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>44 Nassau Street</u>		Square Feet	# of Floors						
City (5) <u>Princeton</u>		Bldg. Age							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Store</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>TTI Environmental Inc.</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>1253 North Church Street</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Moorestown, NJ 08057</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Jim Guilardi</u>	Telephone No. <u>(856) 840-8800</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>6/21/12</u>	Scheduled Completion Date (11) <u>7/6/12</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>7AM - 3:30PM</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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>basement to 2nd Floor</u>			<input checked="" type="checkbox"/>	<u>pipe insulation</u>	<u>1000 LF</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>20 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/6/12</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>6/20/12</u>			



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

STEVENS ENVIRONMENTAL  
SERVICES INC  
CHECK # 24824

Date of Notification (1) <u>6/11/12</u>		Name of Building Owner/Operator (2) <u>Palmer Square Management, LLC</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>40 Nassau Street</u> City, State, Zip Code <u>Princeton, NJ 08542</u>					
		Name of Contact <u>Mike Casey</u>	Telephone Number <u>                    </u>				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Retail Store</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>32 Nassau Street</u>		Square Feet	# of Floors				
City (5) <u>Princeton</u>		Bldg. Age					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Store</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>6/21/12</u>	Scheduled Completion Date (11) <u>7/6/12</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>7AM - 3:30PM</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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>basement to 2nd Floor</u>	<u>X</u>	<u>pipe insulaton</u>	<u>1000 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>20 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/6/12</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>6/11/12</u>				



MO# 19807849563

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

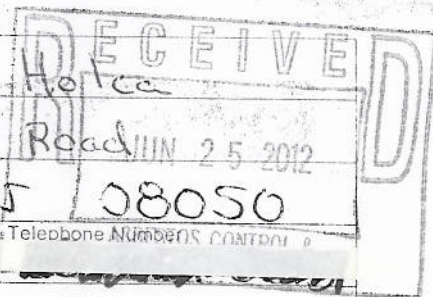
MO 1980 184 908 2

Date of Notification (1) 06 / 22 / 12		Name of Building Owner/Operator (2) Amanda Carey							
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 9 West Avenue City, State, Zip Code Gladstone, NJ 07934 Name of Contact Amanda Carey							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 9 West Avenue		Square Feet	# of Floors						
City (5) Gladstone, NJ 07934		Bldg. Age							
County (6) Somerset	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) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 07 / 01 / 12	Scheduled Completion Date (11) 07 / 02 / 12	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 06/22/2012			



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

Cheek #  
8238



Date of Notification (1) <b>6-22-12</b>		Name of Building Owner/Operator (2) <b>Dana Holca</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>104 Flotsam Road</b> City, State, Zip Code <b>Manahawkin NJ 08050</b> Name of Contact <b>Dana Holca</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</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 <b>17 Millstone Road</b>		Square Feet	# of Floors <b>1</b>						
City (5) <b>West Windsor, NJ 08550</b>		Bldg. Age <b>50+-</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>July 5 2012</b>	Scheduled Completion Date (11) <b>July 13, 2012</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
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 <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Floor Tiles	50 SF	X			
Garage entrance	X			Floor Tiles/Waste	30 SF	X			
Windows on House			X	Caulk	12 each				
Siding Shingles on Garage		X		Siding Shingles	250 SF				
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste	Name of Registered Landfill <b>Waste Management</b>				
City, State <b>NE NJ</b>		Disposal Date		City, State <b>Meriden CT</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>6-22-12</b>			

65778



REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

Print Form

Date of Notification (1) June 20th, 2012		Name of Building Owner/Operator (2) HAMPTON TOWNSHIP SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address ONE SCHOOL ROAD		City, State, Zip Code NEWTON, NEW JERSEY 07860							
Name of Contact Mr. Everett Burns		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McKeown Elementary School		Type of Facility (4) <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.)							
Street Address One School Road,		Current Use (Prior if being demolished)							
City (5) Newton, New Jersey 07860		Square Feet 50,000	# of Floors 1						
County (6) Sussex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO VISION CONSULTANTS, INC.		ASCM No.							
Street Address 20-21 Wageraw Road, Bldg. #34A		Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.							
City, State, Zip Code Fair Lawn, New Jersey 07410		Street Address 164 GETTY AVE.							
Project Manager for Monitoring Firm Mr. William Morales		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802	Telephone No. 973-478-4848						
Start Date (10) June 22, 2012		License No. 00724							
Scheduled Completion Date (11) June 29, 2012		Name of OSHA Monitor SLAVCO CONSTRUCTION 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 Other - Describe: 7:00am-5:30pm Monday- Friday		Street Address 164 GETTY AVE.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
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			Removed	Repair	Encapsulation	Enclosure
Exterior Panel			X	14 Transit Panel	27SF	X			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18808	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Gen. Mgr.		Signature Vivian D. Jurcevic		Date June 20th, 2012			

ASB-41 (R-08-00)

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



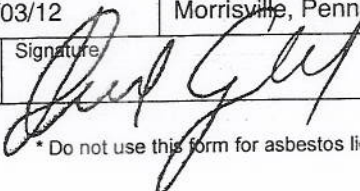
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) June 20th, 2012		Name of Building Owner/Operator (2) HAMPTON TOWNSHIP SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address ONE SCHOOL ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWTON, NEW JERSEY 07860							
		Name of Contact Mr. Everett Burns							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) McKeown Elementary School		Type of Facility (4)							
Street Address One School Road ,		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newton, New Jersey 07860		Square Feet 50,000	# of Floors 1						
County (6) Sussex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO VISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 20-21 Wagaraw Road, Bldg.#34A		Street Address 164 GETTY AVE.							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Mr. William Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848						
License No. 00724									
Start Date (10) June 22, 2012	Scheduled Completion Date (11) June 29, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 164 GETTY AVE.							
<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: 7:00am-3:30pm Monday- Friday		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
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
Exterior Panel			x	14 Transite Panel	27SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date June 20th, 2012					



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

Date of Notification (1) 06/19/12		Name of Building Owner/Operator (2) West Orange 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 checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 179 Eagle Rock Avenue							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Mr. Mark Kenny							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Washington 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 289 Main Street		Square Feet 5,000 +	# of Floors 2						
City (5) West Orange		Bldg. Age 50+							
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) Ahera Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address P.O. Box 385		Street Address 163 Sargeant Avenue							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-689-6281						
Start Date (10) 07/02/12		Scheduled Completion Date (11) 08/03/12	License No. 01099						
Name of OSHA Monitor J&S Environmental Laboratories 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 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Storage	x			Thermal System Pipe Insulation	140 LF	x			
Boiler Room	x			Boiler Jacket Insulation	400 SF	x			
Boiler Room	x			Boiler Breeching Insulation	480 SF	x			
--- Continued on the next page ---									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date 08/03/12	City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger	Signature 	Date 06/19/12					



RECEIVED  
JUN 25 2012  
ARIZONA DEPARTMENT OF  
TRANSPORTATION & SAFETY  
DIVISION OF MOTOR VEHICLES  
LICENSING

[illegible]



2136

(2)  
Education Check # 2136 \$200  
JUN 25 2012  
ASBESTOS Telephone Number  
LIC



Jun 20 12 12:36p

A. MAC Contracting, Inc.

Fax:

Jun 20 2012 01:25pm P001/001

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

Date of Notification (1) <b>6/20/12</b>		Name of Building Owner/Operator (2) <b>MR. PAPALEO</b>		ASBESTOS CONTROL & LICENSING <b>APPROVED</b> NJ Dept of Health & Senior Services (Signature) Date: <b>6/20/12</b> Time: <b>1:20</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DQH <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 <b>209 SUMMIT ROAD</b> City, State, Zip Code <b>MATTAHAN, NJ 07430</b> Name of Contact <b>MR. PAPALEO</b> Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>PAPALEO</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 <b>209 SUMMIT ROAD</b>				Square Feet <b>1800</b>	
City (5) <b>MATTAHAN</b>				# of Floors <b>2</b>	
County (6) <b>BERGEN</b>				Bldg. Age <b>56</b>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <b>RES</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
Street Address		Street Address <b>105 Lowell Road</b>			
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>			
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>		License No. <b>00156</b>	
Start Date (10) <b>6/20/12</b>		Scheduled Completion Date (11) <b>6/21/12</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
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 <b>280 Huyler Street</b>	
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 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-Frangible Procedure				City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>Basement</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other: miscellaneous) <b>PIPE</b>	
				Amount (Specify SF or LF) <b>135 LF</b>	
				Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>1</b>	
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>6/20/12</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>		City, State <b>Bethlehem, PA 18015</b>	
		Signature <b>R. McDonald</b>		Date <b>6/20/12</b>	

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



MO-19807849552

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

MO# 19807849552

Date of Notification (1) <div style="text-align: center;">06 / 21 / 12</div>		Name of Building Owner/Operator (2) 1582 Irving Street LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1582 Irving Street City, State, Zip Code Rahway, NJ 07065 Name of Contact Steven Nuran							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Apt. bldg. Street Address 1582 Irving Street City (5) Rahway, NJ 07065 County (6)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age							
Union		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 06 / 30 / 12	Scheduled Completion Date (11) 07 / 14 / 12	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
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									
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> > 160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	900 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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 06/21/2012			

65783



ck  
25598

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

**RECEIVED**  
JUN 25 2012

Date of Notification (1) 06/20/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification Cancellation	Telephone Number	

ASBESTOS CONTROL &  
LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Murray - Dodge Hall			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 60000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 4
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruc Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 07/02/12 Month/Day/Year		Sched. Completion Date (11) 07/09/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 4:00 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement		<input checked="" type="checkbox"/>		pipe insulation	9 LF	<input checked="" type="checkbox"/>			
Basement		<input checked="" type="checkbox"/>		glue dots	150 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 6-26-12

ABS-41  
JUN 95

65724

G4667

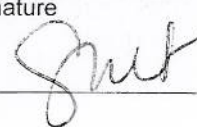


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1204-4465  
Check #4127

Date of Notification (1)		Name of Building Owner / Operator (2) <b>George Teneralli</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED  JUN 25 2012  ASBESTOS CON  LICENS </div>	
Agencies Notified		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		<b>45 North Prospect Avenue</b> City, State & Zip Code <b>Red Bank, NJ 07701</b>			
Type Notification		Name of Contact			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<b>George Teneralli</b>		Telephone Number	

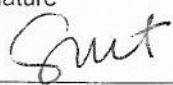
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>			Type of Facility (4)						
Street Address <b>45 North Prospect Ave.</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
			Square Feet <b>5,000</b>	# of Floors <b>3</b>	Bldg. Age <b>100+</b>				
City (5) <b>Red Bank</b>	County (6) <b>Monmouth</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>318 12<sup>th</sup> Street</b>			Street Address <b>PO Box 25</b>						
City, State & Zip Code <b>Hammonton, NJ 08037</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>						
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>609-704-8850</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>					
Scheduled Start Date (10) <b>6/2/12</b>	Scheduled Completion Date (11) <b>6/4/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			<b>108 Haddon Ave.</b>						
			City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Linoleum</b>	<b>80 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>284 LF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/4/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>5/14/12</b>



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

1204-4474  
**Check #4126**

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner / Operator (2) <b>Township of Toms River</b>							
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		Street Address						
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<b>33 Washington Street</b>						
			City, State & Zip Code						
			<b>Toms River, NJ</b>						
			Name of Contact						
		<b>Robert Chankalian</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Municipal Complex</b>		Type of Facility (4)							
Street Address <b>33 Washington Street</b>		<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) <b>Toms River</b>	County (6) <b>Ocean</b>	County Code (7)	Square Feet # of Floors Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Hammonton, NJ 08037</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone Number <b>609-704-8850</b>	Telephone Number <b>609-265-2107</b> License Number <b>00529</b>						
Scheduled Start Date (10) <b>5/23/12</b>	Scheduled Completion Date (11) <b>5/29/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		<b>108 Haddon Ave.</b>							
Scope of Work (Check all that apply)		City, State & Zip Code <b>Westmont, NJ 08108</b>							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Packing Insulation</b>	<b>5 SF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/29/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 			Date <b>5/14/12</b>			



REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

JUN 21 2012

Print Form

#5970

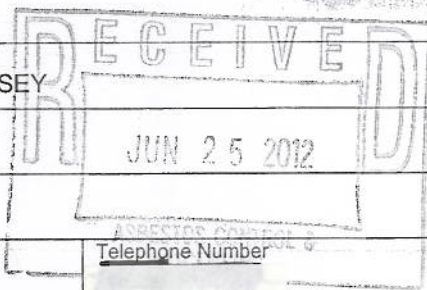
Date of Notification (1) June 21st, 2012		Name of Building Owner/Operator (2) RAMAPO COLLEGE OF NEW JERSEY						
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DSP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, New Jersey 07430						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Gina Meyer	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Sycamore, Cypress, Mulberry, Tamarack, Butternut		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 505 Ramapo Valley Road		Square Feet	# of Floors					
City (5) Mahwah		Bldg. Age						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MGMT. INC.		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.					
Street Address 344 West State Street		Street Address 164 GETTY AVE.						
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802						
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-478-4848					
License No. 00724								
Start Date (10) June 26th, 2012		Scheduled Completion Date (11) September 28, 2012						
Name of OSHA Monitor SLAVCO CONSTRUCTION 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 Other - Describe: 7:00am-4:00pm Monday - Friday		Street Address 164 GETTY AVE.						
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 or of 23 if <input checked="" type="checkbox"/> 2180 or of 2260 if		<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
Sycamore Bldg. (102 Windows)			x	Window glazing	1383	x		
Cypress Bldg. (174 Windows)			x	Window glazing	2359	x		
Mulberry Bldg. (183 Windows)			x	Window glazing	2482	x		
Tamarack (103 Windows)			x	Window glazing	1387	x		
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL				
City, State CLIFTON, NEW JERSEY 07011-1802		Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcavie		Title Gen. Mgr.	Signature <i>Vivian D. Jurcavie</i>			Date June 21th, 2012		

65709



5970

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




Date of Notification (1) June 21th, 2012		Name of Building Owner/Operator (2) RAMAPO COLLEGE OF NEW JERSEY							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, New Jersey 07430							
		Name of Contact Gina Mayer	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sycamore, Cypress, Mulberry, Tamarack, Butternut		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 505 Ramapo Valley Road		Square Feet	# of Floors						
City (5) Mahwah		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MGMT. INC.		ASCN No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 344 West State Street		Street Address 164 GETTY AVE.							
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	License No. 00724						
Start Date (10) June 25th, 2012	Scheduled Completion Date (11) September 28, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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 Other - Describe: 7:00am-4:00pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Sycamore Bldg. (102 Windows)			x	Window glazing	1383	x			
Cypress Bldg. (174 Windows)			x	Window glazing	2359	x			
Mulberry Bldg. (183 Windows)			x	Window glazing	2482	x			
Tamarack (103 Windows)			x	Window glazing	1397	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>			Date June 21th, 2012			



RECEIVED  
JUN 25 2012  
ASBESTOS CONTROL Page 2 of 2  
Abatement Type

## Page 2 of 2

Completed By: (Print or Type) Vivian D. Jurcevic	Title Gen. Mgr.	Signature 	Date 6/21/2012
---	--------------------	---	-------------------



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

Check # N/A

Date of Notification (1) <b>6/22/12</b>		Name of Building Owner/Operator (2) <b>Hudson County</b>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 25 2012  ASBESTOS CONTROL &amp; LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification Amend #4 <input type="checkbox"/> Cancellation	<b>595 Newark Ave.</b>  City, State, Zip Code <b>Jersey City, NJ 07306</b>	
		Name of Contact <b>Kim Riscart</b>	
		Telephone Number	

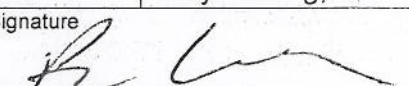
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Hudson County Admin. Bldg.</b>			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 <b>595 Newark Avenue</b>			Square Feet 250000	# of Floors 13	Bldg. Age ~ 50
City (5) <b>Jersey City</b>	County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office building		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>116 Tices Lane, Unit B-1</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>East Brunswick, NJ 08816</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>1/20/12</b>	Sched. Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
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: <u>partially vacated</u>			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Various – CJP courtroom, 406, 107		X		Plaster/spray-on ceiling (to be scraped) *	1300 SF	X				
Various – courtrooms, offices		x		Floor tile*	1200 SF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>6/30/12</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>6/22/12</b>

ASB-41

\*Note: Work to occur in phases. First phase is 190 SF of ceiling at CJP courtroom. Amend 1, 4/13/12: Phase 2 involves removal of 24 SF of ceiling at Room 406. Amend 2, 5/11/12: Phase 3 involves removal of 1100SF VAT. 6/8/12: Phase 4 involves removal of 400 SF plaster at CJP 107.

CONTINUES -&gt;



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

Check # N/A

Date of Notification (1) 6/22/12		Name of Building Owner/Operator (2) Montclair State University	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Emergency [X] Amended Notification Amend. # 1 [ ] Cancellation	Street Address Normal Avenue	
		City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact Amy Ferdinand	
		Telephone Number	

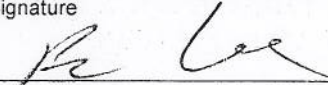
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Exterior - underground, Montclair State University			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 20000		
City (5) Upper Montclair			County (6) Essex		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			ASCM No. 00110		
Street Address 7 Pleasant Hill Road			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Cranford, NJ 08512			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm Kevin Lovely			City, State, Zip Code Lincoln Park, NJ 07035		
Telephone Number 732-390-5858			Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 5/21/12			Sched. Completion Date (11) 12/31/12		
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [X] Other - Describe: <u>exterior</u>			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

- [ ] Demolition [X] Renovation [ ] Full Containment with Negative Pressure  
 [ ] ≥3 sf or ≥3 lf [ ] Mini - Enclosure [X] Glovebag Procedure  
 [X] ≥160 sf or ≥260 lf [ ] 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	R	E	E
Underground pipe bank - exterior		X		Pipe insulation - to be done in phases	2000 LF	X			

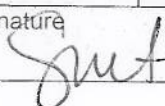
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 20	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 6/29/12		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 6/22/12

ASB-41

6/22/12: Amendment #1 - First 3 sections have been completed. There will be no on site work until another amendment of this notification.



State of New Jersey 1205-4481 Check #4091  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

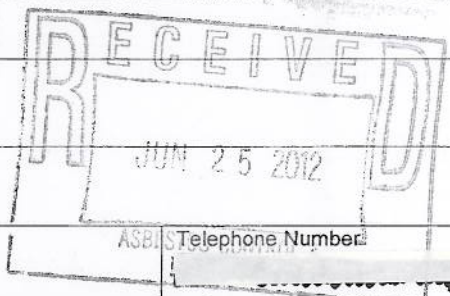
Date of Notification (1) <b>5/11/12</b>		Name of Building Owner / Operator (2) <b>Kennedy Health Facilities</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED  JUN 25 2012  ASBESTOS CON  LICENSIN </div>	
Agencies Notified	Type Notification	Street Address <b>2 Regulus Drive</b>			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Turnersville, NJ 08012</b>			
		Name of Contact <b>George Lodish</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Kennedy Memorial Hospital</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 <b>18 East Laurel Rd.</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Stratford</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>3370 Progress Drive</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Bensalem, PA 19020</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone Number <b>215-244-1300</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>5/9/12</b>	Scheduled Completion Date (11) <b>5/14/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
<b>Pharmacy Area</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Asbestos Fireproofing</b>	<b>381 SF</b>	Removal	Repair
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/14/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 	Date <b>5/11/12</b>	



65710

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

Check # 6786

Date of Notification (1) <b>6/22/12</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>	
Agencies Notified	Type of Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	PO Box 5042	
		City, State, Zip Code <b>Woodbridge, NJ 07095</b>	
		Name of Contact <b>Gregory Soska</b>	ASBESTOS Telephone Number <b>[REDACTED]</b>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>NJT Clara Barton Service Area</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>NJ Turnpike Milepost 5.4 SB</b>			Square Feet <b>8000</b>	# of Floors <b>1</b>	Bldg. Age <b>~50</b>
City (5) <b>Oldsman Twp.</b>	County (6) <b>Salem</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>7/16/12</b>	Sched. Completion Date (11) <b>7/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
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: <u>partially vacant</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## 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	R	E	E	N
Boiler room	X			TSI – Boiler and breeching insulation/gaskets	600 SF	x				
Boiler room	X			TSI – pipe insulation	100 LF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>12</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>7/30/12</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>6/22/12</b>



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

Check # 6785

Date of Notification (1) <b>6/22/12</b>		Name of Building Owner/Operator (2) <b>Mercer County Community College</b>	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>1200 Old Trenton Road</b>	
		City, State, Zip Code <b>West Windsor, NJ 08550</b>	
		Name of Contact <b>Valerie Sassaman</b>	Telephone Number <b>[REDACTED]</b>

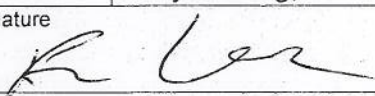
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Former Home Furnishing Store</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>137 North Broad St.</b>			Square Feet <b>25000</b>	# of Floors <b>5</b>	Bldg. Age <b>~65</b>
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>College classrooms</b>		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>3 Lynn Court</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>6/25/12</b>	Sched. Completion Date (11) <b>7/31/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
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: <u>partially vacant</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >3 sf or >3 lf                |                                     | <input checked="" type="checkbox"/> Mini – Enclosure             |
| <input checked="" type="checkbox"/> >160 sf or >260 lf |                                     | <input type="checkbox"/> Glovebag Procedure                      |
|  |                                     | <input checked="" type="checkbox"/> Non – Friable Procedure      |


Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by 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	R	E	E	
Basement thru 4 <sup>th</sup> floor		x		VAT, linoleum and mastic	21800 SF	x				
basement		x		Pipe insulation	480 LF		x	x		

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>40</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>7/30/12</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>6/22/12</b>



State of New Jersey

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

Date of Notification (1) 6/22/12		Name of Building Owner/Operator (2) Mercer County Community College	
Agencies Notified	Type of Notification	Street Address	ASBESTOS CONTROL LICENSE:  Date: 6/22/12 Time: 12:50
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	1200 Old Trenton Road	
		City, State, Zip Code West Windsor, NJ 08550	
		Name of Contact Valerie Sassaman	Telephone Number


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Home Furnishing Store			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 137 North Broad St.			Square Feet 25000	# of Floors 5	Bldg. Age ~65
City (5) Trenton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College classrooms		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 6/25/12	Sched. Completion Date (11) 7/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacant			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	E	E
Basement thru 4 <sup>th</sup> floor		x		VAT, linoleum and mastic	21800 SF	x			
basement		x		Pipe insulation	480 LF		x	x	

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 40	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 7/30/12	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 6/22/12



Additional work windows CK 2607

Date of Notification (1) 6/1/12		Name of Building Owner/Operator (2) East Greenwich Township Board Of Education - 2607							
Agencies Notified	Type Notification	Street Address 559 Kings Highway							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Mickleton, NJ 08056							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Name of Contact Tom	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Jeffrey Clark 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 7 Quaker Road		Square Feet 1000+	# of Floors 2						
City (5) Mickleton NJ 08056		Bldg. Age 35+							
County (6) gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/14/12	Scheduled Completion Date (11) 6/29/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
main office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Glazing	4 windows	<input checked="" type="checkbox"/>			
Health Rm Cafeteria boys & girls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Restrooms & vault	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	Total SF 760	<input checked="" type="checkbox"/>			
Rooms 100,102, 104,106 107,108, 109,110,111,112	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	dry wall spackle	1 sf per room	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler United containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/29/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/1/12		

ASB-41 (R-06-08)

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

dry wall Cancelled on this Job We Removed floor Tile only

45710



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

VIA US Mail  
 CH# 1014

Date of Notification (1) 6/22/12		Name of Building Owner/Operator (2) MR. NICOL						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 653 FAIRMOUNT AVE City, State, Zip Code WESTFIELD NJ 07090 Name of Contact MR. NICOL Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 653 FAIRMOUNT AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
City (5) WESTFIELD NJ 07090		Square Feet 2,500	# of Floors 2					
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC					
Street Address		Street Address PO BOX 814	City, State, Zip Code OLD BRIDGE NJ 08857					
City, State, Zip Code		Telephone No. (321) 238-7500	License No. 00806					
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 07/2/12	Scheduled Completion Date (11) 07/31/12	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 814						
		City, State, Zip Code OLD BRIDGE NJ 08857						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASMENT			X	PIPE INSULATION	70 LF	X		
Name of Registered Waste Hauler NOVATECH INC		NDEP Waste Hauler ID No. 17501	Cubic Yards of Waste 5	Name of Registered Landfill GROWS				
City, State OLD BRIDGE NJ 08857		Disposal Date 8/15/12	City, State HARRISVILLE PA					
Completed By CARLOS AMEIDA	Title PRESIDENT	Signature [Signature]	Date 6/22/12					



65714

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

Date of Notification (1) June / 21 / 2012		Name of Building Owner/Operator (2) <b>Diocese of Camden</b>		Check # 4664					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 <b>631 Market Street</b> City, State, Zip Code <b>Camden, NJ 08102</b> Name of Contact <b>Thomas Bechard</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Patrick's School</b>				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 <b>211 Cooper Street</b>				Square Feet <b>18000</b>					
City (5) <b>Woodbury</b>				# of Floors <b>2</b>					
County (6) <b>Gloucester</b>				Bldg. Age <b>80 Years</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>MGD Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>1000 Maplewood Dr. Suite 207</b>		Street Address <b>47 S. Lippincott Ave.</b>							
City, State, Zip Code <b>Maple Shade, NJ 08052</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Tony Esposito</b>		Telephone No. <b>856-755-9300</b>		License No. <b>00842</b>					
Start Date (10) July / 16 / 2012		Scheduled Completion Date (11) August / 20 / 2012		Name of OSHA Monitor <b>EMSL</b>					
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 <b>107 Haddon Ave</b> City, State, Zip Code <b>Westmont, New Jersey 08108</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	3454 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	885 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria and Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation and Fittings	70 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc</b>		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste		Name of Registered Landfill <b>Grows Landfill</b>			
City, State <b>Mount Holly, NJ</b>		Disposal Date		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>William Lynch</b>		Title <b>Owner</b>		Signature <i>William J. Lynch</i>		Date <b>June 21, 2012</b>			



REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

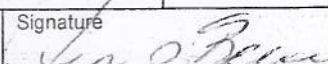
Date of Notification (1) June 20, 2012		Name of Building Owner/Operator (2) Camden County Technical Schools		Check # 1863			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 343 Berlin Cross Keys Road City, State, Zip Code Sicklerville, NJ 08081 Name of Contact Dino Acevedo			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Gloucester Township Campus-Camden Technical 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 343 Berlin Cross Keys Road				Square Feet 12,000	# of Floors 2		
City (5) Sicklerville				Bldg. Age 80			
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Technical School			
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address 307 North Walnut Ave		Street Address 47 S. Lippincott Ave					
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610-431-7545		Telephone No. 856-755-0099	License No. 00842		
Start Date (10) 6-21-2012		Scheduled Completion Date (11) 08-23-2012		Name of OSHA Monitor EMSL			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe				Street Address 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> < 25 sf or < 25 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Not-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Roof	xxx		Roof Drains	80LF	xxx		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill		
City, State Mount Holly, New Jersey 08060		Disposal Date		City, State Tullytown, PA			
Completed by Jim O'Brien		Title Operations Manager		Signature <i>Jim O'Brien</i>		Date 06-20-2012	

ASB-41 (R-06-08)

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



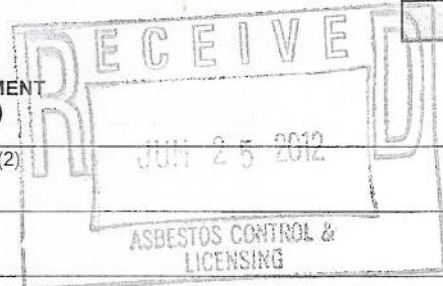
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 20, 2012		Name of Building Owner/Operator (2) Camden County Technical Schools		Check # 4663	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		343 Berlin Cross Keys Road	
				City, State, Zip Code Sicklerville, NJ 08081	
				Name of Contact Dino Acevedo	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Gloucester Township Campus-Camden Technical School				Type of Facility (4)	
Street Address 343 Berlin Cross Keys Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Sicklerville				Square Feet 12,000	# of Floors 2
				Bldg. Age 80	
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Technical School	
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 307 North Walnut Ave				Street Address 47 S. Lippincott Ave	
City, State, Zip Code West Chester, PA 19380				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610-431-7545		Telephone No. 856-755-0099	License No. 00842
Start Date (10) 6-21-2012		Scheduled Completion Date (11) 06-23-2012		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Roof	xxx			Roof Drains	80LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060				Disposal Date	City, State Tullytown, PA.
Completed by Jim O'Brien		Title Operations Manager		Signature 	Date 06-20-2012



657048  
Check #  
7762

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



Print Form

Date of Notification (1) 06/20/2012		Name of Building Owner/Operator (2) Linda Goldmintz							
Agencies Notified	Type Notification	Street Address 1099 Sussex Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact Linda Goldmintz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1099 Sussex Road		Square Feet 2,200	# of Floors 2						
City (5) Teaneck		Bldg. Age 60 +							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) July 1, 2012	Scheduled Completion Date (11) July 3, 2012	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement</u>		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 07/3/2012		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 		Date 06/20/2012			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:129)

Date of Notification (1) 6-22-2012		Name of Building Owner/Operator (2) USG CORP.						
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 6415 CITY PLACE City, State, Zip Code EDGEWATER NJ 07020 Name of Contact G. YEHEZKEL Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) USG CORP.		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 117 71 <sup>ST</sup> STREET		Square Feet 4800						
City (5) GUTTENBERG		# of Floors 3						
County (6) HUDSON		Bldg. Age 72 YRS						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Best Removal Inc						
City, State, Zip Code		Street Address 450 South River St						
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601						
Telephone No.		Telephone No. 201-329-7444						
Start Date (10) 7-3-2012		License No. 00388						
Scheduled Completion Date (11) 7-5-2012		Name of OSHA Monitor Omega Environmental Services						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler St.						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, N.J. 07606						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement			X Thermal Insulation	125 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 94 YD	Name of Registered Landfill Minerva Enterprises Inc.				
City, State Hackensack, NJ		Disposal Date 7-5-2012		City, State Waynesburg, OH.				
Completed by R. Veldran		Title Estimator	Signature R. Veldran		Date 6-22-2012			



Pg. 1

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

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  JUN 25 2012  ASBESTOS CONTROL &amp; </div>							
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 #1-6/20/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>					
		Name of Contact 				Telephone Number 					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</b> Street Address <b>150 QUAKER BRIDGE MALL</b> City (5) <b>LAWRENCEVILLE, NJ</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 and commercial buildings, homes, etc.)							
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b> Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>		Telephone No. <b>908-688-7800</b>		Telephone No. <b>215-788-6040</b> License No. <b>00509</b>							
Start Date (10) 6 / 21 / 12		Scheduled Completion Date (11) 7 / 6 / 12		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b> Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <b>10:00PM-8:00AM</b>											
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) <b>TO BE ABATED</b> 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
ARIZONA - LOWER LEVEL		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT/MASTIC		100 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVI'S - LOWER LEVEL		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT/MASTIC		100 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIZ CLAIBORNE- LOWER LEVEL		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT/MASTIC		1400 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIZ CLAIBORNE-UPPER LEVEL		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT/MASTIC		1248 SF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste		Name of Registered Landfill <b>GROWS LANDFILL</b>					
City, State <b>BRISTOL, PA</b>				Disposal Date		City, State <b>MORRISVILLE, PA</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>		Signature <i>Patrick T. DeCaro</i>				Date <b>6/20/12</b>			



Pg. 2

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



Date of Notification (1) <div style="text-align: center;">6 / 7 / 12</div>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>							
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 # <b>1-6/20/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>							
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</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 and commercial buildings, homes, etc.)							
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors						
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age							
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>		Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>						
License No. <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Start Date (10) <div style="text-align: center;">6 / 21 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 12</div>	Street Address <b>1123 BEAVER STREET</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <b>10:00PM-8:00AM</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf.		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
JC PENNEY BRAND-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVI - UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JC PENNEY BRAND-UPPER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>				
City, State <b>BRISTOL, PA</b>		Disposal Date		City, State <b>MORRISVILLE, PA</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>		Signature <i>Patrick T. DeCaro</i>		Date <b>6/20/12</b>			



Pg. 3

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

Date of Notification (1) <b>6 / 7 / 12</b>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
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 # <b>1-6/20/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>	
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</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 and commercial buildings, homes, etc.)	
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>6 / 21 / 12</b>	Scheduled Completion Date (11) <b>7 / 6 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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: <b>10:00PM-8:00AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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
IZOD - JC PENNEY BRAND	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	648 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 <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>		Disposal Date	City, State <b>MORRISVILLE, PA</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>6/20/12</b>	



Pg. 1

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

CR# 2299

Date of Notification (1) <div style="text-align: center;">6 / 7 / 12</div>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA 5247 <input checked="" type="checkbox"/> DOLWD 5230 <input checked="" type="checkbox"/> DHSS 5223 <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 <b>225 WEST WASHINGTON STREET</b> City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b> Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - JC PENNEYS</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 and commercial buildings, homes, etc.)							
Street Address <b>150 QUAKER BRIDGE MALL</b>		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) <b>LAWRENCEVILLE, NJ</b>		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
County (6) <b>MERCER</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>							
Street Address <b>1600 ROUTE 22 EAST</b>		ASCM No. _____ Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>UNION, NJ 07083</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>STEVE HILLMANN</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>908-688-7800</b>		Telephone No. <b>215-788-6040</b>							
License No. <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Start Date (10) <div style="text-align: center;">6 / 21 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 12</div>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>10:00PM-8:00AM</b>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
ARIZONA - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVIS - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIZ - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDS SHOES - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>				
City, State <b>BRISTOL, PA</b>				Disposal Date	City, State <b>MORRISVILLE, PA</b>				
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>		Signature <i>Patrick T DeCaro</i>		Date <b>6/7/12</b>			



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

Pg. 2

CL# 2299

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 150 QUAKER BRIDGE MALL		Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) LAWRENCEVILLE, NJ		County (6) MERCER					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No. _____					
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
City, State, Zip Code UNION, NJ 07083		Street Address 1123 BEAVER STREET					
Project Manager for Monitoring Firm STEVE HILLMANN		City, State, Zip Code BRISTOL, PA 19007					
Telephone No. 908-688-7800		Telephone No. 215-788-6040					
Start Date (10) 6 / 21 / 12		License No. 00509					
Scheduled Completion Date (11) 7 / 6 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/10:00PM-8:00AM		Street Address 1123 BEAVER STREET					
City, State, Zip Code BRISTOL, PA 19007		Scope of Work (Check all that apply) <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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
JC PENNEY BRAND-LOWER LEVEL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT//MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - UPPER LEVEL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT//MASTIC	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVI - UPPER LEVEL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT//MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL			
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA			
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature Patrick T. DeCaro/jl		Date 6/7/12	



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

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>	
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 #1-6/20/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>	
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>	
		Name of Contact	Telephone Number

Pg. 1  
# 2309  
**RECEIVED**  
JUN 25 2012  
ASBESTOS CONTROL

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>OCEAN COUNTY MALL - JC PENNEYS</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 and commercial buildings, homes, etc.)	
Street Address <b>1201 HOOPER AVENUE, SUITE B</b>		Square Feet	Bldg. Age
City (5) <b>TOMS RIVER, NJ 08753</b>	County (6) <b>OCEAN</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>THOMAS RUBINO</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) 6 / 21 / 12	Scheduled Completion Date (11) 7 / 6 / 12	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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>10:00</u> PM - <u>8:00</u> AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
JCPENNEYS SHOP-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>6/20/12</b>		



Pg. 2

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

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 25 2012  ASBESTOS CONTROL </div>	
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 #1-6/20/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET			
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204			
		Name of Contact		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) OCEAN COUNTY MALL - JC PENNEYS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1201 HOOPER AVENUE, SUITE B			Square Feet	# of Floors	Bldg. Age
City (5) TOMS RIVER, NJ 08753			Current Use (Prior if being demolished) COMMERCIAL		
County (6) OCEAN		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET			
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509	
Start Date (10) 6 / 21 / 12		Scheduled Completion Date (11) 7 / 6 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/10:00PM-8:00AM			Street Address 1123 BEAVER STREET		
			City, State, Zip Code BRISTOL, PA 19007		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
JCP IZOD - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/ MASTIC	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIZ CLAIBORNE - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	480 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		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/20/12



Pg 1

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

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA 5247 <input checked="" type="checkbox"/> DOLWD 5230 <input checked="" type="checkbox"/> DHSS 5223 <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 225 WEST WASHINGTON STREET		City, State, Zip Code INDIANAPOLIS, INDIANA 46204	
Name of Contact		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) OCEAN COUNTY MALL - JC PENNEYS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1201 HOOPER AVENUE, SUITE B		Square Feet	
City (5) TOMS RIVER, NJ 08753		# of Floors	
County (6) OCEAN		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		ASCM No.	
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code UNION, NJ 07083		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm THOMAS RUBINO		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 908-688-7800		Telephone No. 215-788-6040	
Start Date (10) 6 / 21 / 12		License No. 00509	
Scheduled Completion Date (11) 7 / 6 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 10:00 PM - 8:00 AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)
 

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
JCPENNEYS SHOP-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVI - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARIZONA - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature Patrick T. DeCaro / jrl		Date 6/7/12



Pg 2

CL # 2300

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

Date of Notification (1) <div style="text-align: center;">6 / 7 / 12</div>		Name of Building Owner/Operator (2) <b>SIMON PROPERTY GROUP INC.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>							
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>OCEAN COUNTY MALL - JC PENNEYS</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 and commercial buildings, homes, etc.)							
Street Address <b>1201 HOOPER AVENUE, SUITE B</b>		Square Feet	# of Floors						
City (5) <b>TOMS RIVER, NJ 08753</b>		Bldg. Age							
County (6) <b>OCEAN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>HILLMAN CONSULTING LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1600 ROUTE 22 EAST</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>THOMAS RUBINO</b>	Telephone No. <b>908-688-7800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">6 / 21 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 12</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / <b>10:00PM-8:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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) <b>TO BE ABATED</b> 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
JCP IZOD - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/ MASTIC	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIZ - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDS SHOES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	2200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>			Date <b>6/7/12</b>			