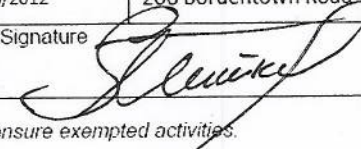


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 03 / 16 / 2012		Name of Building Owner/Operator (2) NISHANING STATION							
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 type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 449 PLEASANT RUN ROAD							
		City, State, Zip Code NISHANIC, NJ 08853							
		Name of Contact Arlene Suydam							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NISHANING STATION		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 449 PLEASANT RUN ROAD		Square Feet	# of Floors						
City (5) NISHANIC, NJ 08853		Bldg. Age							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) National Monitoring Labs		ASCM No.	Name of Abatement Contractor (9) MK LIONS LLC						
Street Address 811 Church rd Suite # 217		Street Address 69 BUENA VISTA DRIVE							
City, State, Zip Code Cherry Hill NJ 08002		City, State, Zip Code RINGWOOD, NJ 07456							
Project Manager for Monitoring Firm		Telephone No. 973-472-5300	License No. 01040						
Start Date (10) 04 / 02 / 2012	Scheduled Completion Date (11) 04 / 06 / 2012	Name of OSHA Monitor Scott Bluth							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00 AM</u> - <u>4:00 PM</u> - <u>PM</u> - <u>AM</u>		Street Address 101 e. Gibbsboro Road apt #1204							
		City, State, Zip Code Lindenwold, NJ 08021							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM PIPES INSULATION REMOVAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER ROOM PIPES INSULATION REMOVAL	20-30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Jr Contracting & Environmental Consulting inc		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 3-5	Name of Registered Landfill waste management .				
City, State 1141 Route 23 wayne nj 07470		Disposal Date 04/06/2012		City, State 200 Bordentown Road Tullytown, PA 19007					
Completed By (Print or Type) MITKO GEORGIEV		Title PRESIDENT		Signature 		Date 3/16/2012			

ck
003169

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

Date of Notification (1) 3/19/12		Name of Building Owner/Operator (2) Dupont Nemours Company					
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	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment 2 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South					
		City, State, Zip Code Deepwater, NJ 08023					
		Name of Contact Richard Clarke					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 22 2012 ASBESTOS CONT. LICENSING </div>							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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 Rt 130 South		Square Feet	# of Floors				
City (5) Deepwater		Bldg. Age					
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished)					
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No.	Name of Contractor (9) County Environmental				
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.					
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720					
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333	License Number 00578				
Scheduled Start Date (10) 4-2-12	Scheduled Completion Date (11) 6-29-12	Name of OSHA Monitor County Environmental (12-003A)					
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road					
		City, State, Zip Code New Castle, DE 19720					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> 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) <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
Thermal Systems		x	Thermal coverings throughout area	1500LF	X		
Thermal Systems		x	Thermal coverings throughout area	400SF		X	X
Floor Tile /Mastic		x	Floor tile and mastic throughout area	350SF	X		
Name of Reg. Waste Hauler S&J Transport.		NJDEP Waste Hauler ID No. 03217	Cubic Yards of Waste >30	Name of Reg. Landfill Constoga			
City, State Woodstown, NJ			Disposal Date TBD	City, State Morgantown, PA			
Completed by Greg Godwin	Title Project Manager		Signature <i>Greg Godwin</i>		Date 3-19-12		

No check

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 03 / 08 / 12		Name of Building Owner / Operator (2) Kraft Foods	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact GARY JEDLICKA		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kraft Foods			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 2211 Route 208			Building Age 40 +		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Current Use (Prior if being demolished) Bakery/WAREHOUSE
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO		
Street Address 907 Doolittle Drive			LVI Environmental Services Inc.		
City, State, Zip Code Bridgewater, NJ 08807			Street Address 462 Getty Avenue		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 908-218-1108			License Number 00117		
Sched. Start Date (10) 03 / 20 / 12			Sched. Completion Date (11) 04 / 06 / 12		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: M-F <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
DC WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	45LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 2ND FL FAN ROOMS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	126 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 03/20/12		

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

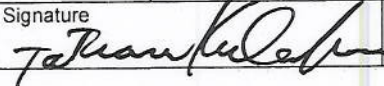
Date of Notification (1) 03 / 08 / 12		Name of Building Owner / Operator (2) Kraft Foods		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410		
Name of Contact GARY JEDLICKA		Telephone Number [REDACTED]		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Kraft Foods		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 2211 Route 208		Square Feet 1,000,000		
City (5) Fairlawn		# Of Floors 3		
County (6) Bergen		Building Age 40 +		
County Code (7)		Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO LVI Environmental Services Inc.		
Street Address 907 Doolittle Drive		Street Address 462 Getty Avenue		
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108		
Scheduled Start Date (10) 03 / 20 / 12		Sched. Completion Date (11) 03 / 28 / 12		
Telephone Number 973-772-3660		License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: M-F <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
DC WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	45LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
BAKERY 2ND FL FAN ROOMS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	126 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature [Signature]	Date 03/08/12

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

No check

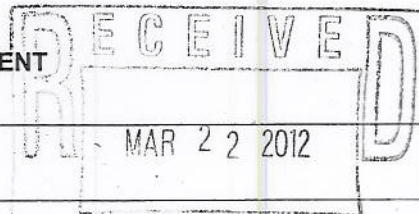
Date of Notification (1) 03/20/12		Name of Building Owner/Operator (2) State of NJ Department of Environmental Protection							
Agencies Notified	Type Notification	Street Address 275 Freehold- Englishtown Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englishtown, New Jersey 07726							
		Name of Contact John Piccolo	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Hackettstown Fish Hatchery Hatchery		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 22 Reese Avenue		Square Feet 30,000	# of Floors 2						
City (5) Hackettstown, New Jersey 07840		Bldg. Age 55+							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hatchery							
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 116 Tices Lane Unit B-1		Street Address 606 McBride Avenue							
City, State, Zip Code East Brunswick, New Jersey 08816		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 03/22/12	Scheduled Completion Date (11) 03/30/12	Name of OSHA Monitor J&S Environmental Labs							
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 Start</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Various Roofing Materials	100 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 04/02/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 03/20/12			

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

Date of Notification (1) 03/12/12 Ck:1920 \$200		Name of Building Owner/Operator (2) State of NJ Department of Environmental Protection							
Agencies Notified	Type Notification	Street Address 275 Freehold- Englishtown Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englishtown, New Jersey 07726							
		Name of Contact John Piccolo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackettstown Fish Hatchery Hatchery		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 22 Reese Avenue		Square Feet 30,000	# of Floors 2						
City (5) Hackettstown, New Jersey 07840		Bldg. Age 55+							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hatchery							
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 116 Tices Lane Unit B-1		Street Address 606 McBride Avenue							
City, State, Zip Code East Brunswick, New Jersey 08816		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
Start Date (10) 03/22/12		Scheduled Completion Date (11) 03/26/12	License No. 01104						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8AM Start		Name of OSHA Monitor J&S Environmental Labs							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Various Roofing Materials	100 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 03/27/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature 			Date 03/12/12		

No
Check

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



Date of Notification (1) <u>3 / 7 / 2012</u>		Name of Building Owner/Operator (2) <u>DuPont</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>250 Cheesquake Road</u> City, State, Zip Code <u>Parlin NJ 08859</u> Name of Contact <u>Richard Sorel</u> Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>DuPont - Teflon Bldg.</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 and commercial buildings, homes, etc.)	
Street Address <u>250 Cheesquake Road</u>		Square Feet <u>20,000</u>	
City (5) <u>Parlin</u>		# of Floors <u>1</u>	Bldg. Age <u>+/- 50</u>
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Manufacturing</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>Criterion Laboratories</u>		ASCN No.	Name of Abatement Contractor (9) <u>USA Environmental Mgmt. Inc.</u>	
Street Address <u>3370 Progress Drive Ste-J</u>		Street Address <u>8436 Enterprise Ave</u>		
City, State, Zip Code <u>Bensalem PA 19020</u>		City, State, Zip Code <u>Phila PA 19153</u>		
Project Manager for Monitoring Firm <u>Mike Panepre</u>	Telephone No. <u>215 244 1300</u>	Telephone No. <u>215 365 5810</u>	License No. <u>00156</u>	
Start Date (10) <u>03 / 22 / 2012</u>	Scheduled Completion Date (11) <u>03 / 23 / 2012</u>	Name of OSHA Monitor <u>USA Environmental Mgmt, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address <u>8436 Enterprise Ave</u> City, State, Zip Code <u>Phila PA 19153</u>		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler <u>USA Env. Mgmt. Inc.</u>		NJDEP Waste Hauler ID No. <u>32610</u>	Cubic Yards of Waste <u>1/2</u>	Name of Registered Landfill <u>Minerva</u>	
City, State <u>Phila PA 19153</u>		Disposal Date <u>3/24/2012</u>	City, State <u>Wagnerburg OH</u>		
Completed By (Print or Type) <u>Dilip Kumar</u>	Title <u>Program Manager</u>	Signature <u>[Signature]</u>	Date <u>3/19/2012</u>		

ck# 1413

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



Date of Notification (1) 3-19-12		Name of Building Owner/Operator (2) Hampshire Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 83 S. ST		City, State, Zip Code MARTINTOWN NJ							
Name of Contact MAZZA		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hampshire Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 30 Wesley St		Square Feet 10000	# of Floors 3						
City (5) S. Hackensack		Bldg. Age 75							
County (6) Berhen		Current Use (Prior if being demolished) OLD GC Bldg							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ACE INSULATION CO INC							
City, State, Zip Code		Street Address 95 MONTROSE RD							
Project Manager for Monitoring Firm		City, State, Zip Code COLTS Neck NJ 07722							
Telephone No.		Telephone No. 732 294 1757							
Start Date (10) 3-28-12		License No. 00029							
Scheduled Completion Date (11) 4-4-12		Name of OSHA Monitor ACE INSULATION CO 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 type="checkbox"/> Other - Describe:		Street Address 95 MONTROSE RD							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 1 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 COLTS Neck NJ 07722							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1500 SF	Abatement Type				
	Yes	No			N/A	Remove	Repair	Enclosure	Process
			Tile						
Name of Registered Waste Hauler ACE INSULATION CO		NJDES Waste Hauler ID No. 12086		Cubic Yards of Waste 4		Name of Registered Landfill GROWS			
City, State COLTS Neck NJ 07722		Disposal Date 4-4-12		City, State Tullytown PA		Date 3-19-12			
Completed By Jack Galt		Title OPS mgr		Signature Jack Galt					

CR# 1413

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



Date of Notification (1) 3-19-12		Name of Building Owner/Operator (2) PULTE CONSTRUCTION	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DPH <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	7 MAPLE AVE	MORRISTOWN NJ
		Name of Contact	Telephone Number
		HARRINGTON	

Name of Facility Where Abatement is Taking Place (3) PULTE CONSTRUCTION		Type of Facility (4)	
Street Address 7 MAPLE AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) MORRISTOWN	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.	
Start Date (10) 3-28-12		Scheduled Completion Date (11) 4-3-12	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> < 3 sf or < 3 ft <input type="checkbox"/> > 160 sf or > 260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A	F.I.C.	600 SF

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
ACE INSULATION CO		12086	3	GROWS	
City, State		Disposal Date	City, State		
COLTS NECK NJ 07722		4-3-12	TULLYTOWN PA		
Completed By	Title	Signature	Date		
Sarah GALL	OPS MGR	JACK GRAD	3-19-12		

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

CK# 1936 \$200

Date of Notification (1) 03 / 20 / 12		Name of Building Owner/Operator (2) West Orange Public Schools							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 179 Eagle Rock Avenue							
		City, State, Zip Code West Orange, New Jersey 07052							
		Name of Contact Robert Csigi	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Administration Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 179 Eagle Rock Avenue		Square Feet 10,000	# of Floors 2						
City (5) West Orange, New Jersey 07052		Bldg. Age 55+							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AMERA Consultants Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231-0385		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Domenic D'Errico	Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 04 / 12 / 12	Scheduled Completion Date (11) 04 / 13 / 12	Name of OSHA Monitor J&S Environmental							
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-4PM/10:30PM-AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Maint. Storage Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insul. (Wrap&Cut)	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway outside of Storage Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting (O&M)	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Woodland Park, New Jersey		Disposal Date 04/14/12		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 3/20/12			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK# 1937 \$200

Date of Notification (1)
03 / 20 / 12

Name of Building Owner/Operator (2)
Cedar Grove Board of Education

Street Address
520 Pompton Avenue

City, State, Zip Code
Cedar Grove, New Jersey 07009

Name of Contact
Mario Gaita

Agencies Notified

- ☒ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-8)

Type Notification

- ☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

MAR 22 2012

ASBESTOS CONTROL & REMEDIATION

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Leonard R. Parks Building

Type of Facility (4)

- ☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Street Address
520 Pompton Avenue

Square Feet
10,000

of Floors
2

Bldg. Age
55+

City (5)
Cedar Grove, New Jersey 07009

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
BOE Admin Bldg

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants Inc

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
PO Box 385

Street Address
606 McBride Avenue

City, State, Zip Code
Oceanville, New Jersey 08231-0385

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-652-1833

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
04 / 13 / 12

Scheduled Completion Date (11)
04 / 16 / 12

Name of OSHA Monitor
J&S Environmental

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM 4 PM / PM 12 AM

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	1250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
10

Name of Registered Landfill
G.R.O.W.S.

City, State
Woodland Park, New Jersey

Disposal Date
04/17/12

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Tatiana Kalenikova

Title
Vice President

Signature
Tatiana Kalenikova

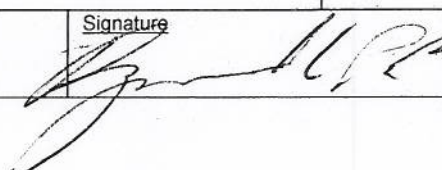
Date

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

Check # 1195

GAC Project # 060-11

Client Project #

<u>Date of Notification (1)</u> March 20, 2012		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> MICHAEL SMITH, ENV.	<u>Telephone Number</u> HEALTH & SAFETY
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> OLSON HALL, BLDG# 7229		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> NEWARK CAMPUS		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 60+ years	
<u>City (5)</u> NEWARK	<u>County (6)</u> ESSEX	<u>County Code (7)</u> (State Use Only)	<u>Current Use (prior if being demolished):</u> ACADEMIC
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 03/30/12	<u>Scheduled Completion Date (11)</u> 03/31/12	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5PM - 5AM		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Rooms 003, 007	<input checked="" type="checkbox"/>	TSI - Pipe Fitting Insulation	9 LF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		<u>Disposal Date</u> 03/31/2012	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> 	<u>Date</u> March 20, 2012

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

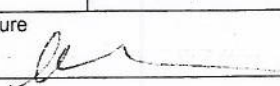
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CK 3416

RECEIVED

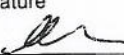
Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) MS BARBARA EASLEY				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 EAGLES NEST RD City, State, Zip Code MORRISTOWN, N.J. 07960 Name of Contact MS. EASLEY Telephone Number [REDACTED]				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. EASLEY		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 23 EAGLES NEST RD		Square Feet 2000				
City (5) MORRISTOWN		# of Floors 2	Bldg. Age 1945			
County (6) Morris		County Code (7) (STATE USE ONLY) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 3/30/12	Scheduled Completion Date (11) 4/1/12	Name of OSHA Monitor Omega Environmental Services				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack . N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 40 LF	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		THERMAL INSULATION		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Atlantic Waste Services	NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 1 1/2	Name of Registered Landfill G. ROWS. LANDFILL			
City, State Rochelle Park, N.J. 07662		Disposal Date 4/1/12	City, State MORRISVILLE, PA 19067			
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano	Date 3/20/12			

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

Date of Notification (1) 3/19/12		Name of Building Owner/Operator (2) Paul Huryk							
Agencies Notified	Type Notification	Street Address 162 Cedar Hill Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Paul Huryk	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 162 Cedar Hill Avenue		Square Feet 2500	# of Floors 2						
City (5) Belleville		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/30/12	Scheduled Completion Date (11) 4/6/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	145 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Newburgh PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 3/19/12		

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

Check 11164

Date of Notification (1) 3/19/12		Name of Building Owner/Operator (2) TYCR LLC							
Agencies Notified	Type Notification	Street Address 115 Broad Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Palisades Park, NJ 07650							
		Name of Contact Youngmin Woo, Architect (201-742-3163)	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 15 Grand Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Palisades Park		Square Feet 10,000	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/28/12	Scheduled Completion Date (11) 4/10/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor (west side)			x	pipe insulation	120 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Newburg PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 3/19/12		

CHECK #
2256



Date of Notification (1) <u>3/20/12</u>		Name of Building Owner/Operator (2) <u>MEN & MACHINES</u>									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE.</u>									
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>									
		Name of Contact <u>LISA FISHER</u>	Telephone Number <u>[REDACTED]</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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)									
Street Address <u>220 20TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>								
City (5) <u>AVALON</u>		Bldg Age <u>40+</u>									
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>									
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>									
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>									
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>									
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>								
Start Date (10) <u>4/1/12</u>	Scheduled Completion Date (11) <u>4/8/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>									
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>									
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Removal	Enclosure	Full Containment	Other		
<u>SIDING</u>				<u>TRANSITE</u>	<u>1800 LF</u>						
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>							
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>							
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>3/20/12</u>						

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

ck 71560408

Date of Notification (1) 3/12/2012		Name of Building Owner/Operator (2) PSEG Salem/Hopetown							
Agencies Notified	Type Notification	Street Address Alloway Creek Neck Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA N/A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hancocks Bridge NJ 08038							
		Name of Contact Mark A Former	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Salem/Hopetown Nuclear		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 Alloway Creek Neck Rd		Square Feet	# of Floors						
City (5) Hancocks Bridge NJ		Bldg. Age							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Nuclear Power Plant							
Name of Monitoring Firm Hired by Building Owner (8) A.E.T. INC		ASCM No.	Name of Abatement Contractor (9) DZ NPS						
Street Address 28 N. Pennell Rd		Street Address							
City, State, Zip Code Lima PA 19028		City, State, Zip Code							
Project Manager for Monitoring Firm DAVE TUCKER		Telephone No. 610 891 0114	Telephone No. _____						
Start Date (10) ANNUAL 2012	Scheduled Completion Date (11) 2012	Name of OSHA Monitor A.ET							
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: Active Nuc. Plant		Street Address							
		City, State, Zip Code							
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 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
Name of Registered Waste Hauler PSEG to dispose of all waste		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by Mark A Former		Title Supv	Signature [Signature]				Date 3-12-12		


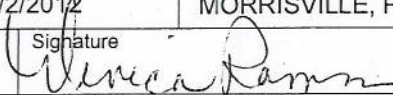
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check #6329

Date of Notification (1) March 20, 2012		Name of Building Owner / Operator (2) Laura Bertoli						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	633 Wallingford Road City, State & Zip Code Bel Air, MD 21014 Name of Contact Mike Minervini - ReMax						
		Telephone Number <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> RECEIVED MAR 22 2012 ASBESTOS CONTROL & LICENSE </div>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)						
Street Address 53 Beechwood Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
City (5) Keansburg		Square Feet 1,300	# of Floors 2					
County (6) Monmouth		Bldg. Age 89 years						
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.						
Street Address		Street Address 829 Radio Road						
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087						
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817					
Scheduled Start Date (10) March 30, 2012	Scheduled Completion Date (11) March 31, 2012	Name of OSHA Monitor Synatech, Inc.						
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		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"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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) 90 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	Pipe Insulation		X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2.5	Name of Registered Landfill Grows Landfill				
City, State Little Egg Harbor, NJ 08087		Disposal Date April 2, 2012		City, State Morrisville, PA				
Completed By Diane Aloia		Title Executive Assistant	Signature <i>Diane Aloia</i>	Date March 20, 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)

Date of Notification (1) 3/20/2012		Name of Building Owner/Operator (2) DONALD A. THEE							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	108 PARK DRIVE							
		City, State, Zip Code CRANFORD, NJ 07016							
		Name of Contact DONALD A. THEE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address 108 PARK DRIVE		<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) CRANFORD		Square Feet	# of Floors						
County (6) UNION		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 3/31/2012	Scheduled Completion Date (11) 4/2/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <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/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		DUCT INSULATION	50 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 4/2/2012	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY	Signature 			Date 3/20/2012			

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Harn
(signature)
3/20/12 7:34AM
Date: Date of Notification

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24717
RECEIVED
MAR 22 2012
ASBESTOS CONTROL & LICENSING

3/19/12		Name of Building Owner/Operator (2) Charlotte Wert	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address C/O Porter Wert		272 Valley Way	
City, State, Zip Code Montclair, NJ 07042		Telephone Number	
Name of Contact Peter Wert			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 160 Pennington-Hopewell Road		Square Feet	
City (5) Hopewell		# of Floors	
County (6) Mercer		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322	
Project Manager for Monitoring Firm William Weisgarber Jr.		City, State, Zip Code Allentown, NJ 08501	
Telephone No. (609) 298-4070		Telephone No. (609) 259-9688	
License No. 00493		Name of OSHA Monitor MECS	
Start Date (10) 3/21/12		Scheduled Completion Date (11) 3/23/12	
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: 8AM - 4:30PM		Street Address PO Box 341	
City, State, Zip Code Crosswicks, NJ 08515			

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 180 sf or ≥ 280 lf

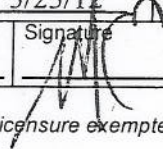
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	30 LF	X			
attic			X	pipe insulation	10 LF	X			
Name of Registered Waste Hauler Stevens Environmental Services Inc.		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1 CU	Name of Registered Landfill T.R.R.F., Inc.				
City, State Allentown, NJ		Disposal Date 3/23/12		City, State Tullytown, PA					
Completed By Mahlon E. Stevens		Title Project Manager		Signature <i>[Signature]</i>		Date 3/19/12			

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24717

Date of Notification (1) <u>3/19/12</u>		Name of Building Owner/Operator (2) <u>Charlotte Wert</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>C/O Perter Wert 272 Valley Way</u> City, State, Zip Code <u>Montclair, NJ 07042</u> Name of Contact <u>Peter Wert</u> Telephone Number <u>LICENS</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>160 Pennington-Hopewell Road</u>		Square Feet	# of Floors					
City (5) <u>Hopewell</u>		Bldg. Age						
County (6) <u>Mercer</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>3/21/12</u>	Scheduled Completion Date (11) <u>3/23/12</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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>basement</u>			<u>pipe insulation</u>	<u>30 LF</u>	<input checked="" type="checkbox"/>			
<u>attic</u>			<u>pipe insulation</u>	<u>10 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>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/23/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/19/12</u>					

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

CK 3417

Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) Ms. Solari							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 236 LARCH AVE City, State, Zip Code DUMONT, NJ 07628 Name of Contact Ms. Solari Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ms. Solari		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 236 LARCH AVE		Square Feet 2100							
City (5) DUMONT		# of Floors 2	Bldg. Age 1940						
County (6) BERGEN		County Code (7) (STATE USE ONLY) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 4/2/12	Scheduled Completion Date (11) 4/3/12	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL INSULATION	95 LF	X			
Name of Registered Waste Hauler Atlantic Waste Services		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 1 1/2	Name of Registered Landfill G. ROWS LANDFILL					
City, State Rochelle Park, N.J. 07662			Disposal Date 4/3/12	City, State Morrisville, PA 19067					
Completed by J. Maiorano	Title Estimator		Signature <i>J. Maiorano</i>			Date 3/20/12			

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

Date of Notification (1) 03 / 19 / 12		Name of Building Owner/Operator (2) RJN Residential, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address 410 Piermont Road		City, State, Zip Code Hillsdale, NJ 07642	
Name of Contact Bob Nagler		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence Street Address 410 Piermont Road City (5) Hillsdale County (6) Bergen County Code (7) (STATE USE ONLY)			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 Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A Fairlawn NJ 07410 Project Manager for Monitoring Firm Willie Morales Telephone Number 973-636-9145 Scheduled State Date (10) 03 / 20 / 12 Month / Day / Year Scheduled Completion Date (11) 03 / 26 / 12 Month / Day / Year			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 Telephone Number 973 628-9500 License No. 00408 Name of OSHA Monitor Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:					

Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X	Asbestos Siding	1350 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 		Date 3/19/2012

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

CL# 3418

Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) MR. KIM						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 212 MARKET ST City, State, Zip Code NEWARK, NJ. 07102 Name of Contact MR. KIM Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. KIM		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 212 MARKET ST		Square Feet 3800	# of Floors 1					
City (5) NEWARK		Bldg. Age 1935						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 4/4/12	Scheduled Completion Date (11) 4/5/12	Name of OSHA Monitor Omega Environmental Services						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
BASEMENT				THERMAL INSULATION	60 LF	<input checked="" type="checkbox"/>		
BASEMENT				THERMAL SURFACING	40 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Atlantic Waste Services		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 3cy	Name of Registered Landfill G.R.O.W.S. LANDFILL				
City, State Rochelle Park, N.J. 07662			Disposal Date 4/5/12	City, State HARRISVILLE, PA 19067				
Completed by J. Maiorano	Title Estimator		Signature <i>J. Maiorano</i>			Date 3/20/12		

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

RECEIVED
MAR 22 2012

Date of Notification (1) 3/19/12		Name of Building Owner/Operator (2) EMTECH CONTRACTING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> COL <input type="checkbox"/> COM <input type="checkbox"/> CCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 155 RT. 50
	City, State, Zip Code GREENFIELD, N.J. 08230		Telephone Number _____
	Name of Contact BRUCE BREUNIG		Telephone Number _____
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 126 WAYSIDE DRIVE		Square Feet 1000	# of Floors 2
City (5) OCEAN CITY		Bldg Age 40+	Current Use (Prior if being demolished) VACANT
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address _____		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0422	
License No. 00444		Name of OSHA Monitor JOSEPH KLEMM	
Start Date (10) 4/1/12		Scheduled Completion Date (11) 4/8/12	
Street Address 369 S. SPRUCE AVE.		City, State, Zip Code MAPLE SHADE, N.J. 08052	
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: _____			
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) SIDING	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) TRANSITE
	Amount (Specify SF or LF) 1500 LF		
Abatement Type Removal Repair Encapsulation Enclosure		Amount (Specify SF or LF) 1500 LF	
Name of Registered Waste Hauler KLEMMCO INC.		Name of Registered Landfill C.M.C. M.U.A.	
City, State MAPLE SHADE, N.J. 08052		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Signature Joseph Klemm	
Title OWNER		Date 3/19/12	

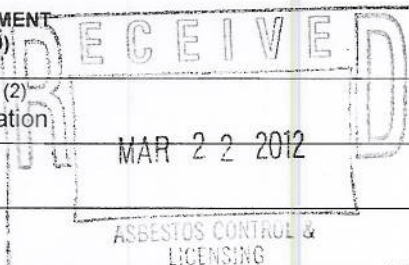
CH# 2483

ASB-41

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

check # 2263

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



Date of Notification (1) 03/16/2012		Name of Building Owner/Operator (2) South River Board of Education							
Agencies Notified	Type Notification	Street Address 11 Montgomery Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South River NJ 08882							
		Name of Contact Kenneth Kokoszka	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South River High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 Montgomery Street		Square Feet 90,000	# of Floors 2						
City (5) South River		Bldg. Age 50 years							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address 401 St. James Avenue		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Phillipsburg		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan S. Gilbert		Telephone No. 908-454-6316	Telephone No. 973-339-9735						
		License No. 01034							
Start Date (10) 03/17/2012	Scheduled Completion Date (11) 03/18/2012	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor and 1st floor bathrooms		X		TSI fittings Glove Bag	4 LF	x		x	
2nd floor and 1st floor bathrooms		X		TSI fittings - wet/wrap/cut	5 LF	x			
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Totowa NJ			Disposal Date 03/19/2012	City, State Morrisville, PA					
Completed by Sava Savic		Title President	Signature 	Date 03/16/2012					

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

Date of Notification (1) 3/6/12		Name of Building Owner/Operator (2) P.S.E.G.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 22 2012 </div>					
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD			
<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		<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 SOUTH PLAINFIELD, NJ			
				Name of Contact RICHARD STRAUSS		ASBL Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G				Type of Facility (4)					
Street Address FISH HOUSE RD. & PENNSYLVANIA AVE.				<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) KEARNY				Square Feet N/A	# of Floors N/A	Bldg. Age N/A			
County (6) HUDSON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS			ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD ST.			Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER			Telephone No. 732-290-2217	Telephone No. 732-432-8350		License No. 01111			
Start Date (10) 3/20/12		Scheduled Completion Date (11) 3/22/12		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE VAULTS		x		ACM CABLES	540 LF	x			
Name of Registered Waste Hauler WASTE MANAGEMENT			NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ			Disposal Date 3/23/12		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO			Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 3/6/12		

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

Date of Notification (1) 3/20/12 (orig. 3/6/12)		Name of Building Owner/Operator (2) P.S.E.G.							
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ							
		Name of Contact RICHARD STRAUSS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G		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 FISH HOUSE RD. & PENNSYLVANIA AVE.		Square Feet N/A	# of Floors N/A						
City (5) KEARNY		Bldg. Age N/A							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD ST.		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) 3/20/12	Scheduled Completion Date (11) 3/22/12	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE VAULTS		x		ACM CABLES	540 LF	x			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date 3/23/12	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 3/20/12					