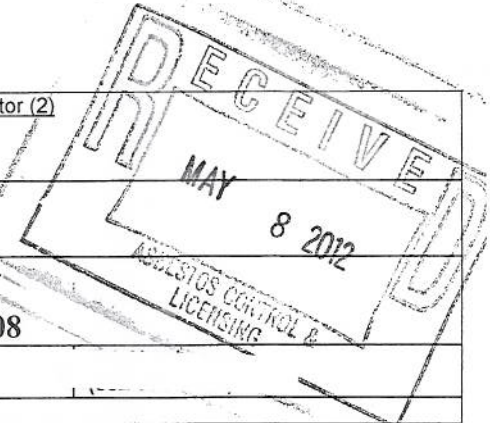


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



CK # 4860


<u>Date of Notification (1)</u> <p align="center">4/25/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">Hercules</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> () Initial Notification (x) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		<u>Street Address</u> <p>500 Hercules Road</p> <u>City, State, Zip Code</u> <p>Wilmington, DE, 19808</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>Hercules Former Facility</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>145 oakdale road</p>			<u>Sq. Feet</u> 6000 <u># of Floors</u> 3		
<u>City (5)</u> <p>CHESTER</p>	<u>County (6)</u> <p>MORRIS</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RESIDENCES		
<u>Name of Monitoring Firm</u> <p>EHS INC</p>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>	
<u>Street Address</u> <p>9 MAIN STREET</p>			<u>Street Address</u> <p>550 East Union Street</p>		
<u>City, State, Zip Code</u> <p>MULLICA HILL, NJ</p>			<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>		
<u>Project Manager for Monitoring Firm</u> <p>JACK CARNEY</p>		<u>Telephone Number</u> <p>8562230080</p>		<u>Telephone Number</u> <p>610-701-9000</p>	<u>License Number</u> <p>00508</p>
<u>Scheduled Start Date (10)</u> <p>5/14/2012</p>		<u>Scheduled Completion Date (11)</u> <p>7/6/2012</p>		<u>Name of OSHA Monitor</u> <p>EHS, 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>9 MAIN STREET</p>	
Describe _____ Other -				<u>City, State, Zip Code</u> <p>MULLICA HILL, NJ</p>	
<u>Source of Work (Check all that apply)</u> (x) 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 (x) Mini-Enclosure (x) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>		<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> <div style="display: flex; justify-content: space-around;"> YES NO NA </div>		<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> <div style="display: flex; justify-content: space-around;"> Rem. Rep. Encap Enclose </div>			
<p>ROOF</p>		<p>Roofing</p>		<p>57185sf</p>	
<p>1ST FLOOR</p>		<p>Vat & mastic</p>		<p>39855sf</p>	
<p>1ST FLOOR</p>		<p>TRANSITE</p>		<p>60SF</p>	
<p>1ST FLOOR</p>		<p>WINDOW CAULK</p>		<p>8lf</p>	
<p>1ST FLOOR</p>		<p>Duct tar paper</p>		<p>845SF</p>	
<p>1ST FLOOR</p>		<p>JUMPER WIRE</p>		<p>600LF</p>	
<p>1ST FLOOR</p>		<p>PIPE INSULATION</p>		<p>1435LF</p>	
<p>1ST FLOOR</p>		<p>SEAM TAR</p>		<p>40LF</p>	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 100</p>	
<u>City, State</u> <p>Hazeltown, PA</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>		<u>City, State</u> <p>Imperial, PA</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>5/4/2012</p>					

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

Telephone 609-984-6620

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9/18/00

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

<u>Date of Notification (1)</u> <p align="center">4/25/2012</p>			<u>Name of Building Owner/Operator (2)</u> Hercules		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>Street Address</u> 500 Hercules Road <u>City, State, Zip Code</u> Wilmington, DE, 19808 <u>Name of Contact</u> <u>Tel Number</u> Joe Keller	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Hercules Former Facility			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 145 oakdale road			<u>Sq. Feet</u> 6000 <u># of Floors</u> 3		
<u>City (5)</u> CHESTER	<u>County (6)</u> MORRIS	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RESIDENCES		
<u>Name of Monitoring Firm</u> EHS INC		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> Alliance Environmental Systems	
<u>Street Address</u> 9 MAIN STREET			<u>Street Address</u> 550 East Union Street		
<u>City, State, Zip Code</u> MULLICA HILL, NJ			<u>City State, ZipCode</u> West Chester, PA 19382		
<u>Project Manager for Monitoring Firm</u> JACK CARNEY		<u>Telephone Number</u> 8562230080		<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 5/9/2012		<u>Scheduled Completion Date (11)</u> 6/29/2012		<u>Name of OSHA Monitor</u> EHS, INC	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 9 MAIN STREET		
Describe _____ Other - _____			<u>City, State, Zip Code</u> MULLICA HILL, NJ		
<u>Source of Work (Check all that apply)</u> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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	
ROOF		X	Roofing	57185sf	X
1 ST FLOOR		X	Vat & mastic	39855sf	X
1 ST FLOOR		X	TRANSITE	60SF	X
		X	WINDOW CAULK	8lf	X
		X	Duct tar paper	845SF	X
1 ST FLOOR		X	JUMPER WIRE	600LF	X
		X	PIPE INSULATION	1435LF	X
		X	SEAM TAR	40LF	X
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235		<u>Cubic Yards of Waste</u> Approx. 100	
<u>City, State</u> Hazleton, PA		<u>Disp. Date</u> TBD		<u>Name of Reg. Landfill</u> BFI Imperial	
<u>Completed by (Print or Type)</u> DEVIN BLOM		<u>Title</u> Estimator		<u>Signature</u> 	
				<u>Date</u> 4/25/2012	

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

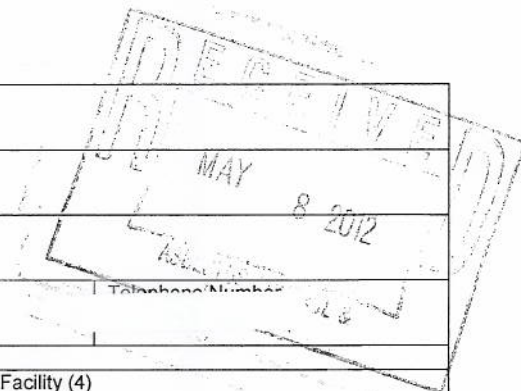
Telephone 609-984-6620

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9/18/00

CK #6162

Print Form

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



Date of Notification (1) 05/04/2012		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address E.A. MacMillan Building							
<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	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 120 Prospect Apartments		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 120 Prospect Avenue		Square Feet 60,000	# of Floors 3						
City (5) Princeton,		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Residence							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 3 Terri Lane		Street Address 8451 Executive Avenue							
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609 386 8800	License No. 01109						
Start Date (10) 05/04/2012	Scheduled Completion Date (11) 07/18/2012	Name of OSHA Monitor Joseph Maronski							
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: work area isolated - working from 9 am to 6 pm		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
West Basement	X			TSI & Fittings	550 LF	x		x	
Attic		x		TSI & Cleanup	6 LF	x		x	
Units A1-E3		X		Sheet Flooring	1639 SF	x			
Units A1-E3 (X)		x		Wall Mastic	790 SF	x			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 40 CY	Name of Registered Landfill Growes Landfill				
City, State Tullytown, PA		Disposal Date 07/19/2012		City, State Tullytown, PA					
Completed by Piyush Patel		Title Program Manager		Signature Piyush Patel		Date 05/04/12			

(X) additional Quantities
next page

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

Date of Notification (1) 05/04/2012		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 E.A. MacMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Bob Ortega						
			Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 120 Prospect Apartments Street Address 120 Prospect Avenue City (5) Princeton,		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.) Square Feet 60,000							
		# of Floors 3	Bldg. Age 80						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Faculty Residence							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 3 Terri Lane City, State, Zip Code Burlington NJ 08016		Street Address 8451 Executive Avenue City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609 386 8800	Telephone No. 267 284 1050 License No. 01109						
Start Date (10) 05/04/2012	Scheduled Completion Date (11) 07/18/2012		Name of OSHA Monitor Joseph Maronski						
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: work area isolated - working from 9 am to 6 pm		Street Address 8451 Executive Avenue City, State, Zip Code Philadelphia, PA 19153							
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) <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
West & East end Basement			x	Window Caulking & Glazing	23 windows	x			
1st-3rd Floor West wing - A1-E3			x	Window Caulking & Glazing	109 windows	x			
East & West Attic			x	Window Caulking & Glazing	17 windows	x			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Growes Landfill					
City, State Tullytown, PA			Disposal Date 07/19/2012	City, State Tullytown, PA					
Completed by Piyush Patel		Title Program Manager	Signature <i>Piyush Patel</i>			Date 05/04/12			

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

Date of Notification (1) 05/04/2012		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address E.A. MacMillan Building							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 120 Prospect Apartments		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 120 Prospect Avenue		Square Feet 60,000	# of Floors 3						
City (5) Princeton,		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Residence							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 3 Terri Lane		Street Address 8451 Executive Avenue							
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609 386 8800	License No. 01109						
Start Date (10) 05/04/2012	Scheduled Completion Date (11) 05/18/2012		Name of OSHA Monitor Joseph Maronski						
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: work area isolated - working from 9 am to 6 pm		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
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
East Basement Area 1		x		TSI Fittings	90 LF	x		x	
East Basement Area 2		x		TSI Fittings	300 LF	x		x	
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20 CY	Name of Registered Landfill Growes Landfill					
City, State Tullytown, PA		Disposal Date 05/19/2012		City, State Tullytown, PA					
Completed by Piyush Patel		Title Program Manager		Signature Piyush Patel		Date 05/04/12			

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

D&S Proj. #: MS 12-007

CHECK NUMBER #004227

Date of Notification (1) 10/5/10 3/12		Name of Building Owner/Operator (2) Nezla & Abibe Kabakci	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 48 Howard Street		City, State, Zip Code Pompton Lakes, New Jersey 07442	
Name of Contact Nezla & Abibe Kabakci		Telephone Number 0 20	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1095 Ringwood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Wanaque	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 05/4/12		Sched. Completion Date (11) 05/18/12	License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/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 type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Exterior		<input checked="" type="checkbox"/>		Building Debris Mixed With ACM	150 YD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Transite Siding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 150	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 5/4/12-5/18/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 5/4/2012

Date of Notification (1) 05/10/12		Name of Building Owner/Operator (2) Nezla & Abibe Kabakci	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	48 Howard Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Pompton Lakes, New Jersey 07442	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Nezla & Abibe Kabakci	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
1095 Ringwood Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6)			Square Feet	# of Floors	Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Wanaque			Passaic		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
Project Manager for Monitoring Firm		Phone Number	20 California Ave.	
Start Date (10)		Sched. Completion Date (11)	City, State, Zip Code	
05/4/12		05/18/12	Paterson, NJ 07503	
Occupancy Status During Abatement (Check only one)			Telephone Number	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			973-345-8020	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			License Number	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			00159	
Scope of Work (check all that apply)		Name of OSHA Monitor		
<input type="checkbox"/> >3 sf or >3 lf		D & S Restoration, Inc.		
<input type="checkbox"/> Renovation		Street Address		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		20 California Avenue		
<input checked="" type="checkbox"/> Demolition		City, State, Zip Code		
<input type="checkbox"/> Full Containment w/negative pressure		Paterson, NJ 07503		
<input type="checkbox"/> Mini-enclosure				
<input type="checkbox"/> Glovebag procedure				
<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure				

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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						
Exterior		<input checked="" type="checkbox"/>		Building Debris Mixed With ACM	150 YD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Transite Siding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 150	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 5/4/12-5/18/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 5/4/2012

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

Date of Notification (1) 5/4/12		Name of Building Owner/Operator (2) Jennifer Jones	
Agencies Notified	Type Notification	Street Address 147 Ralston Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code South Orange, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jennifer Jones	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 147 Ralston Avenue			Square Feet 4000		
City (5) South Orange			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 3
			Bldg. Age 141		
			Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 5/13/12	Sched. Completion Date (11) 5/14/12		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>				
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>				

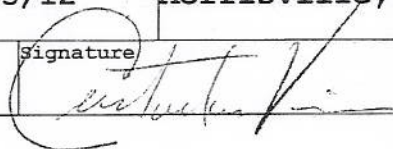
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

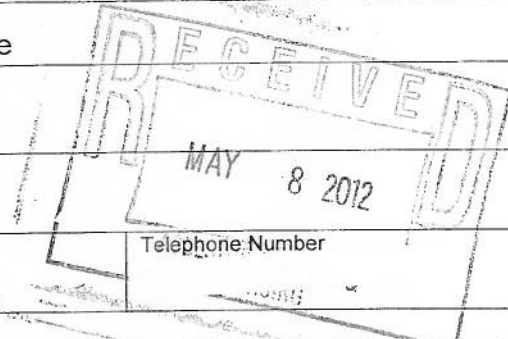
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	50 lf	X			
Basement			X	Cleaning of bare pipe	150 lf			X	

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste .75	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5/15/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 5/4/12

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

Check # 6729

Date of Notification (1) 5/4/12		Name of Building Owner/Operator (2) Mercer County Community College	
Agencies Notified	Type of Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	1200 Old Trenton Road City, State, Zip Code West Windsor, NJ 08550	
		Name of Contact Fred Carella Telephone Number	

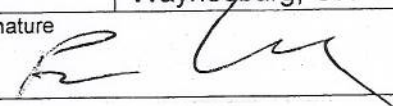
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Math & Science Bldg.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1200 Old Trenton Road			Square Feet 60000	# of Floors 3	Bldg. Age ~55
City (5) West Windsor	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College classrooms		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASC No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1		Street Address 3 Lynn Court			
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 5/14/12	Sched. Completion Date (11) 5/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

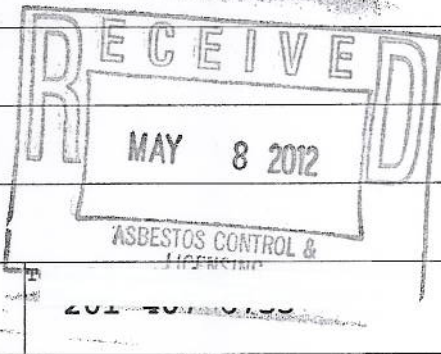
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |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

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
2 nd and 3 rd floors		x		VAT and mastic, table tops, transite	8600 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 20	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 5/30/12	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 5/4/12

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

Date of Notification (1) 5/4/12		Name of Building Owner/Operator (2) Carolyn A. Sisto	
Agencies Notified	Type Notification	Street Address 20 South Pierson Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Doris Sisto Lustusky, EXE	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 20 South Pierson Road			Square Feet 2046		
City (5) Maplewood			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 83		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Sched. Start Date (10) 5/14/12			Sched. Completion Date (11) 5/15/12		Name of OSHA Monitor N/A
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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


Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	75 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5/16/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 5/4/12

CK# 0143

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

143

Date of Notification (1) May 04, 2012		Name of Building Owner/Operator (2) Donnelly Construction							
Agencies Notified	Type Notification	Street Address 557 Rt 23 South							
<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 Wayne, NJ 07470							
		Name of Contact Mike McNamara	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toys R Us		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 1701 Morris Ave		Square Feet	# of Floors						
City (5) Union, NJ		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) retail							
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	License No. 00781						
Start Date (10) 5-18-12	Scheduled Completion Date (11) 8-15-12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 13 Phases all weekend work, Fri 10pm - Monday 7am		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 37,000 s/f	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout		<input checked="" type="checkbox"/>		Vat/Mastic		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 370	Name of Registered Landfill Cumberland County Landfill					
City, State Newark, NJ		Disposal Date 8-15-12		City, State Newburg, PA					
Completed by Mike Cooper		Title President		Signature 			Date 5/4/12		

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

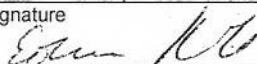
Date of Notification (1) 05/03/2012		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing, NJ 08628							
		Name of Contact David Jurkin							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Cromwell Hall		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 2000 Pennington Road		Square Feet 54000	# of Floors 6						
City (5) Ewing		Bldg. Age 20+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Dormitory							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 0112	Name of Abatement Contractor (9) Mattiola Services, LLC						
Street Address 344 West State Street		Street Address 2082 B Lucon Road							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Skippack, PA 19474							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609.656.8101	License No. 01077						
Start Date (10) 06/01/12	Scheduled Completion Date (11) 07/06/12	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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
Basement, Floors 1 thru 6		X		Vinyl asbestos tile & mastic	46,850 SF	X			
Basement, floors 1 thru 6		X		Fittings and joint insulation	974 LF	X			
Cromwell Hall - Roof		X		Roof drain insulation	12 LF	X			
Basement		X		ACM coated sink	1EA	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Waste Management Tullytown					
City, State Keyport, NJ			Disposal Date	City, State TULLYTOWN, PA					
Completed by Caroline M. Harper		Title Project Manager	Signature <i>Caroline M. Harper</i>	Date 5/3/12					

Check # 8308

RECEIVED

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

Check # 1498

Date of Notification (1) 4/26/2012		Name of Building Owner/Operator (2) Northvale Shopping Center Associates							
Agencies Notified	Type Notification	Street Address 1355 15th street Suite 130							
<input 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 Fort Lee NJ 07024							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gregg Slater							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 254 Livingston Street		<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) Northvale New Jersey		Square Feet 6000	# of Floors 2						
County (6) Bergen		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) First Phase Group						
Street Address n/a		Street Address 567-52nd street suite#16							
City, State, Zip Code n/a		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 001144						
Start Date (10) 5/8/2012	Scheduled Completion Date (11) 5/14/2012	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Union NJ 07083							
<input checked="" type="checkbox"/> Other - Describe: 8 Hours									
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
Roof			x	roof material	6000SF	x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland					
City, State 109-113 Jacobus Ave			Disposal Date	City, State South Kearny NJ					
Completed by Edwin Precilla		Title Project Manager	Signature 	Date 4/26/2012					

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

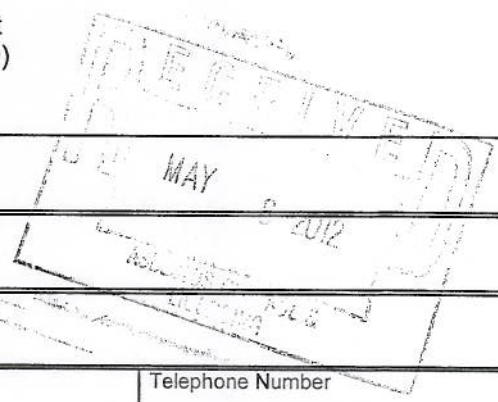
Check # 1497

Date of Notification (1) 4/26/2012		Name of Building Owner/Operator (2) Kennedy Realty LLC 5418							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5418 Kennedy Blvd							
		City, State, Zip Code West New York NJ 07093							
		Name of Contact Aby							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 5418 Kennedy Blvd		Square Feet 350	# of Floors 1						
City (5) West New York NJ 07093		Bldg. Age +50							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) First Phase Group						
Street Address n/a		Street Address 567-52nd street Suite#16							
City, State, Zip Code n/a		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 201-758-7158						
		License No. 001144							
Start Date (10) 5/7/2012	Scheduled Completion Date (11) 5/9/2012	Name of OSHA Monitor J&S Environmental 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: 8 Hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
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
Garage			x	transite	250SF	x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland					
City, State 109-113 Jacobus Ave			Disposal Date	City, State South Kearny NJ					
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>	Date 4/26/2012					

CK #004230

D&S Proj. #: MS 12-161

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



Date of Notification (1) 05/10/12		Name of Building Owner/Operator (2) CARMELYN TOBIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 89 GORDONHURST AVENUE		City, State, Zip Code UPPER MONTCLAIR, NJ	
Name of Contact CARMELYN TOBIN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CARMELYN TOBIN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 89 GORDONHURST AVENUE			Square Feet		
City (5) UPPER MONTCLAIR			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 05/26/12		Sched. Completion Date (11) 06/01/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

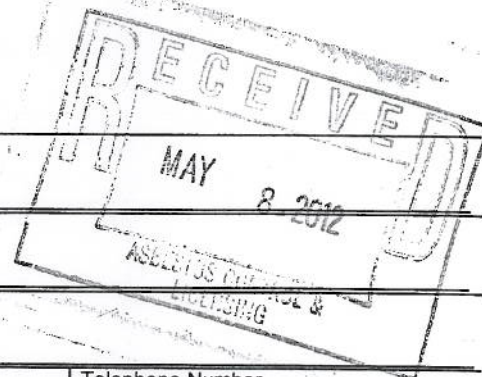
Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		HEATING PIPE INSULATION	120 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		WATER PIPE INSULATION	20 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/28/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/04/12

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



Date of Notification (1) 04/12/12		Name of Building Owner/Operator (2) ROBIN ABEL	
Agencies Notified	Type Notification	Street Address 372 SHELBOURNE TERRACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code RIDGEWOOD, NJ 07450	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ROBIN ABEL	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ROBIN ABEL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 372 SHELBOURNE TERRACE			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN	County Code (7) (State use only)	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 05/14/12	Sched. Completion Date (11) 05/31/12		Name of OSHA Monitor D & S 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: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER ROOM		<input checked="" type="checkbox"/>		DUCT INSULATION	<2 SQ FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE		<input checked="" type="checkbox"/>		DUCT INSULATION	57 SQ FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/15/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/24/12

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) May 4, 2012		Name of Building Owner/Operator (2) Dover Blackwell Realty, Inc.	
Agencies Notified EPA DCA X DOL X DEP X DOH		Notification Type Initial Notification Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 64 East Midland Avenue		City, State, Zip Code Paramus, New Jersey 07652	
Name of Contact Tom Allesandrello		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown 3 # of Floors: Bldg. Age: 100 years	
Street Address 1-5 Blackwell Street		Current Use (prior if being demolished):	
City (5) Dover	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) May 4, 2012		Scheduled Completion Date (11) May 6, 2012	
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:		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)			
<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 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) First Floor	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	Amount (Specify SF or LF) 1,900 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date May 6, 2012	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date May 4, 2012

GAC # 2012-328

May 4, 2012 7:51 AM GAC INC

VQ D139 7:4

State of New Jersey - Notification of Asbestos Abatement

REMEMBER - MAIL IN HARD COPY

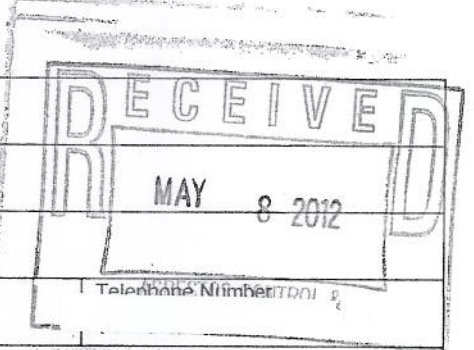
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

DOL - 10 DAY

Date of Notification (1) May 4, 2012		Name of Building Owner/Operator (2) Dover Blackwell Realty, Inc.	
Agencies Notified	Notification Type	Street Address	MAY 4 2012
EPA DCA X DOL X DEP X DOH	Initial Notification Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	64 East Midland Avenue City, State, Zip Code Paramus, New Jersey 07652 Name of Contact Tom Alessandrello	WATER APPROVED
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter S (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown 3 # of Floors: Bldg. Age: 100 years	
Street Address 1-5 Blackwell Street		Current Use (prior if being demolished):	
City (5) Dover	County (6) Morris	County Code (7) (State LHM Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants Inc.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
ASCM No. 00079		Street Address 268 MAIN STREET	
Street Address 20-21 Wagaraw Road, Bldg # 34A		City, State, Zip Code Butler, NJ 07405	
City, State, Zip Code Fair Lawn, NJ 07410		Telephone Number 973-692-0477	
Project Manager for Monitoring Firm Fred Larson		License Number 00040	
Telephone Number 973-636-9145		Name of OSHA Monitor EMSL Inc.	
Scheduled Start Date (10) May 4, 2012		Scheduled Completion Date (11) May 6, 2012	
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.		Street Address 1056 Stalton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Seldom 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 LI) 1,900 SF
First Floor	<input checked="" type="checkbox"/>	VAT & Mastic	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste 20
Name of Registered Landfill Meadowfill Landfill		Disposal Date May 6, 2012	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2764	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marlin Graure	Signature Marlin Graure	Date May 4, 2012	

GAC # 2012-328

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



Date of Notification (1) May 3, 2012		Name of Building Owner/Operator (2) Mile Law							
Agencies Notified	Type Notification	Street Address 1004 Parry Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Palmyra, N.J. 08110							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mile Law							
<div style="text-align: right;">Telephone Number (701) _____</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		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 1004 Parry Ave		Square Feet 2200	# of Floors 2						
City (5) Palmyra		Bldg. Age 60							
County (6) Camden	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) 5-5-2012	Scheduled Completion Date (11) May 07, 2012	Name of OSHA Monitor Graham-Tech 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 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	30 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 P.O.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 5/4/12			

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

Check #6435

Date of Notification (1) May 3, 2012		Name of Building Owner / Operator (2) JP Morgan Chase & Co.																						
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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	Street Address 591 Cranbury Road																						
		City, State & Zip Code East Brunswick, NJ 08816																						
		Name of Contact Damiano Albanese																						
		Telephone Number																						
FACILITY INFORMATION																								
Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)																						
Street Address 591 Cranbury Road		Square Feet 7,000	# of Floors 1																					
City (5) East Brunswick, NJ		Bldg. Age 50																						
County (6) Middlesex		Current Use (Prior if being demolished) Bank																						
County Code (7) USE ONLY																								
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No.																						
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.																						
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road																						
Project Manager for Monitoring Firm Peter Banas		Telephone Number 908-526-1000	License Number 00817																					
Scheduled Start Date (10) May 4, 2012	Scheduled Completion Date (11) May 5, 2012	Name of OSHA Monitor Synatech, Inc.																						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Other Trades Working <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road																						
		City, State & Zip Code Little Egg Harbor, NJ 08087																						
Scope of Work (Check all that apply)																								
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure																								
Location of Asbestos-Containing Material (ACM) <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																			
					Removal	Repair	Encapsulate	Enclosure																
Basement and 1st floor closet	Yes	No	N/A	450 SF	X																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Name of Registered Waste Hauler Synatech, Inc.</td> <td>NJDEP Waste Hauler ID No. 27429</td> <td>Cubic Yards of Waste 3</td> <td colspan="2">Name of Registered Landfill Grows Landfill</td> </tr> <tr> <td colspan="2">City, State Little Egg Harbor, NJ 08087</td> <td>Disposal Date May 7, 2012</td> <td colspan="2">City, State Morrisville, PA</td> </tr> <tr> <td>Completed By Diane Aloia</td> <td>Title Exec. Administrator</td> <td>Signature <i>Diane Aloia</i></td> <td colspan="2">Date May 3, 2012</td> </tr> </table>										Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill		City, State Little Egg Harbor, NJ 08087		Disposal Date May 7, 2012	City, State Morrisville, PA		Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>	Date May 3, 2012	
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill																					
City, State Little Egg Harbor, NJ 08087		Disposal Date May 7, 2012	City, State Morrisville, PA																					
Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>	Date May 3, 2012																					

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

Check #
8192

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

Date of Notification (1) 5-5-12		Name of Building Owner/Operator (2) VFV Properties Inc						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 508 City, State, Zip Code Martinsville NJ 08836 Name of Contact Frank Morano Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Vacant)		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 1410 Glenwood Drive		Square Feet	# of Floors 2					
City (5) Piscataway NJ 08854		Bldg. Age 80+-						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling					
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) 5-15-12	Scheduled Completion Date (11) 5-16-12		Name of OSHA Monitor EPC Technologies, 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 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 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
Basement	X			Transite Paneling	150 SF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste <1	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 5-16-12	City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 5-5-12			