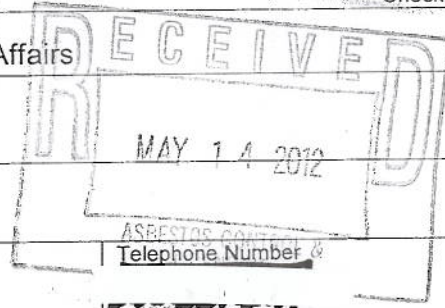


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6730

Date of Notification (1) 5/8/12		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact William McBride	
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJDMVA Headquarters			Type of Facility (4) <input checked="" 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 101 Eggerts Crossing Road			Square Feet 20000	# of Floors 2	Bldg. Age ~65
City (5) Lawrenceville	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) armory		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM 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) 5/24/12	Sched. Completion Date (11) 6/4/12	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 checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non – Friable Procedure |

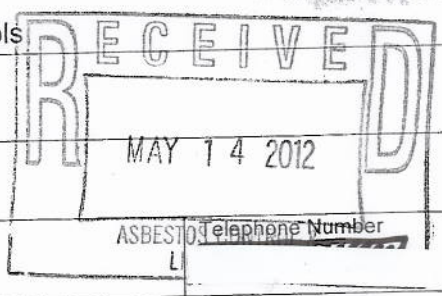
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Corridors by lobby		x		Plaster ceilings	50 SF	x				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 6/5/12	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 5/8/12

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

Check # 6744

Date of Notification (1) 5/11/12		Name of Building Owner/Operator (2) Union Township Public Schools	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Emergency Amended Notification [] Cancellation	Street Address 2369 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Thomas Wiggins	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Franklin School			Type of Facility (4) [x] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1500 Lindy Terrace			Square Feet 80000	# of Floors 3	Bldg. Age ~ 50
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		

Name of Monitoring Firm Hired by Building Owner Birdsall Services Group, Inc		ASCN No. 00017	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 65 Jackson Drive		Street Address 3 Lynn Court			
City, State, Zip Code Cranford, NJ 07016		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Michael Krupa	Telephone Number 908-497-8900	Telephone Number 973-709-0200		License Number 00852	
Scheduled Start Date (10) 5/24/12	Sched. Completion Date (11) 5/31/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours - Describe: <u>evenings and weekend</u> [] Other - Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

[] Demolition	[X] Renovation	[] Full Containment with Negative Pressure
[x] ≥3 sf or ≥3 lf		[x] Mini - Enclosure
[] ≥160 sf or ≥260 lf		[x] 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	R	E	E	
Attic			x	Pipe insulation	80 LF	x				
Attic			x	Debris cleanup	200 SF	X				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	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 5/11/12	

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

Check # 6742



Date of Notification (1)
5/11/12

Name of Building Owner/Operator (2)
Montclair State University

Street Address
Normal Avenue

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Amy Ferdinand

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type of Notification
 Initial Notification
 Emergency Amended Notification
 Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Freeman Hall Annex, Montclair State University

Street Address
1 Normal Avenue

City (5)
Upper Montclair

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private and commercial buildings, homes, etc.)

Square Feet
20000

of Floors
1

Bldg. Age
~ 50

Current Use (Prior if being demolished)
educational

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.
00110

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
00852

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5858

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Scheduled Start Date (10)
5/21/12

Sched. Completion Date (11)
6/30/12

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

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: partially vacated

Scope of Work (Check all that apply)

- Demolition
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- 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	R	E	E	
Cafeteria		X		Window panels, caulk	800 SF	X				
Cafeteria and adjacent spaces		x		TSI - elbows	45 LF		x			

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
7

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
6/29/12

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

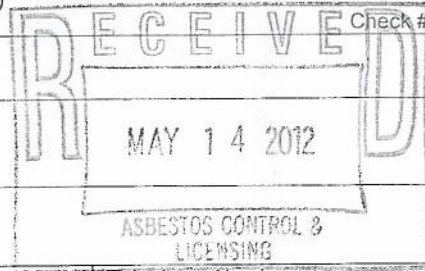
Title
General Manager

Signature

Date
5/11/12

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

Check # 6743



Date of Notification (1) 5/11/12		Name of Building Owner/Operator (2) Montclair State University	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address Normal Avenue	
	City, State, Zip Code Upper Montclair, NJ 07043		Telephone Number
	Name of Contact Amy Ferdinand		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Exterior - underground, Montclair State University			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 20000	# of Floors 1	Bldg. Age ~ 50
City (5) Upper Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM 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) 5/21/12	Sched. Completion Date (11) 12/31/12	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: partially vacated		Street Address 2333 Route 22 W			
		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" 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 type="checkbox"/> Non - Friable Procedure |

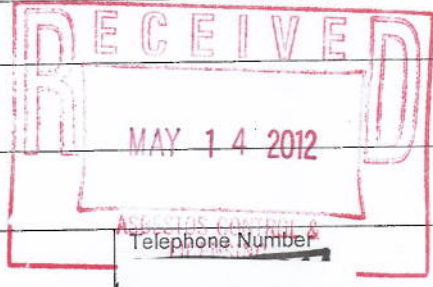
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Underground pipe bank - exterior		X		Pipe insulation - to be done in phases	2000 LF	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 6/29/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 		Date 5/11/12	

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

Check # N/A

No check



Date of Notification (1) 5/11/12		Name of Building Owner/Operator (2) Hudson County	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Amended Notification Amend #2 <input type="checkbox"/> Cancellation	Street Address 595 Newark Ave.	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Kim Riscart	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hudson County Admin. 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 595 Newark Avenue		Square Feet 250000	# of Floors 13
City (5) Jersey City		County (6) Hudson	County Code (7) (STATE USE ONLY)
		Bldg. Age ~ 50	
		Current Use (Prior if being demolished) Office building	

Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM 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) 1/20/12	Sched. Completion Date (11) 12/31/12	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: partially vacated - weekend work		Street Address 2333 Route 22 W		
		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input 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

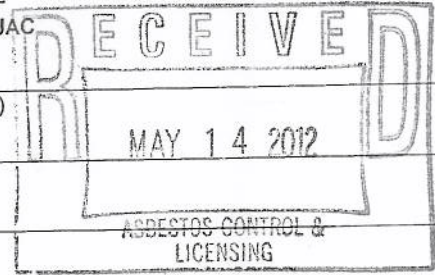
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Various - CJP courtroom, 406		X		Plaster/spray-on ceiling (to be scraped) *	1300 SF	X								
Various - courtrooms, offices		X		Floor tile*	1200 SF	x								

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 4	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 5/11/12	

ASB-41
*Note: Work to occur in phases. First phase is 190 SF of ceiling at CJP courtroom. Amend 1, 4/13/12: Phase 2 involves removal of 24 SF of ceiling at Room 406. Amend 2, 5/11/12: Phase 3 involves removal of 1100SF VAT.

No check

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



Date of Notification (5/7/12		Name of Building Owner/Operator (2) Port Authority of N.Y. and N.J.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> Emergency (including justification) Cancellation	Street Address 260 Kellogg St.	
		City, State, Zip Code New York, N.Y. 10003	
		Name of Contact Ronald Shaw	Telephone Number A-1-2-3-4-5-6-7-8-9-0

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Port Newark Marine Terminal		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 121 Tyler st.		Square Feet 24,882	# of Floors 1	Bldg. Age 35+
City (5) Port Newark		Current Use (Prior if being demolished) National Guard Armory		
County (6) Essex		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) PA NY NJ		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 241 Erie St.		Street Address 322 Beers St		
City, State, Zip Code Jersey City, N.J. 07310		City, State, Zip Code Keyport N.J. 07735		
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201 595- 4881	Telephone No. 732-739-1200	License No. 01095
Start Date (10) 5/14/12	Scheduled Completion Date (11) 6/20/12		Name of OSHA Monitor Tricon Enterprises Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 322 Beers St		
		City, State, Zip Code Keyport, N.J. 07735		

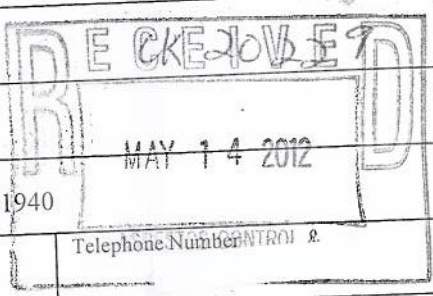
Scope of Work (Check All That Apply)
 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
SEE ATTACHED			X	SEE ATTACHED		X			
			X			X			
			X			X			
			X			X			

Name of Registered Waste Hauler Horizon Disposal Services Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL.	
City, State .235 Gibbs Ave. Trenton, N.J. 08611		Disposal Date 7 7/26/12		City, State Morrisville, P.A.	
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>		Date 5/7/12

(FURNISH TO THE STATE OF NEW JERSEY)

Date of Notification (1) May 9, 2012		Name of Building Owner/Operator (2) Robert Flanigan	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 Melch Road
			City, State, Zip Code Lynnfield, MA 01940
			Name of Contact Robert Flanigan
		Telephone Number _____	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 10 West 9 th Street		Square feet 500 sf	# of Floors 1
City Barnegat Light	County (6) Ocean	County Code (7) (STATE USE ONLY)	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Current Use (Prior if being demolished) Residence
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 5/10/12		City, State, Zip Code Toms River, New Jersey 08755-1271	
Scheduled Completion Date (11) 5/11/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 1056 Stelton Road	
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		City, State, Zip Code Piscataway, New Jersey 08854	
		<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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	600 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 5/11/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/9/2012

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

OK
3253

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



Date of Notification (1) 05/09/2012		Name of Building Owner/Operator (2) Salvatore Gencarelli	
Agency Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	26 Notch Park Rd	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Falls, NJ 07424	
		Name of Contact Salvatore Gencarelli	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 26 Notch Park Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Little Falls, NJ 07424	Square Feet	# of Floors	Bldg. Age 50+
County (6) PASSAIC	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants	ASCM No. N/A	Name of Abatement Contractor (9) RICI CORP	
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 41 LIBERTY STREET	
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code PASSAIC, NJ 07055	
Project Manager for Monitoring Firm	Telephone No. 973-636-9145	Telephone No. 973-614-1266	License No. 00838

Start Date (10) 06/02/2012	Scheduled Completion Date (1 1) 06/03/2012	Name of OSHA Monitor RICI CORP	
Occupancy Status During Abatement (Check only one)		Street Address 41 LIBERTY STREET	
<input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		City, State, Zip Code PASSAIC, NJ 07055	

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"/> ~: 1 60 sf or ~: 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT		x		PIPE INSULATION	75 LF	x		

Name of Registered Waste Hauler RICI CORP	NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL
City, State PASSAIC, NJ	Disposal Date TBD	Signature 	City, State MORRISVILLE, PA
Completed by RISTO TRAJKOV	Title PRESIDENT	Date 05/09/2012	

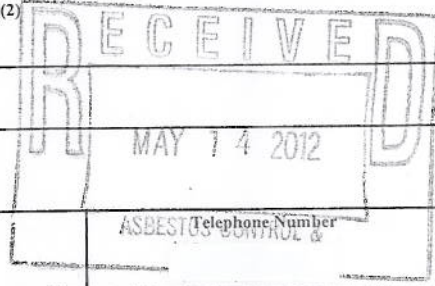
* Do not use this form for asbestos licensure exempted activities.

No Check

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

Date of Notification (1) 05 / 09 / 12	Name of Building Owner/Operator (2) Port Authority of NY & NJ
Agencies Notified [X] EPA [] DEP [X] DOL [] DOH [] DCA	Type of Notification [] Initial [X] Amended Amendment # <u>1</u> [] Emergency (including Justification) [] Cancellation
Street Address 241 Erie Street	City, State, Zip Code Jersey City, NJ 07310
Name of Contact Ralph Capione	ASBESTOS Telephone Number CONTROL #



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport Street Address 1 Brewster Road, Building 42 City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)
Square Feet	# of Floors	Bldg. Age	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address	ASCM	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 973 628-9500
Scheduled State Date (10) 04 / 13 / 12	Scheduled Completion Date (11) 05 / 25 / 12	License No. 00408

Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe:	Name of OSHA Monitor Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410
---	---

Scope of Work (Check all that apply)

[] ≥ 3 sf or ≥ 3 lf	[X] Renovation	[] Full Containment With Negative Pressure
[X] ≥ 160 sf or ≥ 260 lf	[] Demolition	[] Mini-Enclosure
		[] Glovebag Procedure
		[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	M	O	V	A			
Roof			X	Roofing	6,000 SF	X								

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc. City, State Wayne NJ 07470	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S City, State Morrisville PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature 	Date 5/9/2012

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

Date of Notification (1)
 03 / 30 / 12

Agencies Notified Type of Notification

EPA
 DEP Initial
 DOL Amended Amendment # _____
 DOH Emergency (including Justification)
 DCA Cancellation

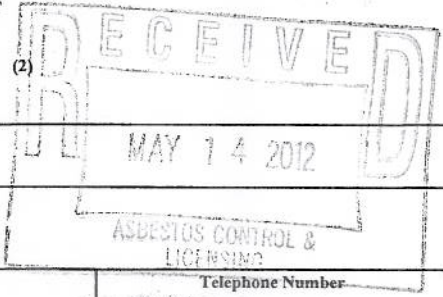
Name of Building Owner/Operator (2)
 Port Authority of NY & NJ

Street Address
 241 Erie Street

City, State, Zip Code
 Jersey City, NJ 07310

Name of Contact
 Ralph Capione

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Newark Liberty International Airport

Street Address
 1 Brewster Road, Building 42

City (5)
 Newark

County (6)
 Essex

County Code (7)
 (STATE USE ONLY)

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 N/A

Street Address

Project Manager for Monitoring Firm Telephone Number

Scheduled State Date (10)
 04 / 13 / 12

Scheduled Completion Date (11)
 05 / 10 / 12

Name of Abatement Contractor (9)
 J.R. Contracting & Environmental Consulting, Inc.

Street Address
 1141 Route 23

City, State, Zip Code
 Wayne NJ 07470

Telephone Number License No.
 973 628-9500 00408

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: _____

Name of OSHA Monitor
 Enviro Vision Consultants, Inc.

Street Address
 20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code
 Fairlawn NJ 07410

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf Renovation Full Containment With Negative Pressure

≥ 160 sf or ≥ 260 lf Demolition Mini-Enclosure

Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type												
	Yes	No	N/A			R	E	M	O	V	A							
Roof			X	Roofing	6,000 SF	X												

Name of Registered Waste Hauler
 J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.
 17819

Cubic Yards of Waste

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

City, State
 Wayne NJ 07470

Disposal Date

City, State
 Morrisville PA

Completed by (Print or Type)
 Jerry Bijelonic

Title
 Project Manager

Signature

Date
 3/30/2012

No check

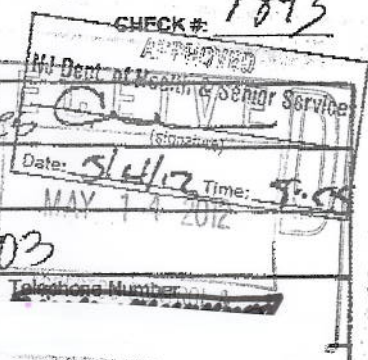
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

CHECK # 7893
 APPROVED
 NJ Dept. of Health & Senior Service
 Date: 5/14/12 Time: 5:00
 LICENSING

Date of Notification (1) 5-4-2012		Name of Building Owner/Operator (2) GMBD Associates					
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 770 Main Street City, State, Zip Code Paterson NJ 07503				
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 770 Main Street City (5) Paterson County (6) Passaic		Name of Contact Jason Hubbard Telephone Number _____				
Name of Facility Where Abatement is Taking Place (3) Residential Street Address 770 Main Street City (5) Paterson County (6) Passaic		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.) Squares Feet 2100 # of Floors 2 Bldg. Age 65 Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____	Name of Abatement Contractor (9) A. MAC Contracting Inc Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-6841 License No. 00166				
Start Date (10) 5-4-12	Scheduled Completion Date (11) 5-9-12	Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED BASEMENT ATTIC FIRST & SECOND FLOOR	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation floor tile	Amount (Specify SF or LF) 95 LF 1600 SF	Abatement Type Removal Encapsulate Enclosure	
Name of Registered Waste Hauler Rovic Transport City, State, Zip Code Riverdale, NJ 07457		NJDEP Waste Hauler ID No. 20725	Cubic Yards of Waste 10	Name of Registered Landfill (ESI) PA Bethlehem Landfill Corp. City, State, Zip Code Bethlehem, PA 18015			
Completed by R. McDonald		Title President	Signature [Signature]	Date 5-9-12			

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

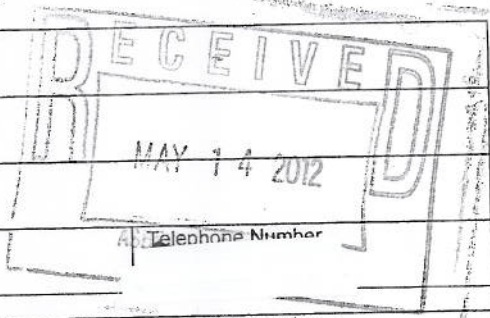
CHECK # 7893



Date of Notification (1) 5.4.2012		Name of Building Owner/Operator (2) GMBD Associates							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 770 Main Street							
		City, State, Zip Code Paterson NJ 07503							
		Name of Contact Jason Hubbard							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 770 Main Street		Square Feet 2100	# of Floors 2						
City (5) Paterson		Bldg. Age 65							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residemo							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 5.4.12	Scheduled Completion Date (11) 5.9.12	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) basement first + second floor	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) 85 LF 1600 SF	Abatement Type			
	Yes	No	N/A			Removal	Re-paint	Encapsulate	Enclose
			X	pipe insulation		X			
			X	floor tile		X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 10	Name of Registered Landfill ESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 5.4.12	City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald	Title President	Signature <i>R. McDonald</i>	Date 5.4.12						

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

OK
2551



Date of Notification (1) 5/10/12		Name of Building Owner/Operator (2) Gary Quinn / Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Capstan Rd	
		City, State, Zip Code Waretown NJ 08758	
		Name of Contact Gary	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Gary Quinn / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 40 Capstan Rd		Square Feet 1000 +	# of Floors 1	Bldg. Age 35+
City (5) Waretown NJ 08758		Current Use (Prior if being demolished) House		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Pernaco Inc		
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address PO Box 329		
Street Address		City, State, Zip Code West Berlin NJ 08091		
City, State, Zip Code		Telephone No. 856-753-9800	License No. 00727	
Project Manager for Monitoring Firm		Telephone No.	Name of OSHA Monitor Pernaco Inc	
Start Date (10) 5/19/12	Scheduled Completion Date (11) 5/24/12	Street Address PO Box 329		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code West Berlin NJ 08091		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 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 5/24/12		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 5/10/12

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

CK# 1291

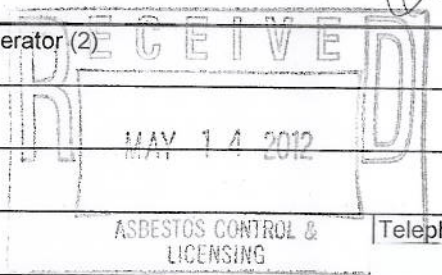
Date of Notification (1) 5-10-2012		Name of Building Owner/Operator (2) Township of Piscataway								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 505 Sidney Road								
		City, State, Zip Code Piscataway, NJ 08854								
		Name of Contact Joe	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Abandoned Commercial Bldg. for Demo		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 1518 Stelton Road		Square Feet 4,000 SF	# of Floors 1							
City (5) Piscataway		Bldg. Age 50+								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Commercial Bldg. For Demo								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950							
Start Date (10) 5-25-2012		Scheduled Completion Date (11) 6-8-2012	License No. 01088							
Name of OSHA Monitor Jadar Contracting, LLC		Name of OSHA Monitor Jadar Contracting, 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 22 Troy Lane								
		City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Roof			X	Asbestos Roofing & Flashing	3,806 SF	X				
Interior			X	Asbestos Pipe Insulation	150 LF	X				
Name of Registered Waste Hauler Yannuzzi & Sons, Inc.		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI						
City, State Hillsborough		Disposal Date TBD	City, State Bethlehem, PA							
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>				Date 5-10-2012			

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

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

Handwritten signature/initials

Date of Notification 5/9/12 Type Notification		Name of Building Owner / Operator (2) Ronald Dreger	
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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address 203 E. Lawrence Street	
		City, State & Zip Code Milltown, NJ 08850	
		Name of Contact Ronald Dreger	Telephone Number ASBESTOS CONTROL & LICENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 17 Appleby Ave			Square Feet 2000	# of Floors 2	Bldg. Age 60
City (5) South River	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 5/20/12	Scheduled Completion Date (11) 5/21/12		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - 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)

Demolition	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure
Large Project		Mini-Enclosure
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other:

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	74 LF	Removal

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Freehold, NJ	Disposal Date 5/21/12	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature <i>Dominick Tringali</i>	Date 5/9/12

State of New Jersey - Notification of Asbestos Abatement

OK 2/24/12

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

Date of Notification (1) May 8, 2012		Name of Building Owner/Operator (2) Robin Wallace	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12), <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
Street Address 45 Engle Street		City, State, Zip Code Tenafly, NJ	
City (5) Tenafly	County (6) Bergen	County Code (7) (State Use Only)	Name of Contact Robin Wallace
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Telephone Number
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	City, State, Zip Code Butler, NJ 07405	License Number 00840
Scheduled Start Date (10) June 4, 2012	Scheduled Completion Date (11) June 6, 2012	Telephone Number 973-492-0477	Name of OSHA Monitor EMSL inc.
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: Day Shift		Street Address 1056 Stelton Road	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		City, State, Zip Code Piscataway, NJ 08854	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA		Amount (Specify SF or LF) 250 LF	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste:
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Name of Registered Landfill Meadowfill Landfill	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date May 8, 2012	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date May 8, 2012



GAC # 2012-331

Print Form

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

APPROVED
 NJ Dept. of Health & Senior Services
Paul C. Foster
 (signature)
 Date: 5/10/12 Time: 11:31AM

Date of Notification (1) 05/09/12 CK: 2069	\$200	Name of Building Owner/Operator (2) Fairleigh Dickinson University
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 River Road City, State, Zip Code Teaneck, New Jersey 07666 Name of Contact Craig Gorszyca

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, University 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 1000 River Road	Square Feet 20,000	# of Floors 2	Bldg. Age 55+
City (5) Teaneck, New Jersey 07666	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 Kings Avenue Suite 101	City, State, Zip Code Pennsauken, New Jersey 08109	Street Address 606 McBride Avenue	City, State, Zip Code Woodland Park, New Jersey 07424
Project Manager for Monitoring Firm Tom Pruno	Telephone No. 856-616-9516	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 05/16/12	Scheduled Completion Date (11) 05/18/12	Name of OSHA Monitor J&S Environmental Labs 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 <input checked="" type="checkbox"/> Other - Describe: <u>7AM-3PM</u>	Street Address 2333 Route 22 West	City, State, Zip Code Union, New Jersey 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovabag 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
Rooftop		X		Transite Panels	960 SF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424	Disposal Date 05/19/12	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 05/09/12

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

Date of Notification (1) May 10, 2012		Name of Building Owner/Operator (2) Industrial Cooling Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 70 Liberty Street	
		City, State, Zip Code Metuchen, NJ 08840	
		Name of Contact Nick Importico	
		Telephone Number ASBESTOS LICENSING	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooling tower			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 510 East 27 th Street			Square feet N/A		
City Patterson		County (6) Passaic	County Code (7) (STATE USE ONLY)		# of Floors N/A
					Bldg. Age N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/11/12		Scheduled Completion Date (11) 5/11/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
Parking lot		X		Honey comb baffles	80 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 5/14/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 5/10/2012	

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

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

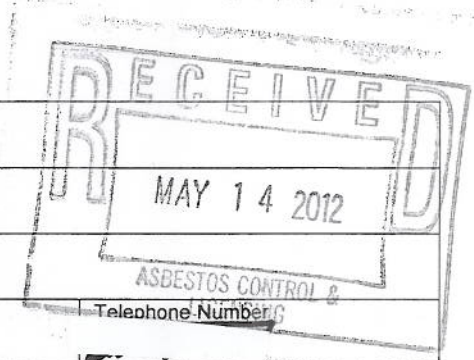
CK 3747



Date of Notification (1) 5/11/12		Name of Building Owner/Operator (2) Mr. C. FRIED				
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 13-26 HEDMAN PL				
		City, State, Zip Code FAIRLAWN, NJ 07410				
		Name of Contact Mr. FRIED	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Mr. C. FRIED		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 13-26 HEDMAN PL		Square Feet 2200	# of Floors 2			
City (5) FAIRLAWN		Bldg. Age 1940				
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc			
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No.	License No. 00388			
Start Date (10) 5/25/12		Name of OSHA Monitor Omega Environmental Services				
Scheduled Completion Date (11) 5/26/12		Street Address 280 Huyler St				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 110 LF	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT	Yes	THERMAL SYSTEM INSULATION				<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1.07	Name of Registered Landfill Minerva Enterprises Inc		
City, State Hackensack, N.J.		Disposal Date 5/26/12		City, State Waynesburg, OH		
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 5/11/12		

OK
066519

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



Date of Notification (1) 5/10/12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 581 Main Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Richard J. Raczynski Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bridge Overpass		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 Cranbury Half Acre Road		Square Feet N/A	# of Floors N/A
City (5) Cranbury Township		Bldg. Age N/A	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Mattiola Services, LLC
Street Address 307 North Walnut Street		Street Address 2082 B Lucon Road	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Skippack, PA 19474	
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610.431.7545	Telephone No. 610.539.5634
License No. 01077		Name of OSHA Monitor Mattiola Services, LLC	
Start Date (10) 5/15/12	Scheduled Completion Date (11) 8/15/12	Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Nonoccupied structure; Hrs of Operation 2:30PM to 7:00AM</u>	
Street Address 2082 B Lucon Road		City, State, Zip Code Skippack, PA 19474	

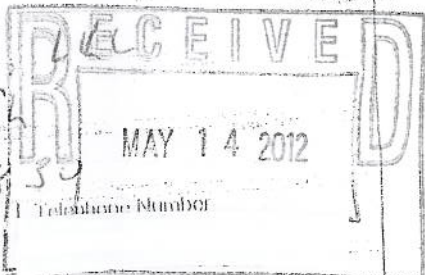
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bridge - underside of deck			X	Transite conduit pipe	1200 LF	X			

Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. S2265	Cubic Yards of Waste 10CY	Name of Registered Landfill IESI Bethlehem Landfill	
City, State Freehold, NJ		Disposal Date 5/31/12		City, State Bethlehem, PA	
Completed by Caroline M. Harper		Title Project Manager	Signature <i>Caroline M. Harper</i>	Date 5/10/12	

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



Date of Notification (1) **5-11-12**

Agencies Notified

- EPA
- DEP
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)

LG VAN HOUTEN

Street Address

577 RT 1 SOUTH

City, State, Zip Code

ISLIN NJ 08830

Name of Contact

JOHN SAKOUTIS

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VAN HOUTEN PROPERTY

Street Address
435 VAN HOUTEN AVE

City (5)

PASSAIC

County (6)

County Code (7) (STATE USE ONLY)

Type of Facility (4)

- School (K-12)
- Subchapter B (Other than IC-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

6600

of Floors

6

Bldg. Age

80

Current Use (Prior to being demolished)

6 STORY STRUCTURE

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

ACE INSULATION CO INC

Street Address

95 MONTROUSE RD

City, State, Zip Code

COLTS NECK NJ 07722

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

782-294-1757

License No.

00029

Start Date (10)

5-21-12

Scheduled Completion Date (11)

5-26-12

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: **7AM-7PM**

Name of OSHA Monitor

ACE INSULATION CO INC

Street Address

95 MONTROUSE RD

City, State, Zip Code

COLTS NECK NJ 07722

Scope of Work (Check all that apply)

- ≤ 3 sf or ≤ 3 ft
- ≤ 160 sf or ≤ 260 ft

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- 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	Enclosure	Other	Total			
				ROOFING & FLASHING	1100 SF							

Name of Registered Waste Hauler

SAKOWITZ BROTHERS

City, State

COLTS NECK NJ 07722

Completed By

YACK GALL

Title

OPS MGR

NJDEP Waste Hauler ID No.

12086

Cubic Yards of Waste

60 CY

Disposal Date

5/21/12

Signature of

John Groll

Name of Registered Landfill

GROWS

City, State

TULLYTOWN PA

Date:

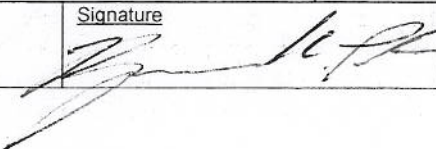
5-16-12

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

check # 9600

GAC Project # 060-11

Client Project #

Date of Notification (1) May 10, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OLSON HALL, BLDG# 7229		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 NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/23/12	Scheduled Completion Date (11) 05/24/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5PM - 5AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) <9 LF
Room 101	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 05/24/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 10, 2012

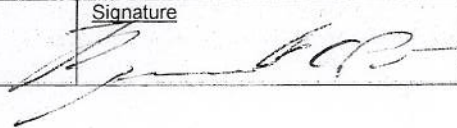
Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

check 9601

GAC Project # 060-12

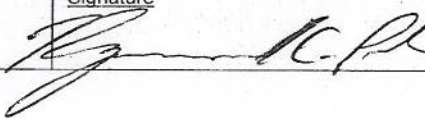
Client Project #

Date of Notification (1) May 10, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification - #1 - new start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address DOUGLASS CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
City (5) NEW BRUNSWICK		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) MIDDLESEX		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
County Code (7) (State Use Only)		Telephone Number (79)	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NICHOLAS HALL, BLDG# 8330		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 3 TERRI LANE		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City, State, Zip Code BURLINGTON, NJ 08016		Current Use (prior if being demolished): ACADEMIC	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		Street Address 268 MAIN STREET	
Street Address 3 TERRI LANE		City, State, Zip Code BUTLER, NJ 07405	
City, State, Zip Code BURLINGTON, NJ 08016		Telephone Number 973-492-0477	
Project Manager for Monitoring Firm BRIAN KEARNY		License Number 00840	
Telephone Number 609-386-8800		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Scheduled Start Date (10) 05/21/12		Scheduled Completion Date (11) 05/29/12	
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 - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM (Mon 5/21) - 5AM (Tues 5/29) - 24 Hrs. As Necessary		Street Address 20-21 WARGARAW ROAD	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - PIPE INSULATION		Amount (Specify SF or LF) 200 LF	
Location of Asbestos-Containing Material (ACM) in Facility (13) RESTROOMS		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>		Name of Reg. Waste Hauler See Hauler Below #1 & 2	
NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 25 CY	
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 05/29/2012	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Signature 	
Title SENIOR PROJECT MANAGER		Date May 10, 2012	

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

GAC Project # 060-12

Client Project #

Date of Notification (1) May 3, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number MAY 14 2012
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NICHOLAS HALL, BLDG# 8330		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 DOUGLASS CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/17/12	Scheduled Completion Date (11) 06/21/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM - 5AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 200 LF
RESTROOMS	<input checked="" type="checkbox"/>	TSI - PIPE INSULATION	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 06/21/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 3, 2012

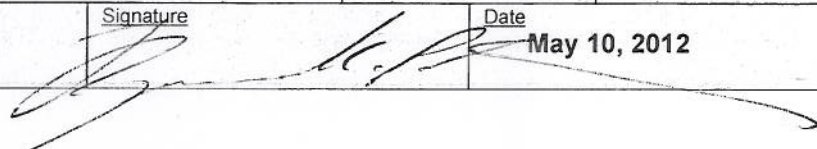
Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

check# 9602

GAC Project # 060-12

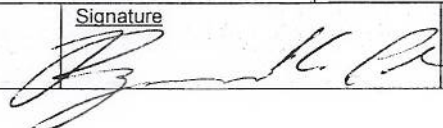
Client Project #

Date of Notification (1) May 10, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification - #1 - new start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
		City, State, Zip Code PISCATAWAY, NJ 08854		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) NICHOLAS HALL, BLDG# 8330		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 DOUGLASS CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/21/12		Scheduled Completion Date (11) 05/29/12		Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM (Mon 5/21) - 5AM (Tues 5/29) - 24 Hrs. As Necessary		Street Address 20-21 WARGARAW ROAD		
		City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)				
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
LOBBY/LOUNGE	<input checked="" type="checkbox"/>	VAT & MASTIC	3000 SF	<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 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 05/29/2012		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 10, 2012	

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

GAC Project # 060-12

Client Project #

Date of Notification (1) May 2, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
City (5) NEW BRUNSWICK		County (6) MIDDLESEX		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Facility Where Abatement is Taking Place (3) NICHOLAS HALL, BLDG# 8330		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.)		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
Street Address DOUGLASS CAMPUS		County Code (7) (State Use Only)		Telephone Number	
City (5) NEW BRUNSWICK		County (6) MIDDLESEX		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098		Current Use (prior if being demolished): ACADEMIC	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405		City, State, Zip Code FAIRLAWN, NJ	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800		License Number 00840	
Scheduled Start Date (10) 05/15/12		Scheduled Completion Date (11) 05/22/12		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 3PM - 5AM		Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) LOBBY/LOUNGE		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & MASTIC	
Amount (Specify SF or LF) 3000 SF		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 20 CY	
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 05/22/2012		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature 	
				Date May 2, 2012	

RECEIVED
 MAY 14 2012
 Check # 4852

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

Date of Notification (1) May 11, 2012		Name of Building Owner/Operator (2) Diocese of Camden								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> UOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 631 Market Street								
		City, State, Zip Code Camden, NJ 08102								
		Name of Contact Tom Bechard								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Bishop Shade School (Formerly Sacred Heart Grammar School)		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)								
Street Address 922 East Landis Ave		Square Foot 12,000	# of Floors 3							
City (5) Vineland		Blg. Age 80								
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Grammar School							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1000 Maplewood Drive Suite 207		Street Address 47 S. Lippincott Ave								
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	Telephone No. 856-755-0099							
Start Date (10) 05-11-2012		Scheduled Completion Date (11) 05-12-2012								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EMSL								
		Street Address 107 Haddon Ave								
		City, State, Zip Code Westmont, New Jersey 08108								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> <160 sf or <23 lf <input checked="" type="checkbox"/> >160 sf or >230 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-Exempt (1*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement	XXX			Pipe Insulation	500 LF		XXX			
Basement	XXX			Debris	5 SF	XXX				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill						
City, State Mount Holly, New Jersey 08060		Disposal Date		City, State Tullytown, PA.						
Completed by Jim O'Brien		Title Operations Manager		Signature <i>Jim O'Brien</i>				Date 05-11-2012		

ASB-41 (R-05-08)

* Do not use this form for asbestos licensure exempted activities

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

CK# 1292



Date of Notification (1) 5-10-2012		Name of Building Owner/Operator (2) Housing Authority of Bergen	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Rockwood Place Suite 205	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Bob	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Home for Demo		Type of Facility (4)		
Street Address 432 Cedar Lane		<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) River Vale	Square Feet 1,800	# of Floors 2	Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Residential Home for Demo		

Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC	
Street Address n/a		Street Address 22 Troy Lane		
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01088

Start Date (10) 5-21-2012	Scheduled Completion Date (11) 5-31-2012	Name of OSHA Monitor Jadar Contracting, LLC		
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane		
<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 Lincoln Park, NJ 07035		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Stairwell			X	Tan Linoleum & Mastic	25 SF	X			

Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>		Date 5-10-2012

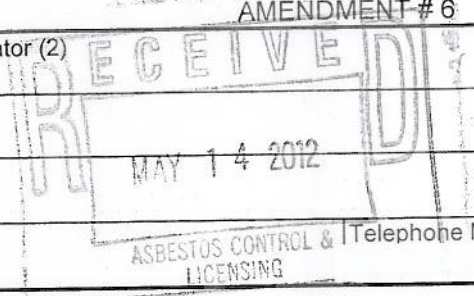
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

No check

AMENDMENT # 6

ETS JOB # 3802/12

Date of Notification (1) 5/8/2012		Name of Building Owner / Operator (2) Bed, Bath and Beyond	
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 Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 650 Liberty Avenue	
		City, State & Zip Code Union, NJ 07083	
		Name of Contact Mr. John Purcell	
		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond 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 650 Liberty Avenue			Square Feet 200,000	# of Floors 2	Bldg. Age 50+
City (5) Union	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Commercial Office		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address 1090 King Georges Post Road, Suite 706			Street Address 160 Clay Street		
City, State & Zip Code Edison, NJ 08837			City, State & Zip Code Brooklyn, NY 11222		
Project Manager for Monitoring Firm Rat Sisk		Telephone Number (732) 771-0051	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 4/25/2012	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor Environmental Tactics, 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: Work Area Vacated: - Working Hours from 7:00 AM- 6:30 PM			Street Address 64 Broad Street		
			City, State & Zip Code Matawan, NJ 0774		

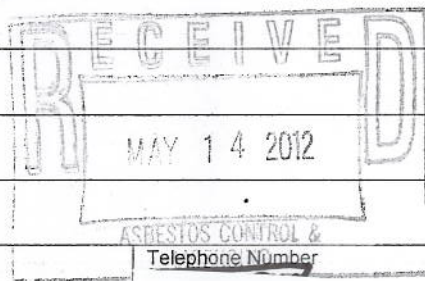
Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Large Project	<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM	<input checked="" type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Other: Non Friable Removal

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)
1st Floor	No	VAT	100,000 SF	Removal
2nd Floor	No	VAT	60,000 SF	Removal
2nd Floor	No	Pipe Insulation	100 LF	Removal

Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 600	Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH		
Completed By (Print or Type) ROY JOHNSON	Title PROJECT EXECUTIVE	Signature 		Date 5/8/2012	

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



Date of Notification (1) 5/10/2012		Name of Building Owner/Operator (2) Saint Anastasia Church	
Agencies Notified <input 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 1095 Teaneck Road		City, State, Zip Code Teaneck, NJ 07666	
Name of Contact Rev. Daniel O'Neill		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Saint Anastasia Church			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 1095 Teaneck Road			Square Feet 60,000.0		
City (5) Teaneck, NJ 07666			# of Floors 2		Bldg. Age 65+
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation		
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700		License No. 01074
Start Date (10) 5/21/2012		Scheduled Completion Date (11) 05/26/2012		Name of OSHA Monitor EA Services Corporation	
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 426 69th Street		
			City, State, Zip Code Guttenberg, NJ 07093		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input 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
Kitchen, Cafeteria and Bathroom		x		Pipe ins above ceiling	280 LF	x			

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management	
City, State PO Box 5010		Disposal Date tbd		City, State Tullytown Landfill	
Completed by Gina Salvador		Title Office Manager		Signature <i>Gina Salvador</i>	Date 5/10/2012

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

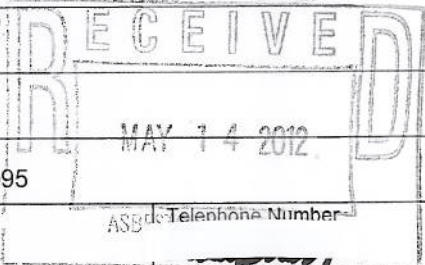
Ch# 5809

Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) CYNTHIA STEWART RESIDENCE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 351 CLAREMONT AVE.							
		City, State, Zip Code JERSEY CTIY, NEW JERSEY							
		Name of Contact CYNTHIA STEWART							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CYNTHIA STEWART		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 351 Claremont Ave		Square Feet 1800	# of Floors 2						
City (5) Jersey City,		Bldg. Age 50+ yrs.							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No. _____	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.						
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724						
Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 25, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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 checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pile of Building Debris			x	Other Misc.	120cy	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802		Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by VIVIAN D. JURCEVIC		Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>			Date May 10th, 2012			

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

Ch# 5804

Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) Amerada Hess Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Hess Plaza	
		City, State, Zip Code Woodbridge, New Jersey 07095	
		Name of Contact Vincent Confreda	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Amerada Hess Corporation		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 Kramer Site Mutton Hollow Road, Block 196E, Lot10A		Square Feet 29,524	# of Floors 1
City (5) Woodbridge,		Bldg. Age 27 yrs	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRO VISION CONSULTANTS		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.	
Street Address 20-21 Wagaraw Road, Bldg.#34A		Street Address 164 GETTY AVE.		
City, State, Zip Code FairLawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724	

Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 29th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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 checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		Street Address 164 GETTY AVE.	
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802	

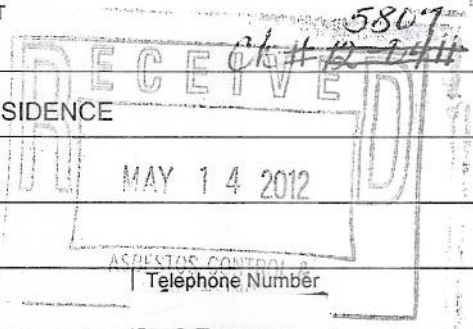
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Edge of Roof			X	Roof Flashing	725SF	X			
Five Rooms inside Bldge.		X	X	VAT	980SF	X			
Behind Bathroom Mirrors			X	Mirror Mastic	75SF				

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by VIVIAN D. JURCEVIC	Title OFFICE MGR.	Signature <i>Vivian D. Jurcevic</i>	Date MAY 10TH, 2012		

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



Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) PARMESHAR RAMNAUTH RESIDENCE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 347 CLAREMONT AVE.	
		City, State, Zip Code JERSEY CTIY, NEW JERSEY	
		Name of Contact PARMESHAR RAMNAUTH	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PARMESHAR RAMNAUTH		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 347 Claremont Ave		Square Feet 1800	# of Floors 2	Bldg. Age 50+ yrs.
City (5) Jersey City,	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.	
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.		
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724
Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 25, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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 checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		Street Address 164 GETTY AVE.		
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Pile of Building Debris			x	Other Misc.	120cy	x			
	x								

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by VIVIAN D.JURCEVIC		Title General Mgr.	Signature <i>Vivian D Jurcevic</i>	Date May 10th, 2012	

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



Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) HENRY SKIPPER RESIDENCE	
Agencies Notified	Type Notification	Street Address 349 CLAREMONT AVE.	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code JERSEY CTIY, NEW JERSEY	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact HENRY SKIPPER	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HENRY SKIPPER		Type of Facility (4)		
Street Address 349 Claremont Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Jersey City,		Square Feet 1800	# of Floors 2	Bldg. Age 50+ yrs.
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.	
Street Address 20-21 Wagaraw Road Bldg.#34A		Street Address 164 GETTY AVE.		
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724
Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 25, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.		
Occupancy Status During Abatement (Check Only One)		Street Address 164 GETTY AVE.		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Pile of Building Debris			x	Other Misc.	120cy	x			
	+								

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL
City, State CLIFTON, NEW JERSEY 07011-1802		Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by VIVIAN D. JURCEVIC	Title General Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date May 10th, 2012	