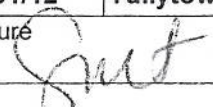


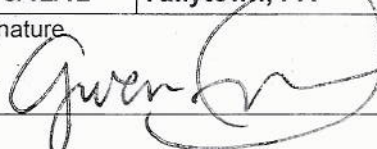
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1205-4477
Check #4090

| | | | | | | | | | |
|---|---|--|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 5/7/12 | | Name of Building Owner / Operator (2) Rider University | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 2083 Lawrenceville Road | | | | | | | |
| | | City, State & Zip Code Lawrenceville, NJ 08648 | | | | | | | |
| | | Name of Contact Phil Voorhees | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Rider University – Fine Arts Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 2083 Lawrenceville Road | | Square Feet | # of Floors | | | | | | |
| City (5) Lawrenceville | County (6) Mercer | Bldg. Age | | | | | | | |
| County Code (7) | | Current Use (Prior if being demolished) Mechanical Room | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 515 Grove Street Suite 1B | | Street Address 30 Maple Ave | | | | | | | |
| City, State & Zip Code Haddon Heights, NJ 08035 | | City, State & Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | Telephone Number 856-547-0505 | Telephone Number 609-265-2107 | | | | | | |
| License Number 00529 | | | | | | | | | |
| Scheduled Start Date (10) 5/16/12 | Scheduled Completion Date (11) 5/31/12 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 107 Haddon Ave. | | | | | | | |
| City, State & Zip Code Westmont, NJ 08108 | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vibration Collars | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 7 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 8 | Name of Registered Landfill TRRF Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 5/31/12 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwen Trumbetti | | Title Off. Coord. | Signature  | Date 5/7/12 | | | | | |

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

1204-4462
Check #4088

| | | | | | | | | | |
|---|--|---|---|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 5/4/12 | | Name of Building Owner / Operator (2) Bristol- Myers Squibb Company | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 311 Pennington- Rocky Hill Rd. | | | | | | |
| | | | City, State & Zip Code Pennington, NJ 08534-2130 | | | | | | |
| | | | Name of Contact Kevin Jones | | | | | | |
| | | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Burke & Kerr Farm Roof | | 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 311 Pennington- Rocky Hill Rd. | | Square Feet | # of Floors | | | | | | |
| City (5) Pennington | County (6) Mercer | Bldg. Age | | | | | | | |
| County Code (7) | | Current Use (Prior if being demolished) Farm House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| Street Address 318 12th Street | | Street Address 30 Maple Ave | | | | | | | |
| City, State & Zip Code Hammonton, NJ 08037 | | City, State & Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone Number 609-704-8850 | License Number 00529 | | | | | | |
| Scheduled Start Date (10) 5/12/12 | Scheduled Completion Date (11) 5/12/12 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Saturday <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 108 Haddon Ave. | | | | | | | |
| | | City, State & Zip Code Westmont, NJ 08108 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Exterior of Farm House | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing Material | 931 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Clean Harbors | | NJDEP Waste Hauler ID No. 16666 | Cubic Yards of Waste 10 | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Edison, NJ | | Disposal Date 5/12/12 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Opps. Coord. | Signature  | | | Date 5/4/12 | | | |

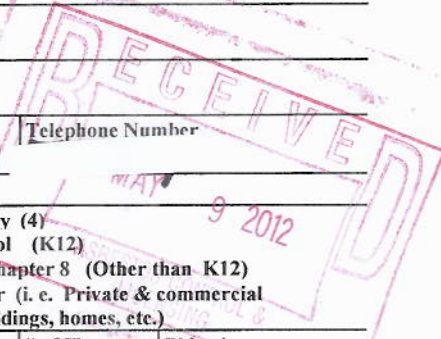
RECEIVED
MAR 9 2012
ASSOCIATE COMMISSIONER &
LICENSING
Telephone Number

Signature Libson

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

PS 072

| | | | |
|---|------------------------------|---|--|
| Date of Notification (1) 04/30/12 <small>Month/Day/Year</small> | | Name of Building Owner/Operator (2) Princeton University | |
| Agency Notified EPA DEP DCA DOH | Type Notification Initial | Street Address P.O. box 2158 | |
| | x | City, State, Zip Code Princeton NJ 08543 | |
| | | Name of Contact Robert Otego | |
| | | Telephone Number | |



| | | |
|--|------------|---|
| FACILITY INFORMATION | | |
| Name of Facility Where Abatement is Taking Place (3) Magic Apartments | | Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.) |
| Street Address Princeton University | | Square Feet 60000 |
| City (5) Princeton | County (6) | # of Floors 8 |
| County Code (7) (STATE USE ONLY) | | Bldg. Age 50+ |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc | | Current Use (Prior if being demolished) University |
| Street Address 3 Terri Lane | | Name of Abatement Contractor (9) Associated Specialty Contracting Inc |
| City, State, Zip Code Burlington NJ 08016 | | Street Address 98 LaCrue Avenue |
| Project Manager of Monitoring Firm Mike Keehn | | City, State, Zip Code Glen Mills, PA 19342 |
| Telephone Number 609-386-8800 | | Telephone Number 610-364-9622 |
| Scheduled Start Date (10) 05/10/12 <small>Month/Day/Year</small> | | Licence Number 00705 |
| Sched. Completion Date (11) 05/17/12 <small>Month/Day/Year</small> | | Name of OSHA Monitor Criterion Labs |
| 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: 7:00 AM - 3:30 PM Other - Describe: | | Street Address 3370 Progressive Drive |
| | | City, State, Zip Code Bensalem PA 19020 |

Scope of work (Check all that apply)

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

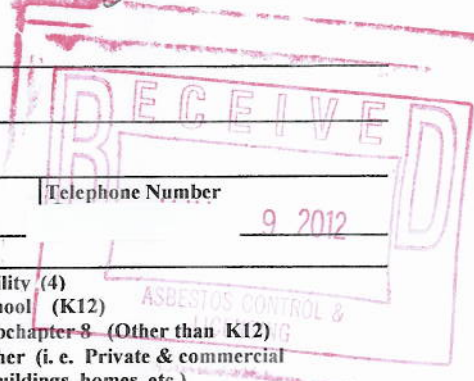
| Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specifv SF or LF) | Abatement Type | | | | | | | |
|---|---|----|-----|---|---------------------------|---------------------------------|----------------------------|--------------------------------------|---|--|--|--|--|
| | Yes | No | N/A | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C A P S U R E | | | | |
| | | | | | | | | | | | | | |
| 5th floor Apt 5P | | x | | VAT & mastic | 2 SF | x | | | | | | | |
| 6th floor Apt 6 P | | x | | VAT & mastic | 2 SF | x | | | | | | | |
| 7th floor Apt 7 W | | x | | VAT & mastic | 2 SF | x | | | | | | | |
| 8th floor apt 8 W | | x | | VAT & mastic | 2 SF | x | | | | | | | |

| | | | | | |
|---|--|----------------------------|---------------------------|--------------------------------------|--|
| Name of Registered Waste Hauler Horizon Disposal | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 1 | Name of Registered Landfill GROWS | |
| City, State Trenton NJ | | Disposal Date As needed | | City, State Morrisville PA | |
| Completed By (Print or Type) Mark Goshaw | | Title Project Manager | | Signature <i>Mark Goshaw</i> | |
| | | | | Date 5/8/12 | |

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

PS copy

| | | | |
|---|---|---|--|
| Date of Notification (1) 04/30/12 <small>Month/Day/Year</small> | | Name of Building Owner/Operator (2) Princeton University | |
| Agency Notified EPA DEP DCA DOH | Type Notification | Street Address P.O. box 2158 | |
| | Initial | City, State, Zip Code Princeton NJ 08543 | |
| | <input checked="" type="checkbox"/> Amended | Name of Contact Robert Otego | |
| | Notification Cancellation | Telephone Number 9 2012 | |



| | | |
|--|--|--|
| FACILITY INFORMATION | | |
| Name of Facility Where Abatement is Taking Place (3) Magic Apartments | | Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 - (Other than K12) buildings, homes, etc.) |
| Street Address Princeton University | | Square Feet 60000 |
| City (5) Princeton | County (6) | # of Floors 8 |
| County Code (7) (STATE USE ONLY) | | Bldg. Age 50+ |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc | | Current Use (Prior if being demolished) University |
| ASCM No. | | Name of Abatement Contractor (9) Associated Specialty Contracting Inc. |
| Street Address 3 Terri Lane | | Street Address 98 LaCruce Avenue |
| City, State, Zip Code Burlington NJ 08016 | | City, State, Zip Code Glen Mills, PA 19342 |
| Project Manager of Monitoring Firm Mike Keehn | Telephone Number 609-386-8800 | Telephone Number 610-364-9622 |
| Licence Number 00705 | | |
| Scheduled Start Date (10) 05/10/12 <small>Month/Day/Year</small> | Sched. Completion Date (11) 05/17/12 <small>Month/Day/Year</small> | Name of OSHA Monitor Criterion Labs |
| 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: 7:00 AM - 3:30 PM Other - Describe: | | Street Address 3370 Progressive Drive |
| | | City, State, Zip Code Bensalem PA 19020 |

| | | |
|--|--|---|
| Scope of work (Check all that apply) | | Full Containment with Negative Pressure |
| Demolition | <input checked="" type="checkbox"/> Renovation | Mini - Enclosure |
| <input checked="" type="checkbox"/> >3 sf or >3 if | | Glovebag Procedure |
| <input type="checkbox"/> >160 sf or >260 lf | | <input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|-------------------------------------|-----|--|---------------------------|-------------------------------------|----------------------------|--------------------------------------|---|
| | Yes | No | N/A | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R E |
| 1st floor Apt 1 K | | <input checked="" type="checkbox"/> | | VAT & mastic | 2 SF | <input checked="" type="checkbox"/> | | | |
| 2nd floor Apt 2 K | | <input checked="" type="checkbox"/> | | VAT & mastic | 2 SF | <input checked="" type="checkbox"/> | | | |
| 3rd Apt 3 B | | <input checked="" type="checkbox"/> | | VAT & mastic | 2 SF | <input checked="" type="checkbox"/> | | | |
| 4th floor Apt 4B | | <input checked="" type="checkbox"/> | | VAT & mastic | 2 SF | <input checked="" type="checkbox"/> | | | |

| | | | |
|---|----------------------------|-------------------------------|--------------------------------------|
| Name of Registered Waste Hauler Horizon Disposal | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 1 | Name of Registered Landfill GROWS |
| City, State Trenton NJ | Disposal Date As needed | City, State Morrisville PA | |

| | | | |
|---|--------------------------|---------------------------------|----------------|
| Completed By (Print or Type) Mark Goshow | Title Project Manager | Signature <i>Mark Goshow</i> | Date 5-8-12 |
|---|--------------------------|---------------------------------|----------------|

ABS-41
JUN 95

G4667

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

B & G proj. #: 2012-88

Check # 5247

| | | | |
|---|--|--|--|
| Date of Notification (1) <u>0 5 / 1 0 / 1 2</u> | | Name of Building Owner/Operator (2) <u>Ronald Carbone</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial | Street Address <u>484 Madison Avenue</u> | |
| | <input type="checkbox"/> Amendment | City, State, Zip Code <u>Roselle Park, NJ 07204</u> | |
| | <input type="checkbox"/> Cancellation | Name of Contact <u>Ronald Carbone</u> | |
| | Telephone Number <u></u> | | |

FACILITY INFORMATION

| | | | | |
|---|----------------------------|-------------------------------------|--|-----------|
| Name of facility where abatement is taking place (3) <u>Ronald Carbone</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address <u>484 Madison Avenue</u> | | | Square Feet | Bldg. Age |
| City (5) <u>Roselle Park, NJ 07204</u> | County (6) <u>Union</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | |

| | | | | | |
|--|--|---|--|--|-------------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | ASCM No. | | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | |
| Street Address | | | | Street Address <u>105 Ryerson Road</u> | |
| City, State, Zip Code | | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number <u>973-696-6869</u> | License Number <u>0378</u> |
| Scheduled Start Date (10) <u>5/18/2012</u> | | Sched. Completion Date (11) <u>5/18/2012</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> | |

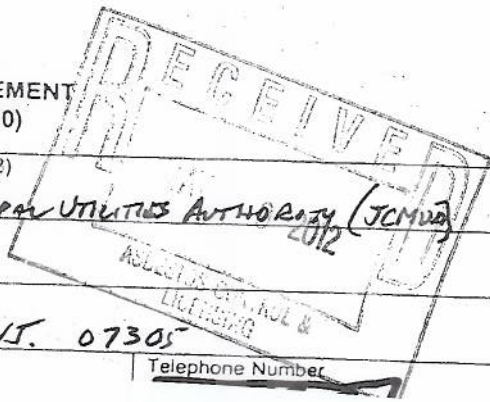
Scope of Work (check all that apply)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" 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 | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 120 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|---|--|-----------------------------------|--|--|--|--|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | | NJDEP Hauler ID# <u>19563</u> | | Cubic Yards of Waste <u>2 yards</u> | | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> | |
| City, State <u>Lincoln Park, NJ 07035</u> | | Disposal Date <u>5/19/2012</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>5/8/2012</u> | |

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



| Date of Notification (1) 5-8-12 | | Name of Building Owner/Operator (2) JERSEY CITY MUNICIPAL UTILITIES AUTHORITY (JCMUA) | | | | | | |
|--|---|---|---|--|---------------------------|----------------|--------|-------------|
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 555 RT. 440 City, State, Zip Code JERSEY CITY, NJ. 07305 | | | | | | |
| | | Name of Contact SAM SCATURRO | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JCMUA WATER TREATMENT FACILITY | | 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 640 GREENBANK RD. | | Square Feet 5000± | | | | | | |
| City (5) BOONTON, NJ 07005 | | # of Floors 2 | Bldg. Age 50+ | | | | | |
| County (6) MORRIS | | Current Use (Prior if being demolished) OFFICES, LABS, UTILITY. | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS, INC. | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIPRO, INC. | | | | | |
| Street Address 64 BROAD ST. | | Street Address 173 KARKUS AVE. | | | | | | |
| City, State, Zip Code MATTAWAN, NJ 07747 | | City, State, Zip Code WOODBIDGE, NJ 07095 | | | | | | |
| Project Manager for Monitoring Firm THOMAS P. GEIGER | | Telephone No. 732-290-2217 | License No. 00615 | | | | | |
| Start Date (10) 5-21-12 | Scheduled Completion Date (11) 6-8-12 | | | | | | | |
| 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 ENVIRONMENTAL TACTICS, INC. | | | | | | |
| | | Street Address 64 BROAD ST. | | | | | | |
| | | City, State, Zip Code MATTAWAN, NJ 07747 | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| LAB #1, 1st. FL. + STORAGE AREA | | X | | VAT + MASTIC | 900 ± SF. | X | | |
| LAB #2, 2nd. FL. + CORRIDOR + OFFICE | | X | | VAT + MASTIC | 900 ± SF. | X | | |
| Name of Registered Waste Hauler NEWARK CARTING, INC. City, State NEWARK, NJ. NJDEP Waste Hauler ID No. 4509 Cubic Yards of Waste 20 Disposal Date 6.11.12 Signature David T. Tolchin Name of Registered Landfill GROW.S. INC. City, State MORRISVILLE, PA. Completed by DAVID T. TOLCHIN Title PRES. Date 5.8.12 | | | | | | | | |

* Emergency *


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

CK 2547

| | | | | | | | | | |
|--|--|--|---|---|---------------------------|----------------|----------------|-------------|-----------|
| Date of Notification (1) 5/7/12 | | Name of Building Owner/Operator (2) Best of Life Apartments | | | | | | | |
| Agencies Notified | Type Notification | Street Address 129 S Virginia ave Apartment 309 | | | | | | | |
| <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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Atlantic City NJ 08407 | | | | | | | |
| | | Name of Contact Tom | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Best of Life Apartments | | Type of Facility (4) | | | | | | | |
| Street Address 129 S Virginia ave Apartment 309 | | <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) Atlantic City NJ 08407 | | Square Feet 1000+ | # of Floors 1+ Bldg. Age 35+ | | | | | | |
| County (6) Atlantic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 5/8/12 | Scheduled Completion Date (11) 5/9/12 | Name of OSHA Monitor Pernaco Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address PO Box 329 | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Apt 309 | | | x | Floor Tile | 375 Sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 2 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 5/9/12 | | City, State Morrisville NJ 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 5/7/12 | | |

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

CHECK 1/075

| Date of Notification (1) 5/1/12 | | Name of Building Owner/Operator (2) Marian Emmons McKeown School | | | | | | | |
|--|--|---|---------------------------|---|--|-----------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address One School road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newton, NJ 07860 | | | | | | | |
| | | Name of Contact Everett Burn | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) One School Road | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Newton | | Square Feet | # of Floors | | | | | | |
| County (6) Sussex | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | | |
| Street Address | | Street Address 4 E Gate Drive, PO Box 483 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 | | | | | | |
| Start Date (10) 6/18/12 | Scheduled Completion Date (11) 7/5/12 | Name of OSHA Monitor | | | | | | | |
| 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 | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Door 28 | | | x | transite siding | 26 SF | x | | | |
| Door 29 | | | x | transite siding | 26 SF | x | | | |
| Door 30 | | | x | transite siding | 26 SF | x | | | |
| Door 31 | | | x | transite siding | 26 SF | x | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 10 | Name of Registered Landfill GROWS N Landfill | | | | |
| City, State Freehold NJ | | | | Disposal Date TBD | City, State Morrisville PA | | | | |
| Completed by Andrew Scott Higgins | | Title President | | Signature  | | Date 5/1/12 | | | |

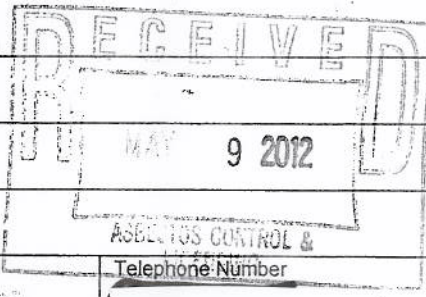
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check
8202

| | | | |
|--|--|---|--|
| Date of Notification (1) 5/7/12 | | Name of Building Owner/Operator (2) Messerecola Brothers | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 89 East Drive City, State, Zip Code Watchung NJ 07069 Name of Contact Bernardo Messerecola Telephone Number 1 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 2241 Mores Ave | | Square Feet 2 # of Floors 50+ | |
| City (5) Scotch Plains NJ 07076 | | Bldg. Age 50+ | |
| County (6) Union | | County Code (7) (STATE USE ONLY) Single Family Dwelling | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | |
| Street Address P.O. Box 337 | | Name of Abatement Contractor (9) EPC Technologies, Inc. | |
| City, State, Zip Code New Egypt NJ 08533 | | Street Address P.O. Box 337 | |
| Project Manager for Monitoring Firm Steve Schenker | | City, State, Zip Code New Egypt NJ 08533 | |
| Telephone No. 609-758-3365 | | Telephone No. 609-758-3365 | |
| Start Date (10) 5-18-12 | | License No. 00394 | |
| Scheduled Completion Date (11) 5-21-12 | | 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 | |
| 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code New Egypt NJ 08533 | |
| 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 | |
| Backyard Roof Soffit | | x | |
| 1st Floor Wall | | x | |
| Basement | | x | |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| Pipe Insulation | | 16 LF | |
| Pipe Insulation | | 16 LF | |
| Pipe Insulation | | 6 LF | |
| Abatement Type | | Removal Repair Encapsulate Enclosure | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | |
| Cubic Yards of Waste 4 | | Name of Registered Landfill Waste Management | |
| City, State NE NJ | | Disposal Date 5/22/12 | |
| City, State Moaksville PA | | Signature Steve Schenker | |
| Completed by Steve Schenker | | Title President | |
| Date 5/7/12 | | Date 5/7/12 | |

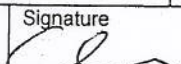
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|--|--|---------------------------|
| Date of Notification (1) 5/7/12 | | Name of Building Owner/Operator (2) Pennsauken Board of Education | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 1695 Hylton Road | |
| | | City, State, Zip Code Pennsauken NJ 08110 | |
| | | Name of Contact John C Oberg | Telephone Number _____ |

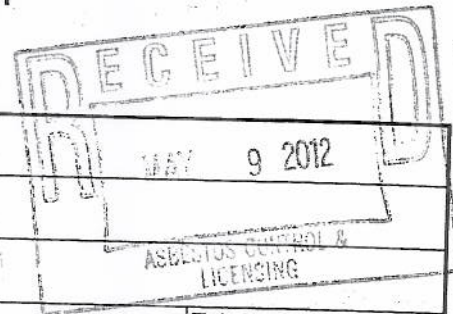


| FACILITY INFORMATION | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) Pennsauken Central School | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 2300 Merchantville Ave | | Square Feet 1000+ | # of Floors 1+ |
| City (5) Pennsauken NJ 08110 | | Bldg. Age 35+ | |
| County (6) Camden | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) school | |
| Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers Inc | | ASCM No. _____ | Name of Abatement Contractor (9) Pernaco Inc |
| Street Address 232 Kings Highway East | | Street Address PO Box 329 | |
| City, State, Zip Code Haddonfield, NJ 08033 | | City, State, Zip Code West Berlin NJ 08091 | |
| Project Manager for Monitoring Firm Marco Carulli | | Telephone No. 856-795-9595 | Telephone No. 856-753-9800 |
| License No. 00727 | | | |
| Start Date (10) 5/21/12 | Scheduled Completion Date (11) 6/18/12 | Name of OSHA Monitor Pernaco Inc | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address PO Box 329 | |
| | | City, State, Zip Code West Berlin NJ 08091 | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Class rooms | | | x | Floor tile on wood | 16,920 sf | x | | | |
| Hallways | | | x | Floor Tile & mastic mastic | | | | | |
| | | | | mastic between first and second | | | | | |
| | | | | layer only | 8410 sf | x | | | |

| | | | | | |
|---|--|------------------------------------|---|---|----------------|
| Name of Registered Waste Hauler R & B Debris LLC | | NJDEP Waste Hauler ID No. 29439 | Cubic Yards of Waste 40 | Name of Registered Landfill Tunnel Hill Landfill | |
| City, State Hainesport NJ | | Disposal Date 6/18/12 | | City, State New Lexington OH 43764 | |
| Completed by Anthony T Perna | | Title President | Signature  | | Date 5/7/12 |

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



| | | | |
|---|--|--|--|
| Date of Notification 5/3/12 | | Name of Building Owner / Operator (2) Nick Kouroupas | |
| Type Notification | | Street Address 150 Elmora Ave | |
| Agencies Notified | Emergency Notification | City, State & Zip Code Elizabeth, NJ 07202 | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | Name of Contact Kouroupas | |
| <input checked="" type="checkbox"/> DEP | <input checked="" type="checkbox"/> Amended Notification | Telephone Number | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|-----------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Commercial/Residence | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address 150 Elmora Ave | | | Square Feet 5000 | | |
| City (5) Elizabeth | | | County (6) Union | County Code (7) | # of Floors 3 |
| | | | Bldg. Age 60 | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc | | | ASCM No. | | |
| Street Address 64 Broad Street | | | Name of Abatement Contractor (9) Global Abatement Services, LLC | | |
| City, State & Zip Code Matawan, NJ 07747 | | | Street Address 443 Schoolhouse Road | | |
| Project Manager for Monitoring Firm Tom Geiger | | | City, State & Zip Code Monroe Township, NJ 08831 | | |
| Telephone Number 732-290-2217 | | | Telephone Number 732-605-9062 | | |
| Scheduled Start Date (10) 5/5/12 | | | License Number 00714 | | |
| Scheduled Completion Date (11) 5/8/12 | | | Name of OSHA Monitor Global Abatement Services, LLC | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: Area Isolated During Abatement Other - Describe: | | | Street Address 443 Schoolhouse Road | | |
| | | | City, State & Zip Code Monroe Township, NJ 08831 | | |

| | | | |
|--|--|--|--|
| Scope of Work (Check all that apply) | | Full Containment with Negative Pressure | |
| Demolition | <input checked="" type="checkbox"/> Renovation | Mini-Enclosure | |
| Large Project | | <input checked="" type="checkbox"/> Glovebag Procedure | |
| <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM | | Other: | |
| Quantity is ≥ 160 SF or ≥ 260 LF ACM | | | |

| 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 Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) |
|--|--|---|---|---|
| Basement | N/A | Pipe Insulation | 12 LF | Removal |
| | | | | |
| | | | | |

| | | | | | | | |
|--|--|---|--|---------------------------------------|--|--|--|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID # 18693 | | Cu. Yds. of Waste 3 | | Name of Registered Landfill TRRF | |
| City, State Freehold, NJ | | Disposal Date 5/7/12 | | City, State Tullytown, Pa | | | |
| Completed By (Print or Type) Dominick Tringali | | Title Pres. | | Signature Dominick Tringali | | Date 5/3/12 | |