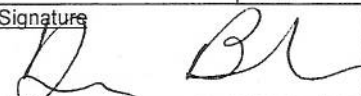


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<u>Date of Notification (1)</u> <p align="center">2/27/2012</p>		<u>Name of Building Owner/Operator (2)</u> <p align="center">SUNOCO, INC. (R&S)</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> <p>1000 CROWN POINT RD</p> <u>City, State, Zip Code</u> <p>WESTVILLE, NJ 08093</p>
		<u>Name of Contact</u> <p>PAT HUSSEY</p>		
FACILITY INFORMATION				
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>SUNOCO REFINERY</p>		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>ALKY AREA 1000 CROWN POINT RD</p>		<u>Sq. Feet</u> 10000 <u># of Floors</u> OUTDOORS		
<u>City (5)</u> <p>WESTVILLE RD</p>	<u>County (6)</u> <p>GLOUCESTER</p>	<u>County Code (7)</u> (State Use Only)		
<u>Name of Monitoring Firm</u> <p>AET, INC.</p>		<u>ASCM No.</u>		
<u>Street Address</u> <p>28 PENNELL RD</p>		<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>		
<u>City, State, Zip Code</u> <p>MEDIA, PA</p>		<u>Street Address</u> <p>550 East Union Street</p>		
<u>Project Manager for Monitoring Firm</u> <p>DAVE TUROTSY</p>		<u>Telephone Number</u> <p>6108910114</p>		<u>License Number</u> <p>00508</p>
<u>Scheduled Start Date (10)</u> <p>3/12/2012</p>		<u>Scheduled Completion Date (11)</u> <p>5/31/2012</p>		<u>Name of OSHA Monitor</u> <p>AET, INC</p>
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> <p>28 PENNELL RD</p>		
Describe _____ Other -		<u>City, State, Zip Code</u> <p>MEDIA, PA</p>		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure				
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose
<p>ALKY AREA</p>	<p align="center">X X X</p>	<p>PIPE INSULATION TRANSITE PANEL BLOCK INSULATION</p>	<p>11943LF 5800SF 5717SF</p>	<p align="center">X X X</p>
<u>Name of Reg. Waste Hauler</u> <p>WASTE MANAGEMENT</p>		<u>NJDEP Waste Hauler ID #</u>		<u>Cubic Yards of Waste</u> <p>Approx. 600</p>
<u>City, State</u> <p>TULLEYTOWN, PA</p>		<u>Disp. Date</u> <p>TBD</p>		<u>Name of Reg. Landfill</u> <p>WM TULLEYTOWN</p>
<u>Completed by (Print or Type)</u> <p>DEVIN BLOM</p>		<u>Title</u> <p>Estimator</p>		<u>Signature</u> 
		<u>Date</u> <p>2/27/2012</p>		

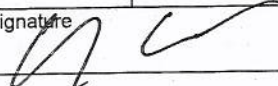
Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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

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

No check


Date of Notification (1) 2/27/2012		Name of Building Owner/Operator (2) SUNOCO INC. (R&M) - MARCUS HOOK REFINERY							
Agencies Notified		Street Address BLUEBALL AVE. & POST RD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code MARCUS HOOK, PA 19061							
		Name of Contact MARK STRUTZ							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SUNOCO EAGLE POINT REFINERY		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 US HIGHWAY 130 S		Square Feet 600,000	# of Floors 200' TOTAL						
City (5) WESTVILLE		Bldg. Age 30+							
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) REFINERY						
Name of Monitoring Firm Hired by Building Owner (8) AET, INC		ASCM No. 00021	Name of Abatement Contractor (9) ALLIANCE ENVIRONMENTAL SYSTEMS, INC.						
Street Address 28 PENNELL RD		Street Address 550 EAST UNION STREET							
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code WEST CHESTER, AP 19382							
Project Manager for Monitoring Firm TONY KEIR		Telephone No. 6108910114	Telephone No. 6109017000						
		License No. 00508							
Start Date (10) 3/12/2012	Scheduled Completion Date (11) 5/31/2012		Name of OSHA Monitor AET, 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 28 PENNELL RD						
			City, State, Zip Code MEDIA, PA 19063						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
ALKY AREA			X	PIPE INSULATION	7658 LF	X			
			X	TRANSITE PANEL	5800 SF	X			
			X	BLOCK INSULATION	5717 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT OF CAMDEN		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 600	Name of Registered Landfill WM - TULLEYTOWN LANDFILL					
City, State CAMDEN, NJ			Disposal Date TBD	City, State TULLEYTOWN, PA					
Completed by DEVIN BLOM		Title PROJECT MANAGER		Signature 			Date 3/23/2012		

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-46

Sub 8

Check # 5157

Date of Notification (1) <u>10/13/12</u>		Name of Building Owner/Operator (2) Demarest Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 568 Piermont Road	
		City, State, Zip Code Demarest, NJ 07627	
		Name of Contact Frank Chilson	
		Telephone Number 	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Demarest Middle School (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 568 Piermont Road			Square Feet	# of Floors
City (5) Demarest	County (6) Bergen	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Wagaraw Avenue, Building 34A		Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales	Phone Number 973-636-9145	Telephone Number 973-696-6869	License Number 0378	
Scheduled Start Date (10) 4/9/12	Sched. Completion Date (11) 4/13/12	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: OCCUPIED		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	interior boiler mortar	50 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 4/16/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 3/27/2012

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-72

Sub 8

Check # 5156

Date of Notification (1) <u>10/31/2012</u>		Name of Building Owner/Operator (2) <u>Vernon Township BOE</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>539 Route 515</u>	
		City, State, Zip Code <u>Vernon, NJ 07462</u>	
		Name of Contact <u>Darryl Storms</u>	
		Telephone Number <u>[REDACTED]</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Rolling Hills Elementary School (Sub 8)</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>60 Sammis Road</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Vernon</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>School</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>EnviroVision</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>20-21 Wagaraw Avenue, Building 34A</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Fair Lawn, NJ 07410</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Willie Morales</u>		Phone Number <u>973-636-9145</u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>4/7/2012</u>		Sched. Completion Date (11) <u>4/14/2012</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	pipe insulation (fittings/joints/elbows)	275 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	boiler insulation	380 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	breeching/exhaust duct insulation	330 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"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>12 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>4/16/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>3/27/2012</u>

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

Date of Notification (1) 03/27/2012		Name of Building Owner/Operator (2) Willingboro School District							
Agencies Notified	Type Notification	Street Address 20 John F. Kennedy Way							
<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 Willingboro, NJ 08046							
		Name of Contact Robert Dinan							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Willingboro High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 440 Beverly-Rancocas Road		Square Feet	# of Floors						
City (5) Willingboro, NJ 08046		Bldg. Age							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address 1253 North Church Street		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 01034						
Start Date (10) 04/05/2012	Scheduled Completion Date (11) 04/12/2012	Name of OSHA Monitor Savic Construction Corp							
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 project</u>		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
Mechanical Room (boiler room)	X			Boiler Breech Insulation	300 SF	x		x	
Mechanical Room (boiler room)	X			Interior boiler insulation	20 SF	x		x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ			Disposal Date	City, State Morrisville, PA					
Completed by Sava Savic		Title President	Signature <i>Sava Savic</i>			Date 03/27/2012			

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

Date of Notification (1) 3/13/2012		Name of Building Owner/Operator (2) P.S.E.&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<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 SOUTH PLAINFIELD, NJ 07080							
		Name of Contact LAUREN THOMAS	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 751 CLIFF ROAD		Square Feet N/A	# of Floors N/A						
City (5) SEWAREN		Bldg. Age N/A							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD ST.		Street Address 396 WHITEHEAD AVE							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) 3/27/2012	Scheduled Completion Date (11) 4/3/2012	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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>OUTSIDE - VACATED LOT</u>		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
VACATED LOT		X		TRANSITE CONDUIT	800 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 150	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date 4/3/2012		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 3/13/2012					

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

Date of Notification (1) 3/27/2012 (Original 3/13/2012)		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact LAUREN THOMAS Telephone Number [REDACTED]						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) PSE&G Street Address 751 CLIFF ROAD City (5) SEWAREN County (6) MIDDLESEX		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 N/A # of Floors N/A Bldg. Age N/A County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) SWITCH STATION						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-290-2217 License No. 01111							
Start Date (10) 3/27/2012		Scheduled Completion Date (11) 4/3/2012							
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882							
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>OUTSIDE - VACATED LOT</u>									
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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
VACATED LOT		X		TRANSITE CONDUIT	1800 LF	X			
				CONTAMINATED POWER WIRE	1600 LF	X			
				CONTAMINATED CEMENT	4000 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 375	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ				Disposal Date 4/3/2012	City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>			Date 3/27/2012		

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

Date of Notification (1) March 26, 2012		Name of Building Owner/Operator (2) Dennis Trautweiler Construction <i>OK 2014/6</i>	
Agencies Notified	Type of Notification	Street Address 34 Edgewood Drive	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 28 2012 </div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	City, State, Zip Code Brick, New Jersey 08724	
		Name of Contact Dennis Trautweiler	Telephone Number 732-349-9932

FACILITY INFORMATION

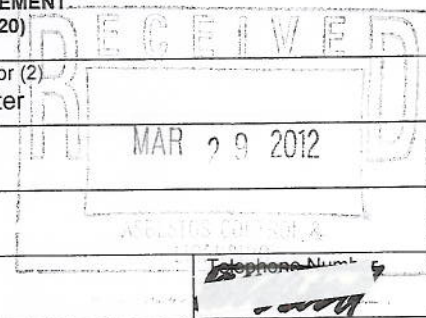
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 346 River Terrace			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1300 sf	# of Floors 1	Bldg. Age 80
			Current Use (Prior if being demolished) Residence		
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) 4/6/12		Scheduled Completion Date (11) 4/10/12			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 NonFriable Procedure </div> </div>					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						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	1150 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 4/11/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 3/26/2012		

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

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

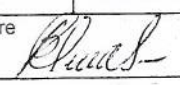
Date of Notification (1) 3/26/2012		Name of Building Owner/Operator (2) St Michael's Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 Central Avenue	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Andrew Mastin	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St Michael's Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 111 Central Avenue		Square Feet 160,000	# of Floors 8
City (5) Newark, NJ 07102		Bldg. Age 70+	
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. 201-295-1700	License No. 01074
Start Date (10) 3/26/2012	Scheduled Completion Date (11) 4/28/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 5:00 PM		Street Address 307 West 28th Street	
		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"/> 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 type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

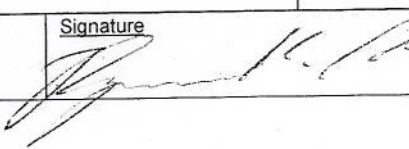
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Buidling "B": 2nd Fl. Const Room			x	Pipe Insulation	60 LF	x			
Bldg "B": 2nd Fl.-Old Bathroom-			x	Pipe Insulation + debris	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 3/26/2012	

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

GAC Project # 060-11

Client Project #

Date of Notification (1) March 27, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY, OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
			Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BECK HALL, BLDG# 4145		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address LIVINGSTON CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 04/06/12	Scheduled Completion Date (11) 04/09/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 4PM - 5AM (DAILY)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) MER 017	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 9 LF
		Abatement Type Remove Repair Encap Enclose	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 04/09/2012	Name of Registered Landfill G.R.O.W.S. North Landfill
		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067	215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date March 27, 2012


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

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

Check # 1507

GAC Project # 060-11

Client Project #

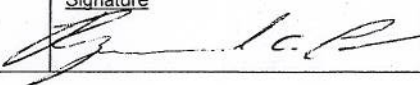
Date of Notification (1) March 27, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 additional work areas, materials, procedures, & extended completion date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NELSON BIOLOGY, BLDG# 3559		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
ASCN No. 0098		Street Address 268 MAIN STREET	
Street Address 3 TERRI LANE		City, State, Zip Code BUTLER, NJ 07405	
City, State, Zip Code BURLINGTON, NJ 08016	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Project Manager for Monitoring Firm BRIAN KEARNY	Name of OSHA Monitor 1 ENVIROVISION, INC.		
Scheduled Start Date (10) 03/28/12	Scheduled Completion Date (11) 04/04/12	Street Address 20-21 WARGARAW ROAD	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM - 5AM (DAILY) Basement Tunnel starts 3/28 & Rooms 205, 213, 218, 228 by 4/2		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 120 SF
Rooms 205, 213, 218, 228	<input checked="" type="checkbox"/>	Transite Panels	<input checked="" type="checkbox"/>
Basement Tunnel	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	9 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
Disposal Date 04/04/2012		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date March 27, 2012

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

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

GAC Project # 060-11

Client Project #

Date of Notification (1) March 16, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number 7
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NELSON BIOLOGY, BLDG# 3559		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/28/12	Scheduled Completion Date (11) 04/01/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM - 5AM (DAILY)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) in Facility (13) Rooms 205, 213, 218, 228	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Transite Panels	Amount (Specify SF or LF) 120 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
Disposal Date 04/01/2012		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date March 16, 2012

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

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

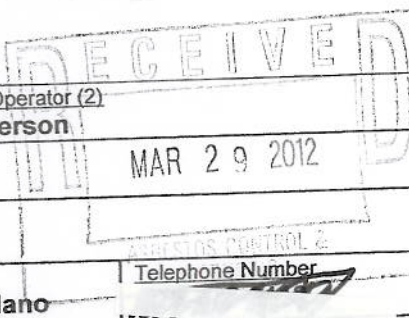
ck 3434

Date of Notification (1) 3-27-2012		Name of Building Owner/Operator (2) C. HALLIDAY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 LAKE STREET	
		City, State, Zip Code BOONTON, NJ. 07005	
		Name of Contact C. HALLIDAY	
		Telephone Number 732-261-1111	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) C. HALLIDAY		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 155 LAKE STREET		Square Feet 1800	# of Floors 2
City (5) BOONTON		Bldg. Age 166 years	
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 4-9-12		Scheduled Completion Date (11) 4-10-12	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Name of OSHA Monitor Omega Environmental Services	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> ≥160 sf or ≥200 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		Street Address 280 Huyler St.	
		City, State, Zip Code South Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT/CRAWL SPACE			THERMAL INSULATION
Name of Registered Waste Hauler ATLANTIC WASTE SERVICES		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 3/4 yd
City, State ROSELLE PARK, N.J.		Disposal Date 4-10-12	Name of Registered Landfill IESI LANDFILL
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran
			Date 3-27-12

ck
9503

State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) March 26, 2012		Name of Building Owner/Operator (2) The Diocese of Paterson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 777 Valley Road		City, State, Zip Code New Jersey 07013	
Name of Contact Dennis Rodano		Telephone Number [Redacted]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Paul Inside the Walls		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 205 Madison Avenue		Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 60 years	
City (5) Madison	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) April 10, 2011		Scheduled Completion Date (11) April 23, 2011	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Vacant		Name of OSHA Monitor EMSL inc. Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 1st & 2nd Floor Landings Boiler Room		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic Fireproofing TSI (Pipes & Fittings		Amount (Specify SF or LF) 600 SF 2,000 SF 300 LF	
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 30		Name of Registered Landfill Meadowfill Landfill	
Cu.Yds			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date April 23, 2012	
City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784			
Completed by (Print or Type) Marin Graure		Signature <i>Marin Graure</i>	
Title SENIOR PROJECT MANAGER		Date March 26, 2012	

GAC # 2012-323

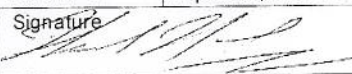
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ASB-41 (R-06-08)

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

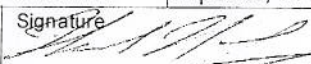
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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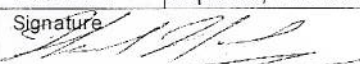
Date of Notification (1) March 12, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 3	City, State, Zip Code Raritan, NJ 08869							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager	Telephone Number 732-221-1201						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House	<input checked="" type="checkbox"/>			Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 	Date 3/12/12					

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

4272

Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300							
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4.5	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 	Date 2/21/12					

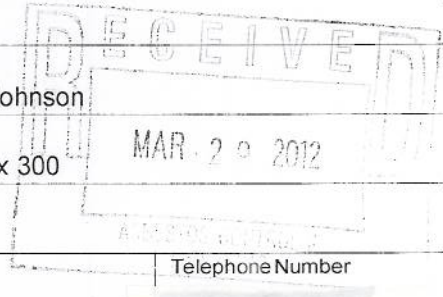
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) February 10, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
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 type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 / 1001 Route 202, PO Box 300							
		City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	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		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TBD	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 2/10/12			

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

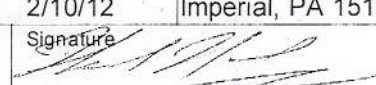
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Date of Notification (1) February 01, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Raritan, NJ 08869	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager	Telephone Number _____



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3
City (5) Raritan, NJ		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 2/2/12	Scheduled Completion Date (11) 2/10/12	Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 2/10/12	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 2/1/12

No check

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
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 checked="" type="checkbox"/> Amended R#1-3/26/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 15 EAST MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ALEX BAYLOR							
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 29 2012 ASBESTOS CONTROL LICENSING </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hammonton Central Office - VERIZON		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 213 South 3rd Street		Square Feet	# of Floors						
City (5) Hammonton	County (6) Atlantic	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State & Zip Code Philadelphia pa 19153		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 267-784-8651	License Number 00509						
Scheduled Start Date (10) 3/26/12	Scheduled Completion Date (11) 3/30/12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM - 3:30 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Mech Rm and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	770 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date 3/30/2012		City, State WAYNESBURG, OH					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick DeCaro / jpl</i>				Date 3/8/2012		

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

CR # 2240

Date of Notification (1) 3/8/2012		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>5881</i> <input checked="" type="checkbox"/> DOH <i>5874</i> <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 15 EAST MONTGOMERY PLACE City, State & Zip Code PITTSBURGH, PA 15212 Name of Contact ALEX BAYLOR	
		Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px; float: right;"></div>	

RECEIVED
 MAR 29 2012
 ASBESTOS CONTROL
 LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hammonton Central Office - VERIZON		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 213 South 3rd Street		Square Feet	# of Floors
City (5) Hammonton	County (6) Atlantic	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Verizon communication center	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code Philadelphia pa 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Mark Jenkins		City, State & Zip Code BRISTOL, PA 19007	
Telephone Number 267-784-8651		Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) 3/26/12	Scheduled Completion Date (11) 3/30/12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM - 1:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mech Rm and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	770 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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date 3/30/2012	City, State WAYNESBURG, OH	
Completed By (Print or Type) Patrick T. DeCaro	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 3/8/2012