

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

Check 1646

Date of Notification (1) 06/22/2012		Name of Building Owner/Operator (2) Park Ridge BOE		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2012 ASBESTOS CONTROL & </div>					
Agencies Notified		Street Address 2 Park Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code Park Ridge, NJ 07656							
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Nick Ruhle							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Ridge Elementary School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 18 South First Street				Square Feet 40000+	# of Floors 1				
City (5) Park Ridge				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 00127		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 307 North Walnut Street				Street Address 140 Hamburg Tpke					
City, State, Zip Code West Chester, PA 19380				City, State, Zip Code Bloomingdale, NJ 07403					
Project Manager for Monitoring Firm Matthew Abbrahms		Telephone No. 610-431-7545		Telephone No. 201-710-9725	License No. 01084				
Start Date (10) 07/03/2012		Scheduled Completion Date (11) 07/09/2012		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub-8 Unoccupied				Street Address 140 Hamburg Tpke					
				City, State, Zip Code Bloomingdale, NJ 07403					
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
* Boys Restroom		X		ACM Plaster Ceiling	336 SF	X			
* Girls Restroom		X		ACM Plaster Ceiling	280 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS				
City, State Bloomingdale				Disposal Date TBD	City, State Morrisville, PA				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 06/22/2012		

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

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

check #1634

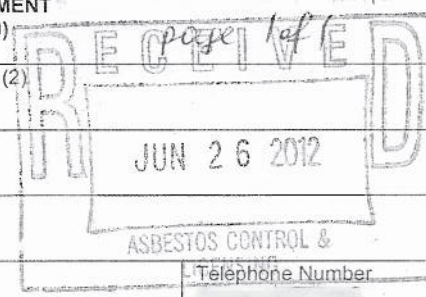
page 1 of 1

Date of Notification (1) 06/20/2012		Name of Building Owner/Operator (2) Park Ridge BOE							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2 Park Ave		City, State, Zip Code Park Ridge, NJ 07656							
Name of Contact Nick Ruhle		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Ridge Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 18 South First Street		Square Feet 40000+							
City (5) Park Ridge		# of Floors 1							
County (6) Bergen		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 00127							
Street Address 307 North Walnut Street		Name of Abatement Contractor (9) GL Group, Inc							
City, State, Zip Code West Chester, PA 19380		Street Address 140 Hamburg Tpke							
Project Manager for Monitoring Firm Matthew Abbrahms		City, State, Zip Code Bloomington, NJ 07403							
Telephone No. 610-431-7545		Telephone No. 201-710-9725							
License No. 01084		Name of OSHA Monitor GL Group, Inc							
Start Date (10) 07/03/2012		Scheduled Completion Date (11) 07/09/2012							
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: Sub-8 Unoccupied		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomington, NJ 07403							
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
Room # 9		X		2 Pipe Insulation Elbows	1.5LF	X			
Room # 11		X		1 Pipe Insulation Elbow	0.66LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS			
City, State Bloomington		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 06/20/2012			

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

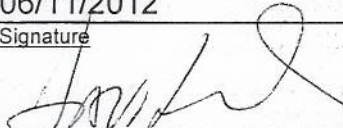
check # 1634

page 1 of 1

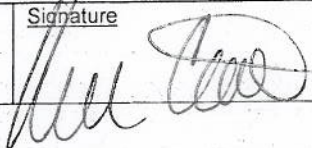


Date of Notification (1) 06/20/2012		Name of Building Owner/Operator (2) Park Ridge BOE							
Agencies Notified	Type Notification	Street Address 2 Park Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Park Ridge, NJ 07656							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nick Ruhle							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Ridge Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 18 South First Street									
City (5) Park Ridge		Square Feet 40000+	# of Floors 1						
		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCN No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Matthew Abrahams		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 07/03/2012	Scheduled Completion Date (11) 07/09/2012	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub-8 Unoccupied		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomington, NJ 07403							
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
Room # 9		X		2 Pipe Insulation Elbows	1.5LF	X			
Room # 11		X		1 Pipe Insulation Elbow	0.66LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomington		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 06/20/2012		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/21/2012			Name of Building Owner/Operator (2) 570 BROAD ST., LLC		
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Emergency Notification (including justification) () Cancelled		Street Address 570 BROAD ST.	
				City, State, Zip Code NEWARK, NJ 07102	
				Name of Contact JOSH WERTENTHEIL	
				Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Property: 570 BROAD			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 570 BROAD ST.			Sq. Feet: 200,000 # of Floors 14 Bldg. Age 50		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc.			Name of Contractor (9) Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)		
Street Address 3300 Hudson Avenue			Street Address 3300 Hudson Avenue		
City, State, Zip Code Union City, NJ 07087			City, State, Zip Code Union City, NJ		
Project Manager for Monitoring Firm David Camacho		Telephone Number (201) 325-0055	Telephone Number (201) 325-0055		License Number 01124
Scheduled Start Date (10) 06/08/2012		Scheduled Completion Date (11) 06/11/2012		Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Describe:			Street Address 3300 Hudson Avenue		
			City, State, Zip Code Union City, NJ 07087		
Source of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 SF or ≥ 3 LF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> ≥ 160 SF or ≥ 260 LF <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)	Abatement Type	
5th and 6th Floors	X	TSI Fittings	~ 80 LFT	Rem. X	Rep. Encap Enclose
Name of Reg. Waste Hauler Newark Carting		NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 10	Name of Reg. Landfill Cumberland County Landfill	
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 06/11/2012		City, State Newburg, PA 17242	
Completed by (Print or Type) David Camacho		Title General Manager	Signature 	Date 06/21/2012	

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

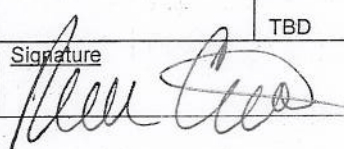
Date of Notification (1) 06/22/2012			Name of Building Owner/Operator (2) MATRIX DEVELOPMENT GROUP		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (x) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		Street Address 3 CENTER DRIVE, MONROE TOWNSHIP City, State, Zip Code CRANBURY, NJ 08831	
				Name of Contact RICHARD JOHNSON	
				Tel. Number 732-255-1100	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) UNIT G			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 259 PROSPECT PLAINS RD			Sq. Feet <u>4,000</u> # of Floors <u>1</u>		
City (5) CRANBURY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Bldg. Age <u>50</u> Current Use (prior if being demolished) <u>VACANT</u> X		
Name of Monitoring Firm HILLMAN CONSULTING, LLC		ASCM No.	Name of Contractor (9) Alliance Environmental Systems		
Street Address 1600 RT 22 SUITE 107		Street Address 550 East Union Street			
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code West Chester, PA 19382			
Project Manager for Monitoring Firm MICHAEL NEHLEN		Telephone Number 908-688-7800	Telephone Number 610-701-9000		License Number 00508
Scheduled Start Date (10) 7/3/2012		Scheduled Completion Date (11) 7/10/2012		Name of OSHA Monitor HILLMAN CONSULTING, LLC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			Street Address 1600 RT 22 SUITE 107		
Describe Other -			City, State, Zip Code UNION NJ 07083		
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
THROUGHOUT	X	VAT & MASTIC	2400 SF	X	
THROUGHOUT	X	TRANSITE FLOOR MASTIC	200 SF 2400 SF	X	
THROUGHOUT	X	FITTINGS PIPE INSULATION	50 EA 50 LF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 5		Name of Reg. Landfill BFI Imperial
City, State Hazleton, PA		Disp. Date TBD		City, State Imperial, PA	
Completed by (Print or Type) ROBERT M. CASCIATO		Title PRESIDENT	Signature 		Date 6/22/2012

Mail to: NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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

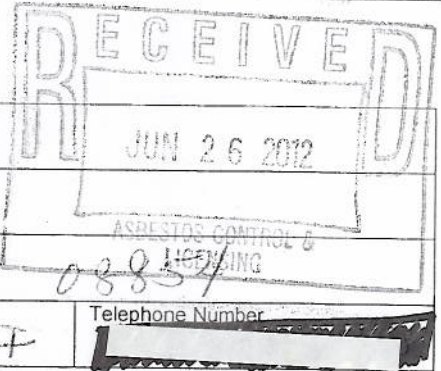
<u>Date of Notification (1)</u> <p align="center">6/11/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (x) Initial Notification () Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		<u>Street Address</u> <p>3 CENTER DRIVE, MONROE TOWNSHIP</p> <p>CRANBURY, NJ 08831</p>	
				<u>City, State, Zip Code</u> <p>CRANBURY, NJ 08831</p>	
				<u>Name of Contact</u> <p>RICHARD JOHNSON</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>UNIT "G"</p>			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1		
<u>City (5)</u> <p>CRANBURY</p>	<u>County (6)</u> <p>MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT <u>X</u>		
<u>Name of Monitoring Firm</u> <p>HILLMAN CONSULTING, LLC</p>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>	
<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		<u>Street Address</u> <p>550 East Union Street</p>		<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>	
<u>City, State, Zip Code</u> <p>UNION, NJ 07083</p>		<u>Telephone Number</u> <p>9086887800</p>		<u>License Number</u> <p>00508</p>	
<u>Project Manager for Monitoring Firm</u> <p>MICHAEL NEHLSSEN</p>		<u>Scheduled Start Date (10)</u> <p>06/25/12</p>		<u>Scheduled Completion Date (11)</u> <p>06/29/2012</p>	
<u>Name of OSHA Monitor</u> <p>HILLMAN CONSULTING, LLC</p>					
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		
Describe _____ Other - _____			<u>City, State, Zip Code</u> <p>UNION NJ 07083</p>		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
THROUGHOUT	X	Vat & mastic	2400 SF	X	
THROUGHOUT	X	TRANSITE FLOOR MASTIC	200 SF	X	
	X		2400 SF		
THROUGHOUT	X	FITTINGS	50 EA	X	
	X	PIPE INSULATION	50 LF	X	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 5</p>	
<u>City, State</u> <p>Hazleton, PA</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>		<u>Disp. Date</u> <p>TBD</p>	
<u>Completed by (Print or Type)</u> <p>Robert Casciato</p>		<u>Title</u> <p>President</p>		<u>Signature</u> 	
				<u>Date</u> <p>6/11/12</p>	

Mail to: NJDEP-DSHW-BRTRP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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



Date of Notification (1)		Name of Building Owner/Operator (2) <i>SUNOCO INC.</i>							
Agencies Notified	Type Notification	Street Address <i>1030 Shelton RD.</i>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 <i>Piscataway, NJ 08854</i>							
		Name of Contact <i>Jeremy Grimmer</i>	Telephone Number <i>[REDACTED]</i>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <i>SUNOCO</i>		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 <i>6272 Bloomfield Ave.</i>		Square Feet <i>1834</i>	# of Floors <i>1</i>						
City (5) <i>Bloomfield</i>		Bldg. Age <i>49</i>							
County (6) <i>Essex County</i>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <i>Service Station</i>							
Name of Monitoring Firm Hired by Building Owner (8) <i>ARCTURUS ENV.</i>		ASCM No. <i>N/A</i>	Name of Abatement Contractor (9) <i>Microtech Contracting Corp</i>						
Street Address <i>9 Prince Williams Rd.</i>		Street Address <i>38 Kean St.</i>							
City, State, Zip Code <i>Marlboro, NJ 07751</i>		City, State, Zip Code <i>West Babylon, NY 11704</i>							
Project Manager for Monitoring Firm <i>FRANK Tmargo</i>		Telephone No. <i>218-938-8455</i>	Telephone No. <i>631-243-5359</i>						
Start Date (10) <i>7/11/12</i>	Scheduled Completion Date (11) <i>11/11/12</i>	Name of OSHA Monitor <i>NICOLAS LINARES</i>							
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 <i>38 Kean St.</i>							
		City, State, Zip Code <i>West Babylon, NY 11704</i>							
Scope of Work (Check All That Apply)									
<input 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-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
<i>Garage</i>			<i>X</i>	<i>Stucco Ceiling</i>	<i>1216 SF</i>	<i>X</i>			
<i>Bathrooms</i>			<i>X</i>	<i>Joint Compound</i>	<i>160 SF</i>	<i>X</i>			
Name of Registered Waste Hauler <i>Vision Transport</i>		NJDEP Waste Hauler ID No. <i>22393</i>	Cubic Yards of Waste <i>20</i>	Name of Registered Landfill <i>Cumberland County Landfill</i>					
City, State <i>Kearny, NJ</i>		Disposal Date		City, State <i>Newburg, Pa</i>					
Completed by <i>Vincent Abbaci</i>	Title <i>President</i>	Signature <i>[Signature]</i>		Date <i>6/25/12</i>					

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

1205-4489

Check #4238

Date of Notification (1) 6/19/12		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #4	Name of Contact Phil Voorhees	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

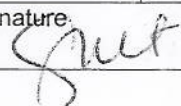
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University – Centennial House			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address 2083 Lawrenceville Road			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied)		
City (5) Lawrenceville			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Mercer	County Code (7)	Square Feet	# of Floors	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 515 Grove Street Suite 1B			Street Address 30 Maple Ave		
City, State & Zip Code Haddon Heights, NJ 08035			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 6/11/12	Scheduled Completion Date (11) 6/22/12	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 6/19 4PM -12 Midnight, 6/20 9AM-5PM, 6/21 & 6/22 7AM-3PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rope Packing	96 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 14	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 6/22/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Off. Coord.	Signature 	Date 6/19/12

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

1205-4489
Check #4238

Date of Notification (1) 6/19/12		Name of Building Owner / Operator (2) Rider University	
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Phil Voorhees	
			
		Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University – Centennial House Street Address 2083 Lawrenceville Road City (5) Lawrenceville			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.) Square Feet # of Floors Bldg. Age		
County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Boiler Room			
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. Street Address 515 Grove Street Suite 1B City, State & Zip Code Haddon Heights, NJ 08035			ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address 30 Maple Ave City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 6/19/12		Scheduled Completion Date (11) 6/22/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 6/19 4PM -12 Midnight, 6/20 9AM-5PM, 6/21 & 6/22 7AM-3PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108		

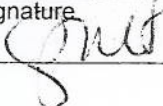
Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

- ☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rib Packing Material	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Off. Coord.	Signature 		Date 6/19/12

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

1109-4387
Check #4258

Date of Notification (1) 6/22/12		Name of Building Owner / Operator (2) Princeton University	
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.
			City, State & Zip Code Princeton, NJ 08544
		Name of Contact Robert Ortego, P.E.	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address One Washington Road		Square Feet	# of Floors
City (5) Princeton	County (6) Mercer	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) University Library	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25		
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 7/2/12	Scheduled Completion Date (11) 7/6/12		Name of OSHA Monitor EMSL Analytical	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedures
☐ 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
Various Locations Throughout 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF (wrap & cut)	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 7/6/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 6/22/12

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

1206-4995
Check #4240

Date of Notification (1) 6/21/12		Name of Building Owner / Operator (2) JC Penney Corporation	
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 #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive City, State & Zip Code Plano, TX 75024 Name of Contact Richard Marnik Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JC Penney		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 250 Woodbridge Center Drive		Square Feet	# of Floors
City (5) Woodbridge	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Department Store	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1600 Route 22 East		Street Address PO Box 25	
City, State & Zip Code Union, NJ 07083-1597		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Thomas Rubino	Telephone Number 908-956-1233	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 6/25/12	Scheduled Completion Date (11) 6/27/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 10PM - 8AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

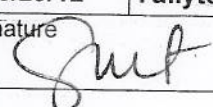
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

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
Levi Pad, Lee Pad, JCP Brand Pad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 X Floor tile & Mastic	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 6/27/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 6/21/12

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

1206-4995
Check #4240

Date of Notification (1) 6/22/12		Name of Building Owner / Operator (2) JC Penney Corporation							
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 #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive City, State & Zip Code Plano, TX 75024 Name of Contact Richard Marnik							
		<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2012 ASBESTOS CONTROL & LICENSING </div> Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JC Penney		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 250 Woodbridge Center Drive		Square Feet	# of Floors						
City (5) Woodbridge	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Department Store							
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1600 Route 22 East		Street Address PO Box 25							
City, State & Zip Code Union, NJ 07083-1597		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Thomas Rubino		Telephone Number 908-956-1233	License Number 00529						
Scheduled Start Date (10) 6/25/12	Scheduled Completion Date (11) 6/29/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 10PM - 8AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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
Levi Pad, Lee Pad, JCP Brand Pad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 X Floor tile & Mastic	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 6/29/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 				Date 6/22/12		

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

1206-4499
Check #4218

No check 2

Date of Notification (1) 6/22/12		Name of Building Owner / Operator (2) Pleasantville Public Schools							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 801 Mill Road						
			City, State & Zip Code Pleasantville, NJ 08232						
			Name of Contact Business Administrator						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Decatur Early Childhood Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Unoccupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 115 West Decatur Ave.		Square Feet	# of Floors						
City (5) Pleasantville	County (6) Atlantic	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 307 North Walnut Street		Street Address PO Box 25							
City, State & Zip Code West Chester, PA 19380		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Matt Abraham	Telephone Number 610-431-7545	Telephone Number 609-265-2107	License Number 00529						
Scheduled Start Date (10) 6/25/12	Scheduled Completion Date (11) 7/31/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 6	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.		Signature <i>Gwen</i>			Date 6/22/12		

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

1205-4489

Check #

Date of Notification (1) 6/20/12		Name of Building Owner / Operator (2) Rider University	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #5 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Phil Voorhees Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University – Centennial House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet # of Floors Bldg. Age		
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Boiler Room		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 515 Grove Street Suite 1B			Street Address 30 Maple Ave		
City, State & Zip Code Haddon Heights, NJ 08035			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 6/11/12		Scheduled Completion Date (11) 6/22/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 6/19 4PM -12 Midnight, 6/20 9AM-5PM, 6/21 & 6/22 7AM-3PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMOVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REMOVED	REMOVED	<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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 14	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 6/22/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Off. Coord.	Signature 		Date 6/20/12

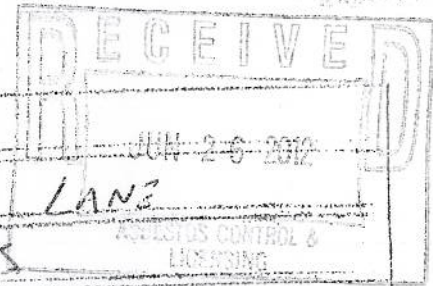
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

2032

Date of Notification (1) 02 / 13 / 12		Name of Building Owner/Operator (2) Boonton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 434 Lathrop Ave.							
		City, State, Zip Code Boonton, NJ 07005							
		Name of Contact John Kasternakis	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Hill School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 435 Lathrop Ave.		Square Feet 45,028	# of Floors 3						
City (5) Boonton, NJ 07005		Bldg. Age 1922							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.	ASCM No. 00079	Name of Abatement Contractor (9) SMAC Corp.							
Street Address 20-21 Wagaraw Road-Bldg. 34A		Street Address 27 EAST 33RD STREET							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code PATERSON NJ 07514							
Project Manager for Monitoring Firm Guillermo M. Morales	Telephone No. 973-636-9145	Telephone No. 973-345-4055	License No. 01110						
Start Date (10) 02 / 23 / 12	Scheduled Completion Date (11) 08 / 24 / 12	Name of OSHA Monitor EMSL ANALYTICAL, INC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 SHELTON AVE							
		City, State, Zip Code PISCATAWAY NJ 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decontamination - Cleaning	5000 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 SMAC Corp		NJDEP Waste Hauler ID No. 18590		Cubic Yards of Waste 40 Yards	Name of Registered Landfill Grows Landfill				
City, State 27 E 33rd Street, Paterson, NJ - 07514				Disposal Date 08/24/2012	City, State Morrisville, PA				
Completed By (Print or Type) Borce Gjorsoski		Title President		Signature <i>Borce Gjorsoski</i>		Date 06/22/2012			

CR # 1515

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:27)



Date of Notification (1) 6-22-12		Name of Building Owner/Operator (2) SOE IOSSA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <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 17 ROBIN HOOD LANE City, State, Zip Code CHATHAM NJ					
		Name of Contact EMILIE	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) SOE IOSSA		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 17 ROBIN HOOD LANE		Square Feet 1900	# of Floors 2				
City (5) CHATHAM		Bldg. Age 75					
County (6) MORRIS		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 7-3-12		Scheduled Completion Date (11) 7-11-12					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM		Name of OSHA Monitor ACE INSULATION CO INC					
		Street Address 95 MONTROSE RD					
		City, State, Zip Code COLTS NECK NJ 07722					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> 3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 19.50	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
OUTDOORS		SIDING		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill CHRIS LANDFILL			
City, State COLTS NECK NJ 07722		Disposal Date 7-11-12	City, State EASTON PA				
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL	Date 6-22-12			

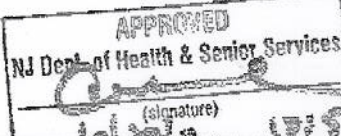
Jun 22 12 12:07p

A. MAC Contracting, Inc.

Fax:

2012020321

Jun 22 2012 12:54pm P001/001



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 12:120)

CHECK # 7925

Date of Notification (1) 6-22-12		Name of Building Owner/Operator (2) New Jersey Firemen's Home						
Agencies Notified	Type Notification	Street Address 565 Lathrop Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <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 BOONTON NJ 07005						
		Name of Contact Rich Shattwell	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) New Jersey Firemen's Home		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 565 Lathrop Avenue		Square Feet 6000	# of Floors 3					
City (5) BOONTON		Bldg. Age 60						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Nursing Home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc					
Street Address		Street Address 105 Lowell Road						
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452						
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00158					
Start Date (10) 6-23-12	Scheduled Completion Date (11) 6-27-12	Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
boiler rooms			X	thermal systems insulation	350 SF	X		
boiler rooms			X	pipe insulation	34 LF	X		
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 3	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Rivardale, NJ 07457		Disposal Date 6-23-12		City, State, Zip Code Bethlehem, PA 18015				
Completed by R. McDonald		Title President	Signature R. McDonald	Date 6-22-12				

6328-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Amended Notification
Check #: 4825

Date of Notification (1) 06/22/12		Name of Building Owner/Operator (2) Ringwood Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 121 Carleondale Road City, State, Zip Code Ringwood, NJ 07456		Name of Contact Warren C. Mitchell	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eleanor G. Hewitt Intermediate School Street Address 266 Sloatsburg Road City (5) Ringwood, NJ 07456		County (6) Passaic	County Code (7) (STATE USE ONLY)	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.) Square Feet 40,000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606		ASCM No. 00120	Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Geiser Fajardo, SPM		Telephone Number 201-489-8700	Telephone Number 973-614-0377	
Scheduled Start Date (10) 06/18/12 Month / Day / Year		Sched. Completion Date (11) 06/30/12 Month / Day / Year	License Number 00807	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

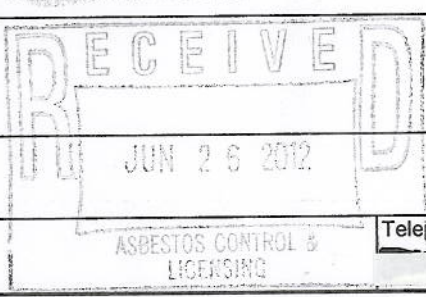
☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			R	E	N	E
Basement & Crawl Space	<input checked="" type="checkbox"/>		Pipe Insulation	750 LF	<input checked="" type="checkbox"/>			
1st Floor		<input checked="" type="checkbox"/>	VAT and mastic	2,987 SF	<input checked="" type="checkbox"/>			
1st Floor - Heating Units		<input checked="" type="checkbox"/>	Mastic on Heating Units	180 SF	<input checked="" type="checkbox"/>			
Bathroom Chases		<input checked="" type="checkbox"/>	Pipe Insulation	250 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA				
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 		Date 6/22/12			

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

Check #6559

Date of Notification (1) June 22, 2012		Name of Building Owner / Operator (2) Bank of America	
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 EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 6050 Bergenline Avenue City, State & Zip Code West New York, NJ 07093 Name of Contact Jim Kalafsky	
		Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 6050 Bergenline Avenue		Square Feet 10,000	# of Floors 1
City (5) West New York		Bldg. Age 66	
County (6) Bergen		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) June 23, 2012		Scheduled Completion Date (11) June 24, 2012	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

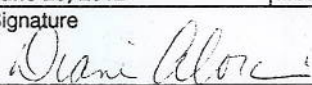
Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 50 lf
☐ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosures
☐ 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 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
Inside Vault, Outside the Vault at access panel in Hallway, Ceiling at Rear Entrance, Teller Line (3 areas), Stairs to basement at back corner/emergency exit door at Teller Line, Asst. Manager's office on 1 st Fl.			x	Spray-on Ceiling Plaster	72 SF		X		

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste .5	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date June 25, 2012	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date June 22, 2012

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

Check #6559

Date of Notification (1) June 22, 2012		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification EMERGENCY	Street Address 6050 Bergenline Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code West New York, NJ 07093	
		Name of Contact Jim Kalafsky	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 6050 Bergenline Avenue		Square Feet 10,000	# of Floors 1
City (5) West New York		Bldg. Age 56	
County (6) Bergen		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (8) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 629 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) June 23, 2012	Scheduled Completion Date (11) June 24, 2012	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 629 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

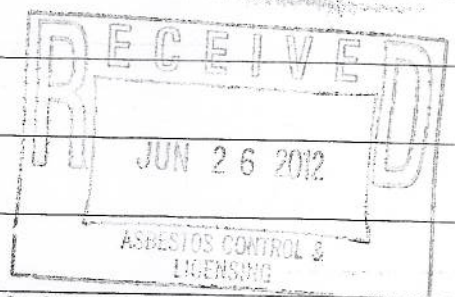
- | | | |
|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosures |
| | | <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 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
Inside Vault, Outside the Vault at access panel in Hallway, Ceiling at Rear Entrance, Teller Line (3 areas), Stairs to basement at back corner/emergency exit door at Teller Line. Asst. Manager's office on 1 st Fl.			x	Spray-on Ceiling Plaster	72 SF		X		
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. Z7429	Cubic Yards of Waste .5	Name of Registered Landfill Grows Landfill						
City, State Little Egg Harbor, NJ 08087		Disposal Date June 25, 2012	City, State Morrisville, PA						
Completed By Diane Alois	Title Executive Administrator	Signature <i>Diane Alois</i>	Date June 22, 2012						

*On and after this form the asbestos has been examined and tested.

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) Michael Marshall	
Agencies Notified	Type Notification	Street Address 12 High St.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bloomfield NJ 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Beth Flom	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)	
Street Address 12 High St.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Bloomfield	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1200 # of Floors 1 Bldg. Age 75
Name of Monitoring Firm hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		City, State, Zip Code Montclair, NJ 07042	
City, State, Zip Code		Telephone Number (973) 744-8800		License Number 00371	
Project Manager for Monitoring Firm		Telephone Number N/A		Name of OSHA Monitor N/A	
Scheduled Start Date (10) 7/2/12	Sched. Completion Date (11) 7/3/12	Street Address			
Month Day Year	Month Day Year	City, State, Zip Code			
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V 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			X	Pipe Insulation	8 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 0.50	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7/5/12		City, State Morrisville PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 			Date 6/22/12	

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

Date of Notification (1) 5/30/12		Name of Building Owner/Operator (2) Chris Grosselfinger	
Agencies Notified	Type Notification	Street Address 104 Mill Rd.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Morristown, NJ 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Chris Grosselfinger	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 104 Mill Rd.			Square Feet 2700	# of Floors 3	Bldg. Age 75
City (5) Morristown	County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 7/3/12 Month Day Year	Sched. Completion Date (11) 7/5/12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	120 lf	<input checked="" type="checkbox"/>			
Basement			<input checked="" type="checkbox"/>	Boiler insulation	30 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7/6/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 6/22/12		

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

CHECK #21990

Date of Notification (1) 6/20/2012		Name of Building Owner/Operator (2) PRIVATE RESIDENCE	
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 Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 180 ELBO LANE	
		City, State, Zip Code MT. LAUREL, NJ	
		Name of Contact DAIVD D'ANDREA	
		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
180 ELBO LANE		Square Feet	# of Floors Bldg. Age
MT. LAUREL, NJ			
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 6/21/2012	Scheduled Completion Date (11) 6/21/2012	Name of OSHA Monitor AMERITECH SERVICES	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 78 E. ATLANTIC WAY	
		City, State, Zip Code LAVALLETTE, NJ 08735	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> RENOVIATION <input checked="" type="checkbox"/> DEMOLITION <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)
	Yes	No	
Family Room		<input checked="" type="checkbox"/>	ASBESTOS LINOLEUM
Name of Registered Waste Hauler JACK ROBINSON WASTE DISPOSAL	NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 2 YDS	Name of Registered Landfill GROWS
City, State BELLMAWR, NJ	Disposal Date 6/20/2012	City, State MORRISVILLE, PA	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 6/20/2012

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 6/15/12		Name of Building Owner/Operator (2) Mindy Gensler	
Agencies Notified	Type Notification	Street Address 359 Wyoming Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Millburn, NJ 07041	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mindy Gensler	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 359 Wyoming Ave.			Square Feet 2800		
City (5) Millburn			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 75		
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 7/2/12			Sched. Completion Date (11) 7/3/12		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Name of OSHA Monitor N/A		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»			Street Address		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code		

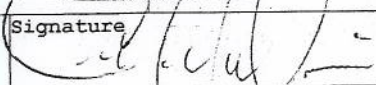
Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V 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			X	Pipe Insulation	10 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.50	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7/5/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 6/15/12

JK
004208

D&S Proj. #: MS 12-142

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

Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) SUSAN SULLIVAN	
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 98 RIVERSIDE DRIVE		City, State, Zip Code CRANFORD, NJ 07016	
Name of Contact SUSAN SULLIVAN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SUSAN SULLIVAN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 98 RIVERSIDE DRIVE			Square Feet		
City (5) CRANFORD			County (6) UNION		# of Floors
			County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 07/10/12		Sched. Completion Date (11) 07/20/12		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	130 L FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/11/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 04/23/12	

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

Date of Notification (1) 10/16/12		Name of Building Owner/Operator (2) JOHN UNDERHILL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 5 FIELD ROAD		City, State, Zip Code BEDMINSTER, NJ	
Name of Contact JOHN UNDERHILL		Telephone Number _____	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 07/09/12	Sched. Completion Date (11) 07/20/12			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
MAIN BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	195 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER RM		<input checked="" type="checkbox"/>		PIPE INSULATION	48 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE RM		<input checked="" type="checkbox"/>		PIPE INSULATION	22 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	36 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/10/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature _____		Date 06/21/12

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

CR #2311

Date of Notification (1) 6/21/12		Name of Building Owner / Operator (2) Rutgers University							
Agencies Notified	Type Notification	Street Address #27 Road 1 Bldg. 4086							
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Piscataway, NJ 08854							
		Name of Contact Michael Smith, CHMM	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walt Whitman Center		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 101 Cooper Street		Square Feet N/A	# of Floors 2						
City (5) Camden	County (6) Camden	Bldg. Age 80+ years							
County Code (7)		Current Use (Prior if being demolished) Academic							
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 3 Terri Lane		Street Address 1123 Beaver Street							
City, State & Zip Code Burlington Township, NJ 08016		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone Number 609-386-8800	License Number 00509						
Scheduled Start Date (10) 7/3/12	Scheduled Completion Date (11) 7/9/12		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 Hours – 7am to 3pm Describe: 4:00 PM – 5:00 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Miscellaneous/Window Caulk	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>					Date 6/21/12	

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

*STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24843
RECEIVED
JUN 26 2012
ASBESTOS CONTROL & REMEDIATION*

Date of Notification (1) <u>6/21/12</u>		Name of Building Owner/Operator (2) <u>Mr. Yankell</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>405 East 2nd Street</u> City, State, Zip Code <u>Moorestown, NJ 08057</u>							
		Name of Contact <u>Mr. Yankell</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>405 East 2nd Street</u>		Square Feet	# of Floors						
City (5) <u>Moorestown</u>		Bldg. Age							
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>7/9/12</u>	Scheduled Completion Date (11) <u>7/10/12</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>8 AM-4:30 PM</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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</u>			<input checked="" type="checkbox"/>	<u>pipe insulation</u>	<u>100 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>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/10/12</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>6/21/12</u>						

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

Date of Notification (1) 06/08/2012		Name of Building Owner/Operator (2) Golda Och Academy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1418 Pleasant Valley Way City, State, Zip Code West Orange, NJ Name of Contact Mr. Idan Levin Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Golda Och Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 122 Gregory Avenue		Square Feet 25,000 SF							
City (5) West Orange, NJ		# of Floors 2							
County (6) Essex		Bldg. Age 70+							
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021							
Street Address 907 Doolittle Drive		Name of Abatement Contractor (9) Valiant Associates, LLC							
City, State, Zip Code Bridgewater, NJ 08807		Street Address 145 Mill Street							
Project Manager for Monitoring Firm Eric Houseknecht		City, State, Zip Code Paterson, NJ 07501							
Telephone No. 908-296-1132		Telephone No. 973-553-5374							
Start Date (10) 06/26/2012		License No. 01108							
Scheduled Completion Date (11) 07/10/2012		Name of OSHA Monitor Valiant Associates, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check all that apply)									
<input 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"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Elbow Insulation	120 LF	X			
Boiler Room	X			Breeching Insulation	220 SF	X			
Office Area		X		Elbow Insulation	10 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 07/10/2012		City, State Waynesburgh, OH					
Completed By Miodrag Stamenovic		Title Project Manager		Signature <i>Miodrag Stamenovic</i>		Date 06/22/2012			

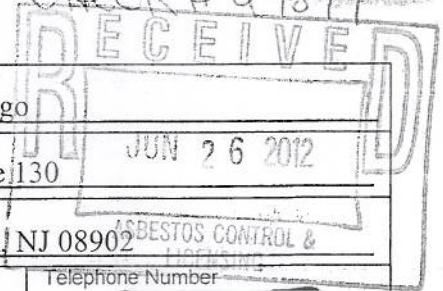
ASB41

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

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

STEVENS ENVIRONMENTAL
SERVICES INC

CHECK # 24844



Date of Notification (1) <u>6/22/12</u>		Name of Building Owner/Operator (2) <u>Joe Longo</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1103 Route 130</u> City, State, Zip Code <u>North Brunswick, NJ 08902</u>	
		Name of Contact <u>Joe Longo</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1103 Route 130</u>			
City (5) <u>North Brunswick</u>		Square Feet	# of Floors
			Bldg. Age
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>7/11/12</u>	Scheduled Completion Date (11) <u>7/12/12</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>8AM - 4:30PM</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 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)
	Yes	No	
<u>basement crawlspace</u>			<u>pipe insulation</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>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/12/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/22/12</u>

CK
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D&S Proj. #: MS 12-231

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

Date of Notification (1) 06/12/12		Name of Building Owner/Operator (2) GEORGE SHUTTLEWORTH	
Agencies Notified	Type Notification	Street Address 25 PINE GROVE AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code SUMMIT, NJ 07901	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact GEORGE SHUTTLEWORTH	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GEORGE SHUTTLEWORTH			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 25 PINE GROVE AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) SUMMIT	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 06/30/12	Sched. Completion Date (11) 07/12/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	94 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	60 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/02/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/20/12

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 5 / 17 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-6/22/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd									
City (5) Princeton		Square Feet	# of Floors Bldg. Age						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 6 / 8 / 12	Scheduled Completion Date (11) 6 / 28 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe *Time of Abatement: AM-3:00PM/11:00PM- AM * BEGINNING MON, 6/25/12		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro / jk</i>			Date 6/22/12			

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

CR # 2292

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

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

CR# 2284

Date of Notification (1) <u>5</u> / <u>17</u> / <u>12</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA 7403 <input checked="" type="checkbox"/> DOLWD 7427 <input checked="" type="checkbox"/> DHSS 7410 <input checked="" type="checkbox"/> DCA 7397 (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 200 Elm Dr.		City, State, Zip Code Princeton, NJ 08544							
Name of Contact Robert Ortega		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet # of Floors Bldg. Age							
City (5) Princeton		County Code (7) (STATE USE ONLY)							
County (6) MERCER		Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. _____							
Street Address Three Terri Center		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keehn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>6</u> / <u>1</u> / <u>12</u>		License No. 00509							
Scheduled Completion Date (11) <u>6</u> / <u>21</u> / <u>12</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM</u> - <u> </u> PM/ <u> </u> PM- <u>12:00AM</u>		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code BRISTOL, PA 19007							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 5/17/12			

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

Date of Notification (1) 6/8/12		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address Patrick Torre Administration Bldg, County Route 516	
<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 <input checked="" type="checkbox"/> Amended #1-6/22/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Matawan, NJ 07747	
		Name of Contact Mr. Frank Frazzitta	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jonas Salk MS			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 155 West Greystone Road			Square Feet 50000		
City (5) Old Bridge	County (6) Middlesex	County Code (7)	# of Floors 1	Bldg. Age 40+	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Ryan Broadwater			Telephone Number 609-392-4200		License Number 00509
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11)		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Insulation	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Header/Flange Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rope/Gasket Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 6/29/12	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 6/8/12

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

Date of Notification (1) 6/8/12		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>5674</i> <input checked="" type="checkbox"/> DOH <i>5032</i> <input checked="" type="checkbox"/> DCA <i>5667</i>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Telephone Number 	

CE # 2302

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Jonas Salk MS		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 155 West Greystone Road		Square Feet 50000	# of Floors 1
City (5) Old Bridge	County (6) Middlesex	Bldg. Age 40+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Ryan Broadwater		City, State & Zip Code Bristol, PA 19007	
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 6/25/12	Scheduled Completion Date (11) 6/29/12		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental Inc.	
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

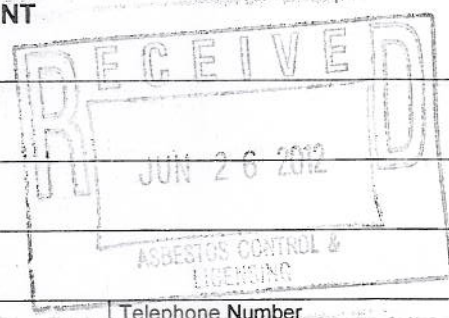
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Insulation	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Header/Flange Insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rope/Gasket Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 6/29/12	City, State Waynesburg, Ohio	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 6/8/12

No check

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



Date of Notification (1) <u>6</u> / <u>7</u> / <u>12</u>		Name of Building Owner/Operator (2) VORNADO REALTY TRUST	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-6/21/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 888 SEVENTH AVENUE	
		City, State, Zip Code NEW YORK, NY 10019	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MONMOUTH 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 ROUTES 35 & 36		Square Feet	# of Floors
City (5) EATONTOWN, NJ 07724		Bldg. Age	
County (6) MONMOUTH	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.	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	License No. 00509
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) <u>7</u> / <u>6</u> / <u>12</u>	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: <u>10:00</u> PM - <u>8:00</u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	12500 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"/>
KIDS SHOES - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	2200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 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 <u>6/21/12</u>		

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

CL # 22298

JUN 26 2012

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6 / 7 / 12		Name of Building Owner/Operator (2) VORNADO REALTY TRUST	
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 888 SEVENTH AVENUE City, State, Zip Code NEW YORK, NY 10019 Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MONMOUTH 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 ROUTES 35 & 36		Square Feet	# of Floors
City (5) EATONTOWN, NJ 07724		Bldg. Age	
County (6) MONMOUTH	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.	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"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WOMENS ARIZONA-LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE/MASTIC	12500 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"/>
KIDS SHOES - LOWER LEVEL	<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 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 / jf	Date 6/7/12		