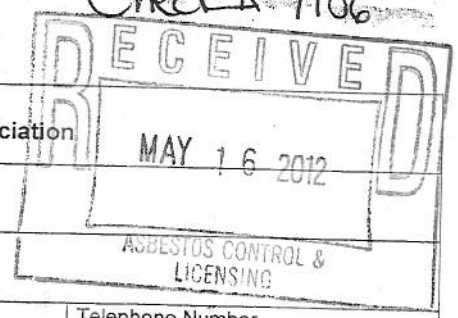


NEW START DATE

5/15/12

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Check # 7106



Date of Notification (1) 3 / 27 / 12		Name of Building Owner/Operator (2) California Villas Condominium Association								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 119 South California Avenue								
		City, State, Zip Code Atlantic City, NJ								
		Name of Contact City of Atlantic City	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address 119 South California Avenue		Square Feet 10,000	# of Floors 5							
City (5) Atlantic City		Bldg. Age 50+								
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address 318 12th Street		Street Address 1121 N Bethlehem Pike Suite 60								
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Spring House PA 19477								
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 00847							
Start Date (10) 4 / 2 / 12	Scheduled Completion Date (11) 6 / 23 / 12	Name of OSHA Monitor SAME AS ABOVE								
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 Time of Abatement: 7AM-4PM / _____ PM- _____ AM		Street Address								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally			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	Enclosure	Surfacing	Other
Demo Material in Pool Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Felt Material Between concrete	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete between floors 1- 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Felt Material Between concrete	15,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 25.000 SF	Name of Registered Landfill TRRF						
City, State Ewing, NJ 08628		Disposal Date 6/4/12	City, State Tulleytown, PA 19007							
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature Patricia Visco			Date 3/27/12					

\* Do not use this form for asbestos licensing exempted activities.

Patricia Visco 5/15/12

on hold  
hold 4/2/12

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

Check # 7106  
DOL - 10 DAY

Date of Notification (1)  
3 / 27 / 12

Name of Building Owner/Operator (2)  
California Villas Condominium Association

Street Address  
119 South California Avenue

City, State, Zip Code  
Atlantic City, NJ

Name of Contact  
City of Atlantic City

Telephone Number

Agencies Notified  
 CPA  
 DFP  
 DCA (NJAC 5-15)  
 DHSS  
 DCA (NJAC 5-23-8)

Type Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

MAR 27 2012  
J. [Signature]  
WAIVER APPROVED

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Residential House

Street Address  
119 South California Avenue

City (5)  
Atlantic City

County (8)  
Atlantic

County Code (7) (STATE USE ONLY)

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

Square Feet  
10,000

# of Floors  
5

Bldg. Age  
50+

Current Use (Prior if being demolished)  
Vacant

Name of Monitoring Firm Hired by Building Owner (8)  
Health & Safety Services, Inc.

ASCM No.  
117

Name of Abatement Contractor (9)  
Controlled Environmental Systems

Street Address  
318 12th Street

City, State, Zip Code  
Hammononton, NJ

Street Address  
1121 N Bethlehem Pike Suite 60

City, State, Zip Code  
Spring House PA 19477

Project Manager for Monitoring Firm  
James Proctor

Telephone No.  
609-704-8850

Telephone No.  
215-542-7000

Licensed No.  
00847

Start Date (10)  
4 / 2 / 12

Scheduled Completion Date (11)  
06 / 06 / 12

Name of OSHA Monitor  
SAME AS ABOVE

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours - Describe  
 Time of Abatement 7AM-4PM / PM- AM

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Location Normally			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			Full Enclo	Mini	Repa	psula	sure
Demo Material in Pool Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Felt Material Between concrete	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete between floors 1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Felt Material Between concrete	15,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
Waste Management

NJDEP Waste Hauler ID No

Cubic Yards of Waste  
25,000 SF

Name of Registered Landfill  
TRRF

City, State  
Ewing, NJ 08828

Disposal Date  
6/4/12

City, State  
Tulleytown, PA 19007

Completed By (Print or Type)  
Patricia Visco

Title  
Office Manager

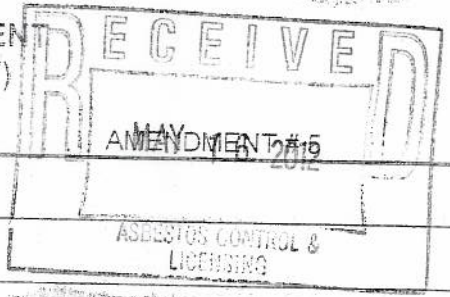
Signature  
Patricia Visco

Date  
3/27/12

ASB-41  
JUL 01

\* Do not use this form for asbestos licensed exempted activities.  
Patricia Visco 4/2/12

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



ETS JOB # 3802/12

Check # 22902

Date of Notification (1) <b>5/4/2012</b>		Name of Building Owner / Operator (2) <b>Bed, Bath and Beyond</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>650 Liberty Avenue</b>	
		City, State & Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Mr. John Purcell</b>	
		Telephone Number	

**FACILITY INFORMATION**

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

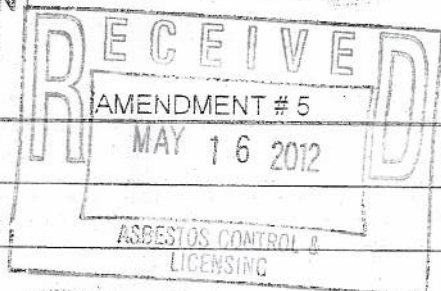
Scope of Work (Check all that apply)

<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 checked="" type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input type="checkbox"/> Glovebag Procedure
<input type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input type="checkbox"/> Other: <b>Non Friable Removal</b>

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

Name of Registered Waste Hauler <b>Tri State Transfer</b>		NJDEP Waste Hauler ID # <b>19551</b>	Cu. Yds. of Waste <b>600</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>	
City, State <b>Bronx, NY</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>ROY JOHNSON</b>		Title <b>PROJECT EXECUTIVE</b>	Signature 		Date <b>5/4/2012</b>

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



ETS JOB # 3802/12

Check # 22902

Date of Notification (1) <b>5/4/2012</b>		Name of Building Owner / Operator (2) <b>Bed, Bath and Beyond</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address
	<input type="checkbox"/> Initial Notification	<b>650 Liberty Avenue</b>	
	<input checked="" type="checkbox"/> Amended Notification	City, State & Zip Code	
<input type="checkbox"/> Cancellation	<b>Union, NJ 07083</b>		Name of Contact
		<b>Mr. John Purcell</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bed, Bath and Beyond Property</b>			Type of Facility (4)		
Street Address			<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.)		
<b>650 Liberty Avenue</b>			Square Feet	# of Floors	Bldg. Age
City (5)	County (6)	County Code (7)	<b>200,000</b>	<b>2</b>	<b>50+</b>
<b>Union</b>	<b>Union</b>		Current Use (Prior if being demolished) <b>Commercial Office</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>ETS Contracting, Inc.</b>		
Street Address <b>1090 King Georges Post Road, Suite 706</b>		Street Address <b>160 Clay Street</b>			
City, State & Zip Code <b>Edison, NJ 08837</b>		City, State & Zip Code <b>Brooklyn, NY 11222</b>			
Project Manager for Monitoring Firm <b>Pat Sisk</b>		Telephone Number <b>(732) 771-0051</b>	Telephone Number <b>718-706-6300</b>	License Number <b>00511</b>	

Scheduled Start Date (10) <b>4/25/2012</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>Environmental Tactics, Inc.</b>
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Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	<b>64 Broad Street</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:	City, State & Zip Code		
<input checked="" type="checkbox"/> Other - Describe: <b>Work Area Vacated: - Working Hours from 8:00 AM- 6:30 PM</b>	<b>Matawan, NJ 0774</b>		

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 checked="" type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM		<input type="checkbox"/> Other: <b>Non Friable Removal</b>	

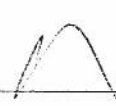
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>1<sup>st</sup> Floor</b>	<b>No</b>	<b>VAT</b>	<b>100,000 SF</b>	<b>Removal</b>
<b>2<sup>nd</sup> Floor</b>	<b>No</b>	<b>VAT</b>	<b>60,000 SF</b>	<b>Removal</b>
<b>2<sup>nd</sup> Floor</b>	<b>No</b>	<b>Pipe Insulation</b>	<b>100 LF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Tri State Transfer</b>	NJDEP Waste Hauler ID # <b>19551</b>	Cu. Yds. of Waste <b>600</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>
City, State <b>Bronx, NY</b>	Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>	

Completed By (Print or Type) <b>ROY JOHNSON</b>	Title <b>PROJECT EXECUTIVE</b>	Signature 	Date <b>5/4/2012</b>
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1193

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) May 8, 2012		Name of Building Owner/Operator (2) MANZO/DOREN ORGANIZATION OF LYNDHURST	
Agencies Notified  (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled		Street Address 351 WEST BROADWAY
			City, State, Zip Code PATERSON, NJ
			Name of Contact TOM MANZO
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LA CEBALLOS		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 123 RIDGE RD		Sq. Feet__10,000_ # of Floors 3	
City (5) LYNDHURST	County (6) PASSAIC	County Code (7) (State Use Only)	Bldg. Age 48 Current Use (prior if being demolished) RESTUARANT
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		ASCM No.	Name of Contractor (9) Absolut Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City State, ZipCode FLORHAM PARK, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) MAY 23, 2012	Scheduled Completion Date (11) JUNE 8, 2012	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		Street Address 5 Linwood Ct	
Describe _____  Other - Describe		City, State, Zip Code Hamilton, NJ 08690	
Source of Work (Check all that apply)  (x) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
BASEMENT- Floors 1-ROOF	X	Boiler, pipe insulation, Roofing, Tile	14,000 square feet
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 30	Name of Reg. Landfill Waste Management of Penn
City, State Newark, NJ 07105		Disp. Date 6/8/12	City, State Morrisville, PA
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 5/8/12

2278

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>5</u> / <u>11</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Rutgers University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address <b>#27 Road 1 Bldg 4086</b>	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Piscataway, NJ 08854</b>	
		Name of Contact <b>Mike Smith</b>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Nelson Biology</b>		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 <b>604 Allison Road</b>		Square Feet <b>46000</b>	# of Floors <b>2</b>
City (5) <b>Piscataway</b>		Bldg. Age <b>30+</b>	
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>University</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>	ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington Township, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Brian Kearney</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <u>5</u> / <u>25</u> / <u>12</u>	Scheduled Completion Date (11) <u>6</u> / <u>8</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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 - Describe Time of Abatement: _____AM-_____PM/ <b>5:00PM-5:00AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
<b>Mechanical Rm</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>600 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>6/8/12</b>	City, State <b>WAYNESBURG, OH 44688</b>

Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>General Manager</b>	Signature 	Date <b>5/11/12</b>
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ASB-41  
MAY 11  
GI 12106

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

04243

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



D&S Proj. #: MS 12-175

Date of Notification (1) 05/11/12		Name of Building Owner/Operator (2) DEAN RATAJCZAK	
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 #: _____	Street Address 57 NEWARK POMPTON TURNPIKE	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code RIVERDALE, NJ 07457	
	<input type="checkbox"/> Cancellation	Name of Contact DEAN RATAJCZAK	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DEAN RATAJCZAK			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 57 NEWARK POMPTON TURNPIKE			Square Feet	# of Floors	Bldg. Age
City (5) RIVERDALE	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 00159		
Start Date (10) 05/21/12	Sched. Completion Date (11) 05/31/12	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503			

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: NORMAL HOURS

Scope of Work (check all that apply)

>3 sf or >3 lf       Renovation  
 ≥160 sf or ≥260 lf       Demolition

Full Containment w/negative pressure  
 Mini-enclosure  
 Glovebag procedure  
 Non-Exempted (\*) and Non-friable procedure

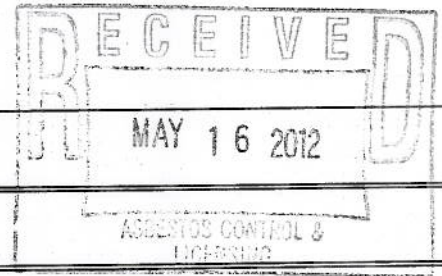
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	227 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 5 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503	Disposal Date 05/22/12	City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/11/12		

004244

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

D&S Proj. #: MS 12-174



Date of Notification (1) 10/15/11/11/12		Name of Building Owner/Operator (2) MAUREEN & MARGUERITE KENNEY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 223 WESTVILLE AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WEST CALDWELL, NJ 07006	
		Name of Contact MAUREEN & MATGUERITE KENNEY	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MAUREEN & MARGUERITE KENNEY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 223 WESTVILLE AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) WEST CALDWELL	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 00159		
Start Date (10) 05/25/12	Sched. Completion Date (11) 06/07/12	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

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

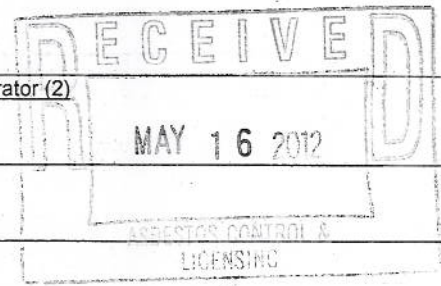
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	165 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/29/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/11/12

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



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



<u>Date of Notification (1)</u> <b>4/25/2012</b>		<u>Name of Building Owner/Operator (2)</u> <b>Hercules</b>	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> (X) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	
<u>Street Address</u> <b>500 Hercules Road</b>		<u>City, State, Zip Code</u> <b>Wilmington, DE, 19808</b>	
<u>Name of Contact</u> <b>Joe Keller</b>		<u>Tel. Number</u>	

<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>Hercules Former Facility</b>		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> <b>145 oakdale road</b>		<u>Sq. Feet</u> <b>6000</b> <u># of Floors</u> <b>3</b>	
<u>City (5)</u> <b>CHESTER</b>	<u>County (6)</u> <b>MORRIS</b>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <b>30+</b> <u>Current Use (prior if being demolished)</u> <b>RESIDENCES</b>
<u>Name of Monitoring Firm</u> <b>EHS INC</b>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> <b>Alliance Environmental Systems</b>
<u>Street Address</u> <b>9 MAIN STREET</b>		<u>Street Address</u> <b>550 East Union Street</b>	
<u>City, State, Zip Code</u> <b>MULLICA HILL, NJ</b>		<u>City, State, Zip Code</u> <b>West Chester, PA 19382</b>	
<u>Project Manager for Monitoring Firm</u> <b>JACK CARNEY</b>	<u>Telephone Number</u> <b>8562230080</b>	<u>Telephone Number</u> <b>610-701-9000</b>	<u>License Number</u> <b>00508</b>
<u>Scheduled Start Date (10)</u> <b>5/9/2012</b>	<u>Scheduled Completion Date (11)</u> <b>6/29/2012</b>	<u>Name of OSHA Monitor</u> <b>EHS, INC</b>	

<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> <b>9 MAIN STREET</b>
<u>Describe Other -</u>	<u>City, State, Zip Code</u> <b>MULLICA HILL, NJ</b>

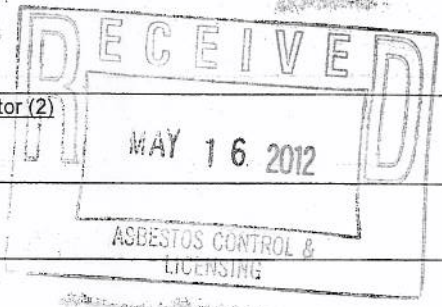
Source of Work (Check all that apply)

(x) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
ROOF			X	Roofing	57185sf	X			
1 <sup>ST</sup> FLOOR			X	Vat & mastic	39855sf	X			
1 <sup>ST</sup> FLOOR			X	TRANSITE	60SF	X			
			X	WINDOW CAULK	8lf	X			
			X	Duct tar paper	845SF	X			
1 <sup>ST</sup> FLOOR			X	JUMPER WIRE	600LF	X			
			X	PIPE INSULATION	1435LF	X			
			X	SEAM TAR	40LF	X			

<u>Name of Reg. Waste Hauler</u> <b>N.E.T.S. / Miners</b>	<u>NJDEP Waste Hauler ID #</u> <b>17235</b>	<u>Cubic Yards of Waste</u> <b>Approx. 100</b>	<u>Name of Reg. Landfill</u> <b>BFI Imperial</b>
<u>City, State</u> <b>Hazleton, PA</b>	<u>Disp. Date</u> <b>TBD</b>	<u>City, State</u> <b>Imperial, PA</b>	
<u>Completed by (Print or Type)</u> <b>DEVIN BLOM</b>	<u>Title</u> <b>Estimator</b>	<u>Signature</u> 	<u>Date</u> <b>4/25/2012</b>

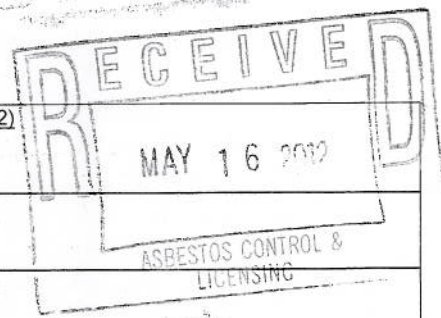
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



<u>Date of Notification (1)</u> <b>4/25/2012</b>		<u>Name of Building Owner/Operator (2)</u> <b>Hercules</b>	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> ( ) Initial Notification (x) Amended Notification Amendment # <u>1</u> ( ) Emergency (including justification) ( ) Cancellation	
<u>Street Address</u> <b>500 Hercules Road</b>		<u>City, State, Zip Code</u> <b>Wilmington, DE, 19808</b>	
<u>County (6)</u> <b>CHESTER</b>		<u>County Code (7)</u> (State Use Only) <b>MORRIS</b>	
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>Hercules Former Facility</b>		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> <b>145 oakdale road</b>		<u>Sq. Feet</u> <b>6000</b> <u># of Floors</u> <b>3</b>	
<u>City (5)</u> <b>CHESTER</b>		<u>Bldg. Age</u> <b>30+</b> <u>Current Use (prior if being demolished)</u> <b>RESIDENCES</b>	
<u>Name of Monitoring Firm</u> <b>EHS INC</b>		<u>ASCM No.</u>	
<u>Street Address</u> <b>9 MAIN STREET</b>		<u>Name of Contractor (9)</u> <b>Alliance Environmental Systems</b>	
<u>City, State, Zip Code</u> <b>MULLICA HILL, NJ</b>		<u>Street Address</u> <b>550 East Union Street</b>	
<u>Project Manager for Monitoring Firm</u> <b>JACK CARNEY</b>		<u>Telephone Number</u> <b>8562230080</b>	
<u>Scheduled Start Date (10)</u> <b>5/14/2012</b>		<u>Scheduled Completion Date (11)</u> <b>7/6/2012</b>	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____		<u>Street Address</u> <b>9 MAIN STREET</b>	
<u>Source of Work (Check all that apply)</u> (x) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure		<u>City, State, Zip Code</u> <b>MULLICA HILL, NJ</b>	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<b>ROOF</b>		<b>Roofing</b>	<b>57185sf</b>
<b>1<sup>ST</sup> FLOOR</b>		<b>Vat &amp; mastic</b>	<b>39855sf</b>
<b>1<sup>ST</sup> FLOOR</b>		<b>TRANSITE</b>	<b>60SF</b>
		<b>WINDOW CAULK</b>	<b>8lf</b>
		<b>Duct tar paper</b>	<b>845SF</b>
<b>1<sup>ST</sup> FLOOR</b>		<b>JUMPER WIRE</b>	<b>600LF</b>
		<b>PIPE INSULATION</b>	<b>1435LF</b>
		<b>SEAM TAR</b>	<b>40LF</b>
<u>Name of Reg. Waste Hauler</u> <b>N.E.T.S. / Miners</b>	<u>NJDEP Waste Hauler ID #/</u> <b>17235</b>	<u>Cubic Yards of Waste</u> <b>Approx. 100</b>	<u>Name of Reg. Landfill</u> <b>BFI Imperial</b>
<u>City, State</u> <b>Hazleton, PA</b>	<u>Disp. Date</u> <b>TBD</b>	<u>City, State</u> <b>Imperial, PA</b>	
<u>Completed by (Print or Type)</u> <b>DEVIN BLOM</b>	<u>Title</u> <b>Estimator</b>	<u>Signature</u> 	<u>Date</u> <b>5/4/2012</b>

1903

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



<b>Date of Notification (1)</b> <p align="center"><b>4/25/2012</b></p>		<b>Name of Building Owner/Operator (2)</b> <b>Hercules</b>	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b> ( ) Initial Notification (x) Amended Notification Amendment # <u>2</u> ( ) Emergency (including justification) ( ) Cancellation	<b>Street Address</b> <b>500 Hercules Road</b>	
		<b>City, State, Zip Code</b> <b>Wilmington, DE, 19808</b>	
		<b>Name of Contact</b> <b>Joe Keller</b>	<b>Tel. Number</b>

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Hercules Former Facility</b>			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 145 oakdale road			Sq. Feet <u>6000</u> # of Floors <u>3</u>	
<b>City (5)</b> <b>CHESTER</b>	<b>County (6)</b> <b>MORRIS</b>	<b>County Code (7)</b> (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>RESIDENCES</u>	
<b>Name of Monitoring Firm</b> <b>EHS INC</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> <b>Alliance Environmental Systems</b>	
<b>Street Address</b> 9 MAIN STREET			<b>Street Address</b> 550 East Union Street	
<b>City, State, Zip Code</b> MULLICA HILL, NJ			<b>City, State, Zip Code</b> West Chester, PA 19382	
<b>Project Manager for Monitoring Firm</b> <b>JACK CARNEY</b>		<b>Telephone Number</b> 8562230080	<b>Telephone Number</b> 610-701-9000	<b>License Number</b> 00508
<b>Scheduled Start Date (10)</b> 5/21/2012		<b>Scheduled Completion Date (11)</b> 7/6/2012		<b>Name of OSHA Monitor</b> EHS, INC
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____ Other - _____			<b>Street Address</b> 9 MAIN STREET	
			<b>City, State, Zip Code</b> MULLICA HILL, NJ	

**Source of Work (Check all that apply)**

(x) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
ROOF			X	Roofing	57185sf	X			
1 <sup>ST</sup> FLOOR			X	Vat & mastic	39855sf	X			
1 <sup>ST</sup> FLOOR			X	TRANSITE	60SF	X			
			X	WINDOW CAULK	8lf	X			
			X	Duct tar paper	845SF	X			
1 <sup>ST</sup> FLOOR			X	JUMPER WIRE	600LF	X			
			X	PIPE INSULATION	1435LF	X			
			X	SEAM TAR	40LF	X			

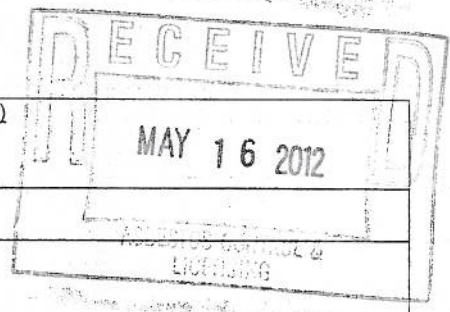
<b>Name of Reg. Waste Hauler</b> N.E.T.S. / Miners		<b>NJDEP Waste Hauler ID #)</b> 17235	<b>Cubic Yards of Waste</b> Approx. 100		<b>Name of Reg. Landfill</b> BFI Imperial	
<b>City, State</b> Hazelton, PA			<b>Disp. Date</b> TBD	<b>City, State</b> Imperial, PA		
<b>Completed by (Print or Type)</b> DEVIN BLOM		<b>Title</b> Estimator	<b>Signature</b> 		<b>Date</b> 5/10/2012	

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

Telephone 609-984-6620

C:\WORDMYDOCS\ASBESTOS  
9/18/00

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



<u>Date of Notification (1)</u> 4/4/2012		<u>Name of Building Owner/Operator (2)</u> FEINBURG&MCBURNEY	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u> (X) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	<u>Street Address</u> 1874 E. MARLTON PIKE	
		<u>City, State, Zip Code</u> CHERRY HILL, NJ 08003	
		<u>Name of Contact</u> STEPHANIE RIPA	<u>Tel Number</u>

**FACILITY INFORMATION**

<u>Name of Facility Where Abatement is Taking Place (3)</u> CVS			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> HOOPER RD & DRUM POINT RD			<u>Sq. Feet</u> 7500 <u># of Floors</u> 2	
<u>City (5)</u> BRICK	<u>County (6)</u> OCEAN	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> VACANT	
<u>Name of Monitoring Firm</u> VERTEX		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems	
<u>Street Address</u> 700 TURNER WAY, SUITE 105			<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> ASTON, PA 19014			<u>City State, ZipCode</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> DON HEIM	<u>Telephone Number</u> 6107870402	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508	
<u>Scheduled Start Date (10)</u> 4/18/2012	<u>Scheduled Completion Date (11)</u> 5/11/2012	<u>Name of OSHA Monitor</u> VERTEX		
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 700 TURNER WAY, SUITE 105	
Describe _____ Other - _____			<u>City, State, Zip Code</u> ASTON, PA 19014	

Source of Work (Check all that apply)

( ) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
RESTAURANT BASEMENT			X	FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR			X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT			X	TRANSITE	6SF	X			
RESTAURANT BASEMENT			X	PIPE INSULATION	8LF	X			
RESTAURANT COAT RM			X	VAT&MASTIC	48SF	X			
RESTAURANT ROOF			X	DUCT INSULATION	675SF	X			
RENTAL ROOF			X	SHINGLES	240SF	X			
RENTAL KITCHEN			X	VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR			X	CAULK	58LF	X			

<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners	<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100	<u>Name of Reg. Landfill</u> BFI Imperial
<u>City, State</u> Hazelton, PA	<u>Disp. Date</u> TBD	<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 	<u>Date</u> 4/4/2012

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



Date of Notification (1)  4/4/2012		Name of Building Owner/Operator (2) <b>FEINBURG&amp;MCBURNAY</b>	
Agencies Notified  (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type  ( ) Initial Notification (X) Amended Notification Amendment # <u>1</u> ( ) Emergency (including justification) ( ) Cancellation	Street Address <b>1874 E. MARLTON PIKE</b>	
		City, State, Zip Code <b>CHERRY HILL, NJ 08003</b>	
		Name of Contact <b>STEPHANIE RIPA</b>	Tel Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CVS</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>HOOPER RD &amp; DRUM POINT RD</b>		Sq. Feet <u>7500</u> # of Floors <u>2</u>	
City (5) <b>BRICK</b>	County (6) <b>OCEAN</b>	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>
Name of Monitoring Firm <b>VERTEX</b>		ASCM No.	Name of Contractor (9) <b>Alliance Environmental Systems</b>
Street Address <b>700 TURNER WAY, SUITE 105</b>		Street Address <b>550 East Union Street</b>	
City, State, Zip Code <b>ASTON, PA 19014</b>		City, State, Zip Code <b>West Chester, PA 19382</b>	
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone Number <b>6107870402</b>	Telephone Number <b>610-701-9000</b>	License Number <b>00508</b>
Scheduled Start Date (10) <b>4/23/2012</b>	Scheduled Completion Date (11) <b>5/11/2012</b>	Name of OSHA Monitor <b>VERTEX</b>	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____ Other - _____		Street Address <b>700 TURNER WAY, SUITE 105</b>	
		City, State, Zip Code <b>ASTON, PA 19014</b>	

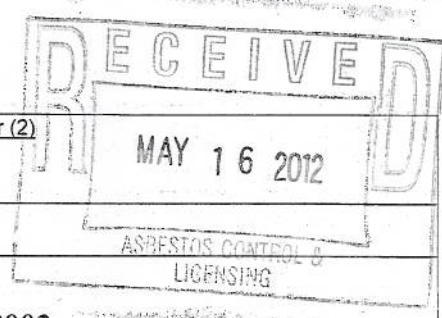
Source of Work (Check all that apply)

( ) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
RESTAURANT BASEMENT			X	FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR			X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT			X	TRANSITE	6SF	X			
RESTAURANT BASEMENT			X	PIPE INSULATION	8LF	X			
RESTAURANT COAT RM			X	VAT&MASTIC	48SF	X			
RESTAURANT ROOF			X	DUCT INSULATION	675SF	X			
RENTAL ROOF			X	SHINGLES	240SF	X			
RENTAL KITCHEN			X	VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR			X	CAULK	58LF	X			

Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>	NJDEP Waste Hauler ID # <b>17235</b>	Cubic Yards of Waste <b>Approx. 100</b>	Name of Reg. Landfill <b>BFI Imperial</b>
City, State <b>Hazleton, PA</b>	Disp. Date <b>TBD</b>	City, State <b>Imperial, PA</b>	
Completed by (Print or Type) <b>DEVIN BLOM</b>	Title <b>Estimator</b>	Signature 	Date <b>4/17/2012</b>

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



<b>Date of Notification (1)</b> 4/4/2012		<b>Name of Building Owner/Operator (2)</b> FEINBURG&MCBURNEY	
<b>Agencies Notified</b> ( X ) EPA ( ) DEP ( X ) DOL ( X ) DOH ( ) DCA		<b>Notification Type</b> ( ) Initial Notification ( X ) Amended Notification Amendment # <u>2</u> ( ) Emergency (including justification) ( ) Cancellation	
<b>Street Address</b> 1874 E. MARLTON PIKE		<b>City, State, Zip Code</b> CHERRY HILL, NJ 08003	
<b>Name of Contact</b> STEPHANIE RIPA		<b>Tel. Number</b>	

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> CVS			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<b>Street Address</b> HOOPER RD & DRUM POINT RD			<b>Sq. Feet</b> 7500 <b># of Floors</b> 2		
<b>City (5)</b> BRICK	<b>County (6)</b> OCEAN	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 30+ <b>Current Use (prior if being demolished)</b> VACANT		
<b>Name of Monitoring Firm</b> VERTEX		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Alliance Environmental Systems		
<b>Street Address</b> 700 TURNER WAY, SUITE 105			<b>Street Address</b> 550 East Union Street		
<b>City, State, Zip Code</b> ASTON, PA 19014			<b>City, State, Zip Code</b> West Chester, PA 19382		
<b>Project Manager for Monitoring Firm</b> DON HEIM		<b>Telephone Number</b> 6107870402	<b>Telephone Number</b> 610-701-9000	<b>License Number</b> 00508	
<b>Scheduled Start Date (10)</b> 4/23/2012		<b>Scheduled Completion Date (11)</b> 5/11/2012		<b>Name of OSHA Monitor</b> VERTEX	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -			<b>Street Address</b> 700 TURNER WAY, SUITE 105		
Describe Other -			<b>City, State, Zip Code</b> ASTON, PA 19014		

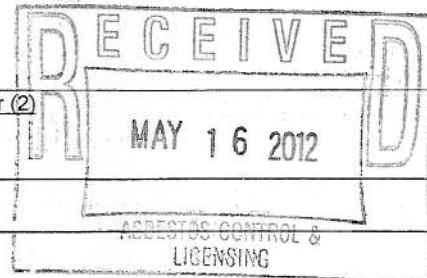
**Source of Work (Check all that apply)**

( ) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
RESTAURANT BASEMENT			X	FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR			X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT			X	TRANSITE	6SF	X			
RESTAURANT BASEMENT			X	PIPE INSULATION	8LF	X			
RESTAURANT COAT RM			X	VAT&MASTIC	48SF	X			
RESTAURANT			X	VAT&MASTIC	800SF	X			
RESTAURANT ROOF			X	DUCT INSULATION	675SF	X			
RENTAL ROOF			X	SHINGLES	240SF	X			
RENTAL KITCHEN			X	VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR			X	CAULK	58LF	X			

<b>Name of Reg. Waste Hauler</b> N.E.T.S. / Miners		<b>NJDEP Waste Hauler ID #</b> 17235	<b>Cubic Yards of Waste</b> Approx. 100		<b>Name of Reg. Landfill</b> BFI Imperial	
<b>City, State</b> Hazelton, PA		<b>Disp. Date</b> TBD			<b>City, State</b> Imperial, PA	
<b>Completed by (Print or Type)</b> DEVIN BLOM		<b>Title</b> Estimator	<b>Signature</b> 		<b>Date</b> 4/27/2012	

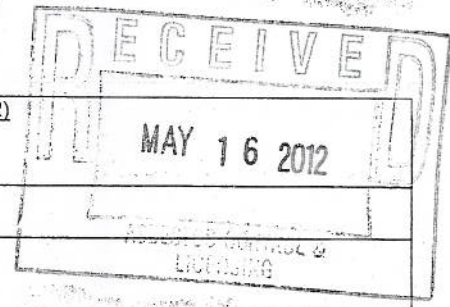
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)



10 check

Date of Notification (1) <b>4/4/2012</b>		Name of Building Owner/Operator (2) <b>FEINBURG&amp;MCBURNEY</b>		
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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
Street Address <b>1874 E. MARLTON PIKE</b>		City, State, Zip Code <b>CHERRY HILL, NJ 08003</b>		
Name of Contact <b>STEPHANIE RIPA</b>		Tel. Number		
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>CVS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address <b>HOOPER RD &amp; DRUM POINT RD</b>		Sq. Feet <u>7500</u> # of Floors <u>2</u>		
City (5) <b>BRICK</b>	County (6) <b>OCEAN</b>	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm <b>VERTEX</b>		ASCM No.	Name of Contractor (9) <b>Alliance Environmental Systems</b>	
Street Address <b>700 TURNER WAY, SUITE 105</b>		Street Address <b>550 East Union Street</b>		
City, State, Zip Code <b>ASTON, PA 19014</b>		City, State, Zip Code <b>West Chester, PA 19382</b>		
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone Number <b>6107870402</b>	Telephone Number <b>610-701-9000</b>	License Number <b>00508</b>	
Scheduled Start Date (10) <b>4/23/2012</b>	Scheduled Completion Date (11) <b>5/16/2012</b>	Name of OSHA Monitor <b>VERTEX</b>		
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 -		Street Address <b>700 TURNER WAY, SUITE 105</b>		
Describe Other -		City, State, Zip Code <b>ASTON, PA 19014</b>		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose
RESTAURANT BASEMENT		FLUE PACKING	7SF	X
RESTAURANT EXTERIOR		STUCCO	1,344SF	X
RESTAURANT BASEMENT	X	TRANSITE	6SF	X
RESTAURANT BASEMENT	X	PIPE INSULATION	8LF	X
RESTAURANT COAT RM	X	VAT&MASTIC	48SF	X
RESTAURANT	X	VAT&MASTIC	800SF	X
RESTAURANT ROOF	X	DUCT INSULATION	675SF	X
RENTAL ROOF	X	SHINGLES	240SF	X
RENTAL KITCHEN	X	VAT&MASTIC	325SF	X
BEER BLDG EXTERIOR	X	CAULK	58LF	X
Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>	NJDEP Waste Hauler ID #/ <b>17235</b>	Cubic Yards of Waste <b>Approx. 100</b>	Name of Reg. Landfill <b>BFI Imperial</b>	
City, State <b>Hazelton, PA</b>	Disp. Date <b>TBD</b>	City, State <b>Imperial, PA</b>		
Completed by (Print or Type) <b>DEVIN BLOM</b>	Title <b>Estimator</b>	Signature 	Date <b>5/10/2012</b>	

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



<u>Date of Notification (1)</u>  4/4/2012		<u>Name of Building Owner/Operator (2)</u> FEINBURG&MCBURNEY	
<u>Agencies Notified</u>  ( X ) EPA ( ) DEP ( X ) DOL ( X ) DOH ( ) DCA	<u>Notification Type</u>  ( X ) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	<u>Street Address</u> 1874 E. MARLTON PIKE	
		<u>City, State, Zip Code</u> CHERRY HILL, NJ 08003	
		<u>Name of Contact</u> STEPHANIE RIPA	<u>Tel. Number</u>

**FACILITY INFORMATION**

<u>Name of Facility Where Abatement is Taking Place (3)</u> CVS			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) ( X ) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> HOOPER RD & DRUM POINT RD			<u>Sq. Feet</u> 7500 <u># of Floors</u> 2	
<u>City (5)</u> BRICK	<u>County (6)</u> OCEAN	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> VACANT	
<u>Name of Monitoring Firm</u> VERTEX		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems	
<u>Street Address</u> 700 TURNER WAY, SUITE 105			<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> ASTON, PA 19014			<u>City, State, Zip Code</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> DON HEIM		<u>Telephone Number</u> 6107870402	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 4/18/2012		<u>Scheduled Completion Date (11)</u> 5/11/2012		<u>Name of OSHA Monitor</u> VERTEX
<u>Occupancy Status During Abatement (Check only one)</u> ( X ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 700 TURNER WAY, SUITE 105	
Describe _____ Other - _____			<u>City, State, Zip Code</u> ASTON, PA 19014	

Source of Work (Check all that apply)

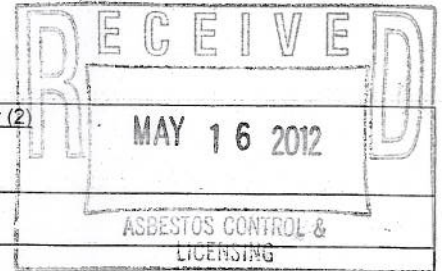
( ) Demolition ( ) Renovation  
 ( X ) Large Proj. (>160 SF or >260 LF ACM) ( X ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( X ) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure ( X ) Mini-Enclosure ( X ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
RESTAURANT BASEMENT			X	FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR			X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT			X	TRANSITE	6SF	X			
RESTAURANT BASEMENT			X	PIPE INSULATION	8LF	X			
RESTAURANT COAT RM			X	VAT&MASTIC	48SF	X			
RESTAURANT ROOF			X	DUCT INSULATION	675SF	X			
RENTAL ROOF			X	SHINGLES	240SF	X			
RENTAL KITCHEN			X	VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR			X	CAULK	58LF	X			

<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners	<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100	<u>Name of Reg. Landfill</u> BFI Imperial
<u>City, State</u> Hazelton, PA	<u>Disp. Date</u> TBD	<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 	<u>Date</u> 4/4/2012



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



Date of Notification (1) <b>4/4/2012</b>		Name of Building Owner/Operator (2) <b>FEINBURG&amp;MCBURNEY</b>	
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type ( ) Initial Notification (X) Amended Notification Amendment # <u>1</u> ( ) Emergency (including justification) ( ) Cancellation	Street Address <b>1874 E. MARLTON PIKE</b>	
		City, State, Zip Code <b>CHERRY HILL, NJ 08003</b>	
		Name of Contact <b>STEPHANIE RIPA</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>CVS</b>			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address <b>HOOPER RD &amp; DRUM POINT RD</b>			Sq. Feet <u>7500</u> # of Floors <u>2</u>		
City (5) <b>BRICK</b>	County (6) <b>OCEAN</b>	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm <b>VERTEX</b>		ASCM No.	Name of Contractor (9) <b>Alliance Environmental Systems</b>		
Street Address <b>700 TURNER WAY, SUITE 105</b>			Street Address <b>550 East Union Street</b>		
City, State, Zip Code <b>ASTON, PA 19014</b>			City, State, Zip Code <b>West Chester, PA 19382</b>		
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone Number <b>6107870402</b>		Telephone Number <b>610-701-9000</b>	License Number <b>00508</b>	
Scheduled Start Date (10) <b>4/23/2012</b>	Scheduled Completion Date (11) <b>5/11/2012</b>		Name of OSHA Monitor <b>VERTEX</b>		

Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		Street Address <b>700 TURNER WAY, SUITE 105</b>	
Describe Other -		City, State, Zip Code <b>ASTON, PA 19014</b>	

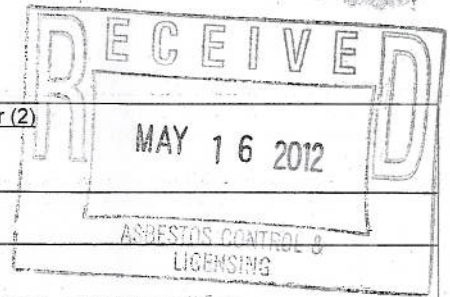
Source of Work (Check all that apply)

( ) Demolition ( ) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)  
( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
RESTAURANT BASEMENT			X	FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR			X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT			X	TRANSITE	6SF	X			
RESTAURANT BASEMENT			X	PIPE INSULATION	8LF	X			
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RESTAURANT ROOF			X	DUCT INSULATION	675SF	X			
RENTAL ROOF			X	SHINGLES	240SF	X			
RENTAL KITCHEN			X	VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR			X	CAULK	58LF	X			

Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>	NJDEP Waste Hauler ID # <b>17235</b>	Cubic Yards of Waste <b>Approx. 100</b>	Name of Reg. Landfill <b>BFI Imperial</b>
City, State <b>Hazleton, PA</b>	Disp. Date <b>TBD</b>	City, State <b>Imperial, PA</b>	
Completed by (Print or Type) <b>DEVIN BLOM</b>	Title <b>Estimator</b>	Signature 	Date <b>4/17/2012</b>

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



<u>Date of Notification (1)</u> 4/4/2012		<u>Name of Building Owner/Operator (2)</u> FEINBURG&MCBURNERY	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u> ( ) Initial Notification (X) Amended Notification Amendment # <u>2</u> ( ) Emergency (including justification) ( ) Cancellation	<u>Street Address</u> 1874 E. MARLTON PIKE	
		<u>City, State, Zip Code</u> <b>CHERRY HILL, NJ 08003</b>	
		<u>Name of Contact</u> STEPHANIE RIPA	<u>Tel Number</u>

**FACILITY INFORMATION**

<u>Name of Facility Where Abatement is Taking Place (3)</u> CVS			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> HOOPER RD & DRUM POINT RD			Sq. Feet <u>7500</u> # of Floors <u>2</u>	
<u>City (5)</u> BRICK	<u>County (6)</u> OCEAN	<u>County Code (7)</u> (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>	
<u>Name of Monitoring Firm</u> VERTEX		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems	
<u>Street Address</u> 700 TURNER WAY, SUITE 105			<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> ASTON, PA 19014			<u>City, State, Zip Code</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> DON HEIM		<u>Telephone Number</u> 6107870402	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 4/23/2012		<u>Scheduled Completion Date (11)</u> 5/11/2012		<u>Name of OSHA Monitor</u> VERTEX

<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 700 TURNER WAY, SUITE 105	
Describe Other - _____		<u>City, State, Zip Code</u> ASTON, PA 19014	

Source of Work (Check all that apply)

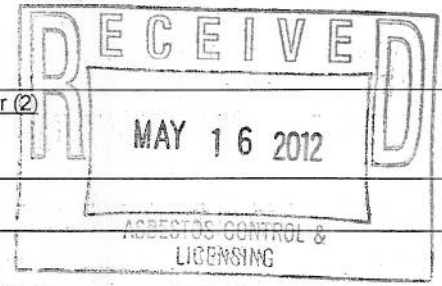
( ) Demolition ( ) Renovation  
 (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
RESTAURANT BASEMENT			X	FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR			X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT			X	TRANSITE	6SF	X			
RESTAURANT BASEMENT			X	PIPE INSULATION	8LF	X			
RESTAURANT COAT RM			X	VAT&MASTIC	48SF	X			
RESTAURANT			X	VAT&MASTIC	800SF	X			
RESTAURANT ROOF			X	DUCT INSULATION	675SF	X			
RENTAL ROOF			X	SHINGLES	240SF	X			
RENTAL KITCHEN			X	VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR			X	CAULK	58LF	X			

<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100		<u>Name of Reg. Landfill</u> BFI Imperial	
<u>City, State</u> Hazelton, PA		<u>Disp. Date</u> TBD		<u>City, State</u> Imperial, PA		
<u>Completed by (Print or Type)</u> DEVIN BLOM		<u>Title</u> Estimator	<u>Signature</u> 		<u>Date</u> 4/27/2012	

10 check

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



Date of Notification (1) <b>4/4/2012</b>		Name of Building Owner/Operator (2) <b>FEINBURG&amp;MCBURNEY</b>						
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type ( ) Initial Notification (X) Amended Notification Amendment # <u>3</u> ( ) Emergency (including justification) ( ) Cancellation	Street Address <b>1874 E. MARLTON PIKE</b>						
		City, State, Zip Code <b>CHERRY HILL, NJ 08003</b>						
		Name of Contact <b>STEPHANIE RIPA</b>	Tel Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>CVS</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)						
Street Address <b>HOOPER RD &amp; DRUM POINT RD</b>		Sq. Feet <u>7500</u> # of Floors <u>2</u>						
City (5) <b>BRICK</b>	County (6) <b>OCEAN</b>	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm <b>VERTEX</b>		ASCM No.	Name of Contractor (9) <b>Alliance Environmental Systems</b>					
Street Address <b>700 TURNER WAY, SUITE 105</b>		Street Address <b>550 East Union Street</b>						
City, State, Zip Code <b>ASTON, PA 19014</b>		City, State, Zip Code <b>West Chester, PA 19382</b>						
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone Number <b>6107870402</b>	Telephone Number <b>610-701-9000</b>	License Number <b>00508</b>					
Scheduled Start Date (10) <b>4/23/2012</b>	Scheduled Completion Date (11) <b>5/16/2012</b>	Name of OSHA Monitor <b>VERTEX</b>						
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		Street Address <b>700 TURNER WAY, SUITE 105</b>						
Describe Other -		City, State, Zip Code <b>ASTON, PA 19014</b>						
Source of Work (Check all that apply) ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure								
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO			NA	Rem.	Rep.	Encap
RESTAURANT BASEMENT			FLUE PACKING	7SF	X			
RESTAURANT EXTERIOR		X	STUCCO	1,344SF	X			
RESTAURANT BASEMENT	X		TRANSITE	6SF	X			
RESTAURANT BASEMENT	X		PIPE INSULATION	8LF	X			
RESTAURANT COAT RM	X		VAT&MASTIC	48SF	X			
RESTAURANT	X		VAT&MASTIC	800SF	X			
RESTAURANT ROOF	X		DUCT INSULATION	675SF	X			
RENTAL ROOF	X		SHINGLES	240SF	X			
RENTAL KITCHEN	X		VAT&MASTIC	325SF	X			
BEER BLDG EXTERIOR	X		CAULK	58LF	X			
Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>	NJDEP Waste Hauler ID #/ <b>17235</b>	Cubic Yards of Waste <b>Approx. 100</b>	Name of Reg. Landfill <b>BFI Imperial</b>					
City, State <b>Hazleton, PA</b>	Disp. Date <b>TBD</b>	City, State <b>Imperial, PA</b>						
Completed by (Print or Type) <b>DEVIN BLOM</b>	Title <b>Estimator</b>	Signature 	Date <b>5/10/2012</b>					