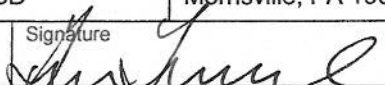
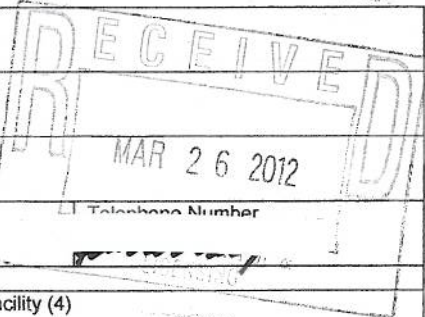
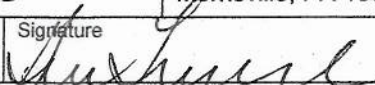


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

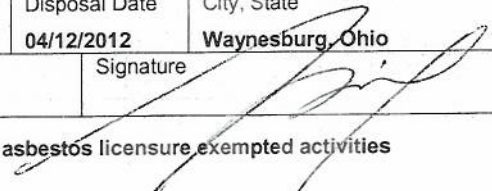
Date of Notification (1) 03/22/2012		Name of Building Owner/Operator (2) Teaneck School District							
Agencies Notified	Type Notification	Street Address One Morrison Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Mr. Anthony D'Angelo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teaneck Jefferson Middle School		Type of Facility (4)							
Street Address 655 Teaneck Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Teaneck		Square Feet 105,000 approx	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 55 years						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 95	Name of Abatement Contractor (9) New American Restoration Inc.						
Street Address 5434 King Avenue, Suite 101		Street Address 421-423 Straight St							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. 973-925-1303						
License No. 00805									
Start Date (10) 04/06/2012	Scheduled Completion Date (11) 04/15/2012	Name of OSHA Monitor New American Restoration Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 421-423 Straight St							
<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: Facility Occupied During abatement		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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	X			Thermal System Insulation	280 SF	X			
Boiler Room	X			Thermal System Insulation	100 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40CY	Name of Registered Landfill G.R.O.W.S., 1513 Bordentown Rd.					
City, State 1141 Route 23, Wayne, NJ 07470		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Goran Lazarevic		Title Vice President		Signature 		Date 03/22/2012			



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

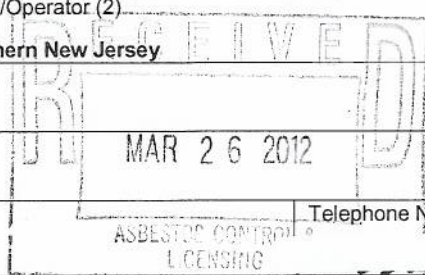
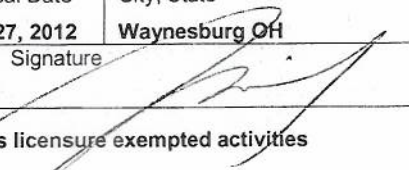
Date of Notification (1) 03/22/2012		Name of Building Owner/Operator (2) Teaneck School District							
Agencies Notified	Type Notification	Street Address One Morrison Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Mr. Anthony D'Angelo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teaneck Jefferson Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 655 Teaneck Road		Square Feet 105,000 approx	# of Floors 1						
City (5) Teaneck		Bldg. Age 55 years							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 95	Name of Abatement Contractor (9) New American Restoration Inc.						
Street Address 5434 King Avenue, Suite 101		Street Address 421-423 Straight St							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	Telephone No. 973-925-1303						
License No. 00805									
Start Date (10) 04/06/2012	Scheduled Completion Date (11) 04/15/2012	Name of OSHA Monitor New American Restoration Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility Occupied During abatement		Street Address 421-423 Straight St							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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	X			Thermal System Insulation	280 SF	X			
Boiler Room	X			Thermal System Insulation	100 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40CY	Name of Registered Landfill G.R.O.W.S., 1513 Bordentown Rd.					
City, State 1141 Route 23, Wayne, NJ 07470		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Goran Lazarevic		Title Vice President		Signature 		Date 03/22/2012			

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

Date of Notification (1) March 21, 2012		Job #:		Name of Building Owner/Operator (2) Preit					
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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2120 Voorhees Town Center City, State, Zip Code Voorhees, NJ 08043		Name of Contact Michael Fox			
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Voorhees Town Center Mall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)					
Street Address 2120 Voorhees Town Center				Square Feet 100,000		# of Floors 2			
City (5) Voorhees				Bldg. Age 20 years					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Stores					
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts, LLC		ASCM No.		Name of Contractor (9) Prime Group Remediation, Inc.					
Street Address 286 Sunset Road		Street Address 4343 G Street							
City, State, Zip Code Barrington, NJ 08007		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Mike Menz		Telephone Number 856-628-6020		Telephone Number 215-533-3503		License Number 00858			
Scheduled Start Date (10) 04/02/2012		Scheduled Completion (11) 04/04/2012		Name of OSHA Monitor Indoor Environmental Concepts, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____				Street Address 286 Sunset Road City, State, Zip Code Barrington, NY 08007					
Source 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
Room 2140 and Hallway		x		Mastic	580 SF	x			
Room 2135		x		Mastic	175 SF	x			
Name of Reg. Waste Hauler Prime Group Remediation, Inc.		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 5	Name of Reg. Landfill Minerva Landfill (OHIO EPA # 15-1292)				
City, State Philadelphia, PA		Disposal Date 04/12/2012		City, State Waynesburg, Ohio					
Completed by Vincent Primavera, Jr	Title Project Manager			Signature 		Date March 21, 2010			

3951

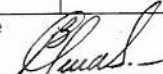
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 21, 2012		Job #:		Name of Building Owner/Operator (2) Heart Institute of Southern New Jersey					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1400 East Route 70 City, State, Zip Code Cherry Hill, NJ 08002 Name of Contact Jennifer Minton					
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Heart Institute of Southern New Jersey Street Address 1400 East Route 70 City (5) Cherry Hill County (6) Camden				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 15,000 # of Floors 1.5 Bldg. Age 50 years					
County Code (7) (STATE USE ONLY) Camden		Current Use (prior if being demolished) Medical Building							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs Street Address 3370 Progress Way City, State, Zip Code Bensalem, PA 19020		ASCM No.		Name of Contractor (9) Prime Group Remediation, Inc. Street Address 4343 'G' Street City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm Jim Weltz		Telephone Number 215-244-1300		Telephone Number 215-533-3503 License Number 00858					
Scheduled Start Date (10) April 4, 2012		Scheduled Completion (11) April 27, 2012		Name of OSHA Monitor Criterion Labs Street Address 3370 Progress Way City, State, Zip Code Bensalem, PA 19020					
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: _____									
Source 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 127 and 129		x		Floor Tile and Mastic	350 SF	X			
Room 2 and 7		x		Floor Tile and Mastic	256 SF	X			
Name of Reg. Waste Hauler The Prime Group Remediation City, State Philadelphia, PA		NJDEP Waste Hauler ID #		Cubic Yards of Waste 2	Name of Reg. Landfill Minerva (DEP #15-1292) City, State Waynesburg OH				
Completed by Vincent Primavera	Title Project Manager			Signature 		Date March 21, 2012			

ASB-41

*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) 3/22/2012		CHECK#2176		Name of Building Owner/Operator (2) Saint Michael's Medical Center					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		111 Central Avenue					
				City, State, Zip Code Newark, NJ 07102					
				Name of Contact Andrew Mastin					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Michael's Medical Center				Type of Facility (4)					
Street Address 111 Central Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark, NJ				Square Feet 160,000	# of Floors 8				
County (6) Essex				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address			Street Address 426-69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 3/22/2012		Scheduled Completion Date (11) 3/27/2012		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check Only One)				Street Address 307 est 28th Street					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 5:00 PM				City, State, Zip Code New York, NY 10018					
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 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
Building 'B'-2nd Flr:Laundry Room			x	Pipe insulation	300 LF	x			
Bldg 'B'-2nd Flr:Bathroom Area			x	Pipe insulation	40 LF	x			
Name of Registered Waste Hauler Atlantic Carting			NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill IESI Bethlehem Landfill Corp				
City, State Wayne, NJ				Disposal Date tbd	City, State Bethlehem, PA				
Completed by Gina Salvador			Title Office Manager	Signature 	Date 2/22/2012				

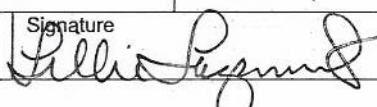
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK 2/27

Date of Notification (1) 3/22/2012		CHECK#2177		Name of Building Owner/Operator (2) Holy Trinity Interparochial School					
Agencies Notified		Type Notification		Street Address 336 First Street					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Westfield, NJ 07090					
				Name of Contact Keith Gibbons					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Trinity Interparochial School				Type of Facility (4)					
Street Address 336 First Street				<input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Westfield, NJ 07090				Square Feet 60,000	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental				Name of Abatement Contractor (9) EA Services Corporation					
Street Address 464 Valley Brook Avenue				Street Address 426-69th Street					
City, State, Zip Code Lyndhurst, NJ 07071				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm Jim Ruff				Telephone No. 201-438-4839	License No. 01074				
Start Date (10) 4/09/2012		Scheduled Completion Date (11) 4/13/2012		Name of OSHA Monitor EA Services Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address 426-69th Street					
<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: Starting 7:00 AM				City, State, Zip Code Guttenberg, NJ 07093					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gymnasium			x	Wood Floor w/associated mastic	1,200 SF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste tbd	Name of Registered Landfill IESI Bethlehem Landfill Corp				
City, State Wayne, NJ				Disposal Date tbd	City, State Bethlehem, PA				
Completed by Gina Salvador		Title Office Manager		Signature <i>Chua</i>			Date 2/22/2012		

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

CK#1011

Date of Notification (1) 3-23-2012		Name of Building Owner/Operator (2) Thaddeus Keniecki, et als Trustees							
Agencies Notified	Type Notification	Street Address 2 Van Alen Place							
<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 Pompton Plains, NJ 07444							
		Name of Contact Scott Walker	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 2 Van Alen Place		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Pompton Plains		Square Feet 3000 SF	# of Floors 2						
		Bldg. Age 50+							
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) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 4-2-2012	Scheduled Completion Date (11) 4-6-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 9 am - 5 pm		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT (no mastic)	300 SF	X			
Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature 			Date 3-23-2012			

ck
30160

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

Date of Notification (1) 3/22/2012		Name of Building Owner / Operator (2) Gerresheimer Glass, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 537 Crystal Ave.	
		City, State & Zip Code Vineland, NJ 08360	
		Name of Contact C/O Patrick Larney	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building 32 Warehouse Area		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 537 Crystal Ave.		Square Feet ~20,000	# of Floors 1
City (5) Vineland	County (6) Cumberland	Bldg. Age ~ 60 Years	
County Code (7)		Current Use (Prior if being demolished) Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	
Street Address 9 South Main Street		Name of Abatement Contractor (9) Altchem Environmental Services	
City, State & Zip Code Mullica Hill, NJ 08062		Street Address 1300 Industrial Highway	
Project Manager for Monitoring Firm Jack Carney		Telephone Number 856 223-0080	License Number 00741
Scheduled Start Date (10) 4/05/2012	Scheduled Completion Date (11) 4/06/2012	Name of OSHA Monitor Altchem Environmental Services	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1300 Industrial Highway	
		City, State & Zip Code Southampton, PA 18966	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Building 32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheet Flooring	145 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

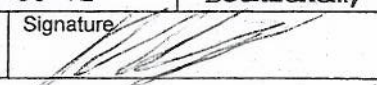
Name of Registered Waste Hauler Altchem Environmental Services, Inc	NJDEP Waste Hauler ID No. 23124	Cubic Yards of Waste ~ 3 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Southampton, PA	Disposal Date 04/2012	City, State Waynesburg, PA	
Completed By (Print or Type) Patrick Larney	Title Dir. Of Ops.	Signature 	Date 03/22/2012

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

Date of Notification (1) 3/22/12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified	Type Notification	Street Address 581 Main Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Richard J. Raczynski							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Prospect Plains Office Building		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 269 Prospect Plains Road		Square Feet 4500	# of Floors 3						
City (5) Cranbury		Bldg. Age 50+ yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former feed and agriculture office							
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Mattiola Services, LLC						
Street Address 307 North Walnut Street		Street Address 2082 B Lucon Road							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610.431.7545	License No. 01077						
Start Date (10) 3/22/12	Scheduled Completion Date (11) 4/30/12	Name of OSHA Monitor Mattiola Services, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2082 b Lucon Road							
		City, State, Zip Code Skippack, PA 19474							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Basement - Middle Area			X	Flue packing	8 SF	X			
Chimney Stacks			X	Tar flashing	4 SF	X			
Addition Roof			X	Tar paper - Built up roof	810 SF	X			
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. S2265		Cubic Yards of Waste	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Freehold, NJ				Disposal Date	City, State Bethlehem, PA				
Completed by Caroline M. Harper		Title Project Manager		Signature <i>Caroline Harper</i>		Date 3/22/12			

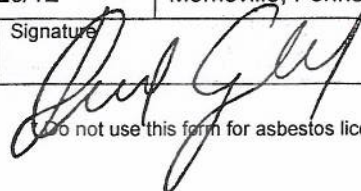
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8145

Date of Notification (1) 3-21-12		Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe, 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 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 183 Sitegraves Street						
			City, State, Zip Code Phillipsburg, NJ 08865						
			Name of Contact Brian Nicus						
<div style="text-align: right; margin-right: 50px;">MAR 28 2012</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe, Inc.		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 183 Sitegraves Street		Square Feet 75,000	# of Floors 2						
City (5) Phillipsburg		Bldg. Age 100yrs							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) industrial							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
Start Date (10) 4-13-12		Scheduled Completion Date (11) 4-30-12	License No. 00398						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Plymouth Environmental Co., Inc.							
		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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
South casting machine	X			transite	440 SF	X			
2nd floor hot box wall	X			transite	1,360 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State Newark, NJ			Disposal Date 4-30-12	City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager	Signature 			Date 3-21-12			

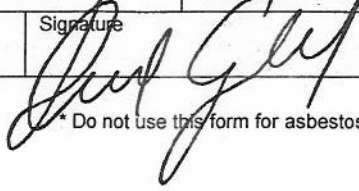
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CIC #1832

Date of Notification (1) 03/21/12		Name of Building Owner/Operator (2) Alpha Property Management, Inc.							
Agencies Notified	Type Notification	Street Address 108-136 Martin Luther King Jr. Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07108							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jose Argueta	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pavilion Apartments - Building A		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 138-162 Martin Luther King Jr. Boulevard		Square Feet 200,000 +	# of Floors 20 +						
City (5) Newark		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) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 04/09/12	Scheduled Completion Date (11) 04/20/12	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Out-side Walkway			X	Plaster Ceiling	2,400 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date 04/20/12	City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger	Signature 	Date 03/21/12					

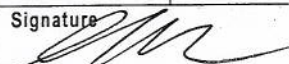
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK # 1831

Date of Notification (1) 03/21/12		Name of Building Owner/Operator (2) Alpha Property Management, Inc.							
Agencies Notified	Type Notification	Street Address 108-136 Martin Luther King Jr. Boulevard							
<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	City, State, Zip Code Newark, NJ 07108							
		Name of Contact Jose Argueta	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pavilion Apartments - Building B		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 108-136 Martin Luther King Jr. Boulevard		Square Feet 200,000 +	# of Floors 20 +						
City (5) Newark		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) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 04/02/12	Scheduled Completion Date (11) 04/08/12	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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) <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 - Laundry Room,	x			Pipe Insulation	500 LF	x			
Hallway and Boiler Room									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 04/09/12		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 03/21/12			

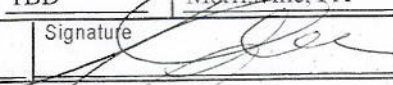
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Check No. **20409**

Date of Notification (1) March 22, 2012		Name of Building Owner/Operator (2) Newark Public Schools					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Cedar Street City, State, Zip Code Newark, NJ 07102 Name of Contact Gregory Tillman					
Telephone Number							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Bragaw Avenue Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 103 Bragaw Avenue		Square Feet 30,000 +/-					
City (5) Newark, NJ 07112		# of Floors 3					
County (6) Essex		Bldg. Age 40+/-					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASCM No. 0003					
Street Address 1253 North Church Street		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc., 22-2674200					
City, State, Zip Code Moorestown, NJ 08057		Street Address 223 Randolph Avenue					
Project Manager for Monitoring Firm Mike Casey		City, State, Zip Code Clifton, N.J 07011					
Telephone No. 732-390-5858		Telephone No. 973-478-4681					
License No. 00120		Name of OSHA Monitor McCabe Environmental Services, L.L.C.					
Start Date (10) April 02, 2012		Scheduled Completion Date (11) April 06, 2012					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 464 Valley Brook Avenue					
		City, State, Zip Code Lyndhurst, NJ 07071-1998					
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) <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) 5 In ft	Abatement Type			
				Removal	Repair	Encapsulate	
Pipe Tunnel - Multiple Locations	<input checked="" type="checkbox"/>	Thermal Systems Insulation		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., 22-2674200		NJDEP Waste Hauler ID No. 12695		Cubic Yards of Waste 1		Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Clifton, N.J 07011		Disposal Date 03/06/12		City, State Waynesburg, OH			
Completed by G. Roger Woodman		Title Project Manager		Signature 		Date 3/22/2012	

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

Notations:
 Paid w/ck# 1131
 Amount: \$-200.00

Date of Notification (1) <u>03/21/2012</u>		Name of Building Owner/operator (2) <u>Ted Moss</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 <u>15 Kent Pl</u>	
		City, State, Zip Code <u>Westfield, NJ 07090</u>	
		Name of Contact <u>Ted Moss</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Private House-Garage</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>15 Kent Pl</u>		Square Feet <u>5000</u>	# of Floors <u>2</u>
City (5) <u>Westfield</u>		Bldg. Age <u>50 +</u>	
County (6) <u>Union</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior If being demolished) <u>Garage</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>n/a</u>	Name of Abatement Contractor (9) <u>Genesis Contracting Corp</u>
Street Address <u>N/A</u>		Street Address <u>106 Gold St</u>	
City, State, Zip Code <u>N/A</u>		City, State, Zip Code <u>Green Brook, NJ 08812</u>	
Project Manager for Monitoring Firm <u>N/A</u>	Telephone No. _____	Telephone No. <u>908-809-0315</u>	License No. <u>01090</u>
Start Date (10) <u>04/02/2012</u>	Scheduled Completion Date (11) <u>04/04/2012</u>	Name of OSHA Monitor <u>Genesis Contracting Corp</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>Garage</u>		Street Address <u>106 Gold St</u>	
		City, State, Zip Code <u>Green Brook, NJ 08812</u>	
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 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)
	Yes	No	
<u>Garage</u>			<u>X</u>
Name of Registered Waste Hauler <u>Genensis Contracting Corp</u>		NJDEP Waste Hauler ID No. <u>32980</u>	Cubic Yards of Waste <u>TBD</u>
City, State <u>Green Brook, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S. Landfill</u>
City, State <u>Morrisville, PA</u>			
Completed By <u>Elias Brito</u>	Title <u>Manager</u>	Signature 	Date <u>03/21/2012</u>

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

Date of Notification (1) <div style="text-align: center;">3/20/12</div>		Name of Building Owner/Operator (2) Sica Industries, Inc. Ch 20140	
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 checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1938 Route 37 East	
		City, State, Zip Code Toms River, NJ 08753 MAR 26 2012	
		Name of Contact Alfred J. Sica, Jr.	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1602 Baltimore Avenue					
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 4/02/12	Scheduled Completion Date (11) 4/03/12		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

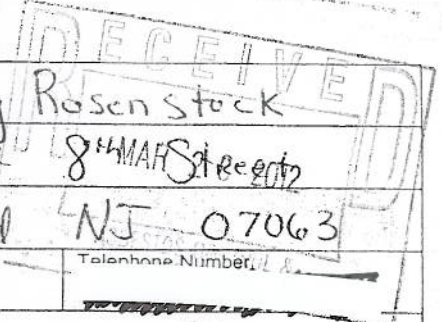
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 4/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	3/20/12

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

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

Check # 8157



Date of Notification (1) 3-23-12		Name of Building Owner/Operator (2) Sig Rosenstock					
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 938 West 8th Street City, State, Zip Code Plainfield NJ 07063					
		Name of Contact Sig Rosenstock	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 938 West 8th Street		Square Feet	# of Floors 2				
City (5) Plainfield NJ 07063		Bldg. Age 75+					
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394				
Start Date (10) April 5, 2012	Scheduled Completion Date (11) April 5, 2012						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies, Inc					
		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Basement	X		Pipe Insulation	150 LF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 4-6-12	City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 3-23-12		

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

CK # 3420

Date of Notification (1) 3/23/12		Name of Building Owner/Operator (2) MONTCLAIR KIMBERLEY ACADEMY	
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 201 VALLEY RD	
		City, State, Zip Code MONTCLAIR NJ 07042	
		Name of Contact M. DOMBROSKI	
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MKA		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 201 VALLEY RD			
City (5) MONTCLAIR	Square Feet 94000	# of Floors 3	Bldg. Age 1920
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) DETAIL ASSOCIATES		ASCM No. 0012	Name of Abatement Contractor (9) Best Removal Inc
Street Address 300 GRAND AVE		Street Address 450 South River St	
City, State, Zip Code ENGLEWOOD NJ 07631		City, State, Zip Code Hackensack, N.J 07601	
Project Manager for Monitoring Firm STEPHEN JARACEWSKI		Telephone No. 201 569 6708	License No. 00388
Start Date (10) 4/6/12	Scheduled Completion Date (11) 4/8/12	Name of OSHA Monitor Omega Environmental	
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 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
CATERERIA			THERMAL INSULATION
Name of Registered Waste Hauler Atlantic Waste Services		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 1 1/2
City, State Rochelle Park, N.J. 07662		Disposal Date 4/8/12	Name of Registered Landfill G.R.O.W.S. Landfill
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>
			Date 3/23/12

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

check # 2279

Date of Notification (1) 03/22/2012		Name of Building Owner/Operator (2) Cedar Grove School District							
Agencies Notified	Type Notification	Street Address 520 Pompton Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Grove, NJ 07009							
		Name of Contact Mr. Mario Gaita							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South End 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 116 Harper Terrace		Square Feet							
City (5) Cedar Grove		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Rt. 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-339-9735						
License No. 01034									
Start Date (10) 03/22/12	Scheduled Completion Date (11) 03/23/12	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 Rt. 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 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
rear hallway		X		Pipe & Valve Fitting Insulation	8 LF	X		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		City, State Morrisville, PA					
Completed by Sava Savic		Title President		Signature		Date 03/22/2012			

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

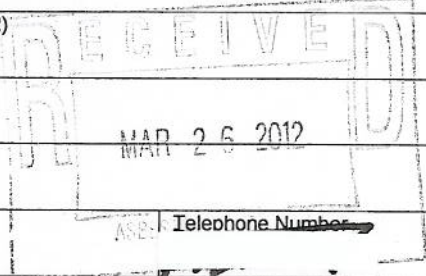
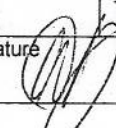
CIL 3419

Date of Notification (1) 3/22/12		Name of Building Owner/Operator (2) LAZZARO ASSOCIATION						
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 518 STUYVESANT AVE City, State, Zip Code LYNDHURST . NJ . 07071 Name of Contact MR DRAGONE						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) LAZZARO ASSOCIATION		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 518 STUYVESANT AVE		Square Feet 8000	# of Floors 2					
City (5) LYNDHURST		Bldg. Age 1940						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WHSE/OFFICE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 4/5/12	Scheduled Completion Date (11) 4/6/12	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)			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			Y	THERMAL INSULATION	30 LF	X		
PAVEMENT			Y	THERMAL SURFACING	85 SF	X		
Name of Registered Waste Hauler Atlantic Waste Services		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 207	Name of Registered Landfill GROWS LANDFILL				
City, State Rochelle Park, N.J. 07662			Disposal Date 4/6/12	City, State MORRISVILLE, PA. 19067				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>			Date 3/22/12			

ASB-41

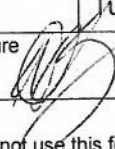
* Do not use this form for asbestos licensure exempted activities.

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


Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) Julie Potischmn							
Agencies Notified	Type Notification	Street Address 4 Hazelwood Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Julie Potischmn							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 4 Hazelwood Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/31/12	Scheduled Completion Date (11) 4/01/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: Occupied		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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space		X		pipe insulation	60 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 3/20/12		

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

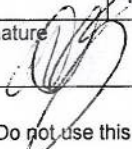
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304658

Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) Harry Kingslow							
Agencies Notified	Type Notification	Street Address 1946 Morrison Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Harry Kingslow							
		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 257 Heywood Avenue									
City (5) Orange		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/28/12	Scheduled Completion Date (11) 3/29/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		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 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
basement		X		pipe insulation	96 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 3/20/12		

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

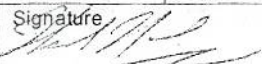
Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) Hugo Pena							
Agencies Notified	Type Notification	Street Address 406 East 25th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Paterson, NJ 07514							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Hugo Pena							
		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 406 East 25th Street		Square Feet N/A	# of Floors N/A						
City (5) Paterson		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/31/12	Scheduled Completion Date (11) 4/01/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		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 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
basement		X		pipe insulation	129 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusnin		Title Project Manager		Signature 				Date 3/20/12	

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

Date of Notification (1) 3/20/12		Name of Building Owner/Operator (2) Herbert Fisher							
Agencies Notified	Type Notification	Street Address 15 Olin Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Ocean Grove, NJ 07756							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Herbert Fisher							
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 86 Kimball Ave		Square Feet N/A	# of Floors N/A						
City (5) Livingston		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 3/30/12	Scheduled Completion Date (11) 3/30/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Totowa, NJ 07512							
<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
attic		X		pipe insulation	50 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 3/20/12		

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

0131

Date of Notification (1) March 23, 2012			Name of Building Owner/Operator (2) LEW Corporation		
Agencies Notified		Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1090 Bristol Road City, State, Zip Code Mountainside, NJ 07092 Name of Contact Project Manager		
			Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) buildings				Type of Facility (4)	
Street Address 68 River Rd.				<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) Summit, NJ 07901				Square Feet	# of Floors
County (6) Union				Current Use (Prior if being demolished) empty	
County Code (7) <i>(STATE USE ONLY)</i>					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC		
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781	
Start Date (10) 2/25/12		Scheduled Completion Date (11) 4/31/12		Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	
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 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)
	Yes	No	N/A		
Small building		<input checked="" type="checkbox"/>		windows w/glazing	5
Large Building		<input checked="" type="checkbox"/>		transite	4500 s/f
"-		<input checked="" type="checkbox"/>		roofing	600 s/f
"-		<input checked="" type="checkbox"/>		windows w/glazing	14
Name of Registered Waste Hauler Freehold		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 51.2	Name of Registered Landfill GROWS	
City, State Freehold, NJ		Disposal Date 4/31/12		City, State Morrisville, PA	
Completed by Mike Cooper		Title President	Signature 	Date 3/23/12	

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

4262

Date of Notification (1) February 13, 2012		Name of Building Owner/Operator (2) LEW Corporation	
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 1090 Bristol Road		City, State, Zip Code Mountainside, NJ 07092	
Name of Contact Project Manager		Telephone Number	

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MAR 26 2012

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) buildings		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 68 River Rd.		Square Feet	# of Floors
City (5) Summit, NJ 07901		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000
License No. 00781		Name of OSHA Monitor The MACK Group, LLC.	
Start Date (10) 2/25/12	Scheduled Completion Date (11) 3/31/12	Street Address 1500 Kings HWY N, STE 209	
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:		City, State, Zip Code Cherry Hill, NJ 08034	


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 checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Small building		<input checked="" type="checkbox"/>		windows w/glazing	5	<input checked="" type="checkbox"/>			
Large Building		<input checked="" type="checkbox"/>		transite	4500 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		roofing	600 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		windows w/glazing	14	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold	NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 51.2	Name of Registered Landfill GROWS
City, State Freehold, NJ	Disposal Date 3/31/12	City, State Morrisville, PA	
Completed by Mike Cooper	Title President	Signature 	Date 2/13/12

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

CR 2472
RECEIVED
MAR 26 2012

Date of Notification (1) 3/23/12		Name of Building Owner/Operator (2) Greg Pouliot / Residence							
Agencies Notified	Type Notification	Street Address 24 Panorama							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Township NJ 08008							
		Name of Contact Greg	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Greg Pouliot / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 Panorama		Square Feet 1000+	# of Floors 1						
City (5) Long Beach Township NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/2/12	Scheduled Completion Date (11) 4/6/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Exterior Siding			x	Exterior Siding	1600.00	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/6/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/23/12		

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

Date of Notification (3/22/12		Name of Building Owner/Operator (2) Voorhees Township							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 620 Voorhees Road							
		City, State, Zip Code Voorhees, N.J. 08043							
		Name of Contact Voorhees Township	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment		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 .400 Sycamore Avenue		Square Feet 25000	# of Floors 1						
City (5) Voorhees Township		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Management & Consulting Services Inc.		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address P O Box 341		Street Address 322 Beers St							
City, State, Zip Code Chesterfield, N.J. 08515		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm William Wiesgarber		Telephone No. 609-743-0493	License No. 01095						
Start Date (10) 4/10/12	Scheduled Completion Date (11) 4/23/12	Name of OSHA Monitor Tricon Enterprises Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 322 Beers St.							
		City, State, Zip Code Keyport, N.J. 07735							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" 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
SEE ATTACHED			X	SEE ATTACHED		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Horizon Disposal Services Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill					
City, State .235 Gibbs Ave. Trenton, N.J. 08611			Disposal Date 11/15/11	City, State Newburg P.A.					
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>			Date 3/22/12			

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

Date of Notification (1) 3-23-12		Name of Building Owner/Operator (2) BILL COUTROS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> NJA <input checked="" type="checkbox"/> NJOL <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 639 HOEY AVE		City, State, Zip Code LONG BRANCH N.J. 07740	
Name of Contact BILL		Telephone Number [REDACTED]	

Name of Facility Where Abatement is Taking Place (3) BILL COUTROS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 639 HOEY AVE		Square Feet 1800	# of Floors 2
City (5) LONG BRANCH		Bldg. Age 80	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ACE INSULATION CO. INC.
Street Address		Street Address 95 MONTROSE RD
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 224 1757
		License No. 00029

Start Date (10) 4-2-12	Scheduled Completion Date (11) 4-7-12	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
		City, State, Zip Code COLTS NECK NJ 07722

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft	<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) <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			2000-01-01 to 2000-03-31	2000-04-01 to 2000-06-30	2000-07-01 to 2000-09-30	2000-10-01 to 2000-12-31	
Basement				PIPE COVERING	200 LF ✓					

Name of Registered Waste Hauler ACE INSULATION CO.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill ICSE
City, State COLTS NECK NJ 07722	Disposal Date 4-7-12	City, State BETHLEHEM PA	
Completed By Sack Hall	Title OPS mgr	Signature [Signature]	Date 3-23-12

Mar 21 12:09:31a

DOV
A. MAC Contracting, Inc.

Fax:

Mar 21 2012 10:50am P001/001

EMERGENCYState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)20120400000000000000
NJ Dept. of Health & Senior Services
Paul C. Palmer
(signature)
Date: 3/21/12 Time: 10:15 AM
CHECK # 7864

Date of Notification (1) 3-21-12		Name of Building Owner/Operator (2) North Hudson Sewerage Authority #649							
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 1600 Adams Street City, State, Zip Code Hoboken NJ 07030 Name of Contact Fred Ricci Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Construction site		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 1553 Harbor Boulevard		Square Feet							
City (5) Weehawken		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 3-21-12		License No. 00156							
Scheduled Completion Date (11) 3-22-12		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 260 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
on ground			X	pipe	5 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste .25		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 3-21-12		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature [Signature]		Date 3-21-12			

7865

DOL

Mar 21 12:02:31p

A. MAC Contracting, Inc.

Fax:

2012020321

Mar 21 2012 04:05pm P001/001


EMERGENCY!

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Hannon
(Signature)
CHECK #:
Date: 3/21/12 Time: 4:05pm

Date of Notification (1) 3/21/12		Name of Building Owner/Operator (2) Diane Novy		Date: 3/21/12 Time: 4:05pm	
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 70 SUSSEX DRIVE City, State, Zip Code TENAFUY NJ 07670 Name of Contact Diane Novy Telephone Number	
FACILITY INFORMATION				MAR 26 2012	
Name of Facility Where Abatement is Taking Place (3) NOVY				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 70 SUSSEX DR.				Square Feet 1650	
City (5) TENAFUY				# of Floors 2	
County (6) BERGEN				Bldg. Age 85	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		105 Lowell Road		City, State, Zip Code Glen Rock, NJ 07452	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 3-22-12		Scheduled Completion Date (11) 3-23-12		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
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:				Amount (Specify SF or LF) 140 LF	
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) basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State, Zip Code Rivardale, NJ 07457		Disposal Date 3/22/12		Name of Registered Landfill [ESI] PA Bethlehem Landfill Corp. City, State, Zip Code Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature [Signature] Date 3/21/12	

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

Date of Notification (1) 3/22/12		Name of Building Owner/Operator (2) Ken Moore / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Mea Lane							
		City, State, Zip Code Long Beach Township NJ 08008							
		Name of Contact Ken							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ken Moore / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 7 Mea Lane		Square Feet 1000 +	# of Floors 1.5						
City (5) Long Beach Township NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/4/12	Scheduled Completion Date (11) 4/10/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/10/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title Preasident		Signature 			Date 3/22/12		

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

Date of Notification (1) 03-22-12		Name of Building Owner/Operator (2) Paterson Housing Authority		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 26 2012 </div>					
Agencies Notified	Type Notification	Street Address 60 Van Houten St.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Patterson NJ 07505							
		Name of Contact Terri Dias							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Riverside Terrace - Building 19				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 29 Harris Place				Square Feet	# of Floors				
City (5) Patterson				Bldg. Age					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Groupe			ASCM No.	Name of Abatement Contractor (9) Site Contractors inc					
Street Address 65 Jackson Drive			Street Address 815 12TH St.						
City, State, Zip Code Cranford NJ 07016			City, State, Zip Code hammonton NJ 08037						
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900		Telephone No. 609-567-1250	License No. 00839				
Start Date (10) 04-02-12		Scheduled Completion Date (11) 04-05-12		Name of OSHA Monitor West Chester Enviromental					
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				Street Address 307 N Walmart ST.					
				City, State, Zip Code West Chester PA					
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 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
Boiler Room	x			pipe	200LF	x			
Storage Room	x			pipe	8lf	x			
Name of Registered Waste Hauler Site Contractors Inc		NJDEP Waste Hauler ID No. 22131		Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill				
City, State Hammonton NJ				Disposal Date 04-16-12	City, State Tullytown PA				
Completed by Thomas Rock		Title Supervisor		Signature			Date 03-22-12		

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

Date of Notification (1) 03-22-12		Name of Building Owner/Operator (2) Paterson Housing Authority							
Agencies Notified	Type Notification	Street Address 60 Van Houten St.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Patterson NJ 07505							
		Name of Contact Terri Dias							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Reverend William Griffin Homes		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 199 Carroll ST.		Square Feet	# of Floors						
City (5) Patterson		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Groupe		ASCM No.	Name of Abatement Contractor (9) Site Contractors inc						
Street Address 65 Jackson Drive		Street Address 815 12TH St.							
City, State, Zip Code Cranford NJ 07016		City, State, Zip Code hammorton NJ 08037							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	Telephone No. 609-567-1250						
Start Date (10) 04-05-12		Scheduled Completion Date (11) 04-13-12	License No. 00839						
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		Name of OSHA Monitor West CHester Enviromental							
		Street Address 307 N Walmart ST.							
		City, State, Zip Code West Chester PA							
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 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
Basement 7 locations	x			pipe	838LF	x			
Name of Registered Waste Hauler Site Contractors Inc		NJDEP Waste Hauler ID No. 22131	Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill					
City, State Hammonton NJ		Disposal Date 04-16-12		City, State Tullytown PA					
Completed by Thomas Rock		Title Supervisor		Signature			Date 03-22-12		

Print Form

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

Date of Notification (1) March 14, 2012		Name of Building Owner/Operator (2) Terence Tannehill (Prudential)							
Agencies Notified	Type Notification	Street Address 4503 Winchester							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Atlantic City, N.J. 08401							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Terence Tannehill							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4503 Winchester		Square Feet 3500	# of Floors 3						
City (5) Atlantic City		Bldg. Age _____							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Graham-Tech Environmental Services LLC.						
Street Address 204 E. Germantown Pike		Street Address 14 Read Drive							
City, State, Zip Code Norriton, P.A. 19401		City, State, Zip Code Sicklerville, N.J. 08081							
Project Manager for Monitoring Firm Raymond J. Giodano		Telephone No. (856)229-5369	License No. 01158						
Start Date (10) March 27, 2012	Scheduled Completion Date (11) March 30, 2012	Name of OSHA Monitor Graham-Tech Environmental Service							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 14 Read Drive							
		City, State, Zip Code Sicklerville, N.J. 08081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure							
		<input checked="" type="checkbox"/> Glovebag Procedure							
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Only		x		Pipe Insulation	50 - LF	x			
Name of Registered Waste Hauler American Disposal System		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste _____	Name of Registered Landfill JP Mascaro - Pioneer Crossing					
City, State PO Box 348, Lumberton, N.J. 08048		Disposal Date _____		City, State 727 red Lane Road, Birdsboro, P.A.					
Completed by Willis Graham		Title Owner	Signature _____			Date _____			