

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

1903905696

Date of Notification (1): 05/16/2012		Name of Building Owner/Operator (2) Newark Public School		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED MAY 21 2012 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address: 2 Cedar Street		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07102		
		Name of Contact: Benjamin T. Olagadeyo		
		Telephone Number:		

FACILITY INFORMATION

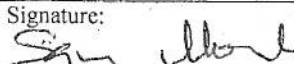
Name of Facility Where Abatement is Taking Place (3): Newton Elementary School			Type of Facility (4): <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 150 Newton Street			Square Feet: # of Floors:	
City/ (5): Newark	County (6): Essex	County Code (7): 07106	Bldg. Age Current Use : School	
Name of Monitoring Firm Hired by Building Owner: Whiteman		ASCM No.:	Name of Abatement Contractor (9): Envirocare Enterprises, Inc	
Street Address: 116 Tices lane, Unite B-1			Street Address: 358 Broadway	
City, State, Zip Code: East Brunswick, NJ 08816			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: (973) 485-4000	License No.: 01017
Start Date (10): 05/18/2012	Scheduled Completion Date (11): 05/24/2012		Name of OSHA Monitor: AmeriSci	
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 type="checkbox"/> Other Describe:			Street Address: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	

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

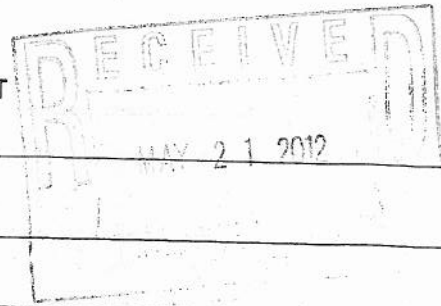
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Bsmt boys bathroom		X		plaster	16 SF	X			
Bsmt boys bathroom		X		Pipe insulation	6LF	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102		Disposal Date:			City, State: Tullytown, PA				
Completed By: Sam Illounh		Title: Project Manager		Signature: 	Date: 05/16/2012				

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

CR# 2269

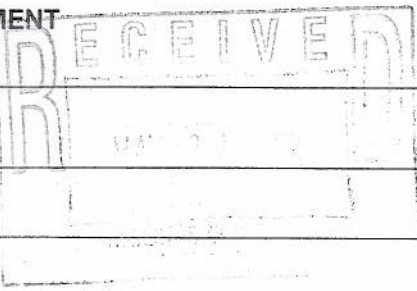
Date of Notification (1) 4 / 24 / 12		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA 0864 <input checked="" type="checkbox"/> DOLWD 3412 <input checked="" type="checkbox"/> DHSS 0888 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Miller 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 and commercial buildings, homes, etc.)							
Street Address 857 Hoes Lane									
City (5) Piscataway		Square Feet 5000	# of Floors 3						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 80+						
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 5 / 7 / 12	Scheduled Completion Date (11) 5 / 11 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: 7:00AM-5:00PM/____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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/Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation, Furnace Insulation	575 LF, 48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date 5/11/12	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature Gino Pizzigoni		Date 4/24/12			

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



Date of Notification (1) <u>4</u> / <u>24</u> / <u>12</u>		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-5/14/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Miller 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 and commercial buildings, homes, etc.)							
Street Address 857 Hoes Lane		Square Feet 5000	# of Floors 3						
City (5) Piscataway		Bldg. Age 80+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>5</u> / <u>7</u> / <u>12</u>	Scheduled Completion Date (11) <u>5</u> / <u>16</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: <u>7:00AM-5:00PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement/Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation, Furnace Insulation	575 LF, 48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 5 Cu Yds	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 5/11/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>		Date 5/14/12			

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



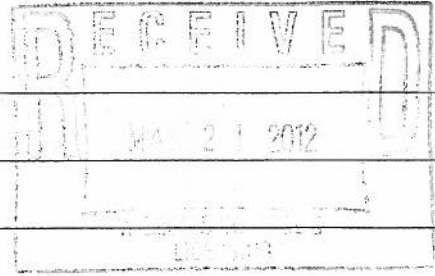
Date of Notification (1) 4 / 24 / 12		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-5/16/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086 City, State, Zip Code Piscataway, NJ 08854 Name of Contact Mike Smith Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Miller 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 and commercial buildings, homes, etc.)							
Street Address 857 Hoes Lane									
City (5) Piscataway		Square Feet 5000	# of Floors 3 Bldg. Age 80+						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) ATC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 5 / 7 / 12	Scheduled Completion Date (11) 5 / 17 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: 7:00AM-5:00PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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/Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation, Furnace Insulation	575 LF, 48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 Cu Yds	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date 5/11/12	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>			Date 5/16/12		

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

*Only completion date is amended.

Date of Notification (1) 5-18-2012		Name of Building Owner/Operator (2) Legow Management		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 21 2012 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 160 South Livingston Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit # 110A				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 Stenton Court				Square Feet	# of Floors				
City (5) Hamilton				Bldg. Age 50+					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Unit					
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) 7-22-2012		Name of OSHA Monitor Jadar Contracting, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5 pm				Street Address 22 Troy Lane					
				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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Kitchen			X	VAT	96 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 G.R.O.W.S. Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Lillie Lazarevich		Title Secretary		Signature Lillie Lazarevich		Date 5-18-2012			

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



Date of Notification (1) 5-18-2012		Name of Building Owner/Operator (2) Newark Housing Authority							
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 500 Broad St							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Joe Giannetti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 12		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 57 Sussex Ave.		Square Feet 15,000	# of Floors 3						
City (5) Newark, NJ 07102		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo							
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane							
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Leon		Telephone No. 973-706-7950	License No. 01088						
Start Date (10) 5-29-2012	Scheduled Completion Date (11) 12-31-2012	Name of OSHA Monitor Jadar Contracting 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 <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Property Scheduled for Demo</u>		Street Address 22 Troy Ln							
		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior of Bldg.			x	VAT & Mastic	12,500 SF				
Roof			x	Built up Roofing	4,500 SF				
Exterior Windows			x	Caulking	162 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	800 SF				
Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171		Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.				
City, State Hackettstown, NJ				Disposal Date TBD	City, State Mellville, NY 11704				
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>	Date 5-18-2012				

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



Date of Notification (1) 5/18/2012		Name of Building Owner/Operator (2) AGNES GARRETSON							
Agencies Notified	Type Notification	Street Address 19 IRWIN PLACE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLOOMFIELD, NJ 07003							
		Name of Contact AGNES GARRETSON							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address 19 IRWIN PLACE		<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) BLOOMFIELD		Square Feet	# of Floors						
County (6) ESSEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
City, State, Zip Code		Street Address 250 RUTHERFORD BLVD.							
Project Manager for Monitoring Firm		City, State, Zip Code CLIFTON, NJ 07014							
Telephone No.		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 5/29/2012	Scheduled Completion Date (11) 5/31/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE SIDING	450 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 5/31/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>		Date 5/18/2012			

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

Date of Notification (1) 5/18/2012		Name of Building Owner/Operator (2) COUNTY COLLEGE OF MORRIS							
Agencies Notified	Type Notification	Street Address 214 CENTER GROVE ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code RANDOLPH, NJ 07869							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact JOSEPH PONTURO	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COUNTY COLLEGE OF MORRIS COHEN HALL		Type of Facility (4)							
Street Address 214 CENTER GROVE ROAD		<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) RANDOLPH		Square Feet	# of Floors						
County (6) MORRIS		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 116 TICES LANE, UNIT B-1		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code EAST BRUNSWICK, NJ 08816		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	Telephone No. 973-956-8700						
License No. 00494		Name of OSHA Monitor SAME AS (9) ABOVE							
Start Date (10) 6/1/2012	Scheduled Completion Date (11) 6/6/2012	Street Address							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code							
<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: Friday 4:30 PM, Saturday 8-4 PM									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CLASSROOMS 210 & 260		X		VAT & MASTIC	1,142 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 6/6/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>		Date 5/18/2012			

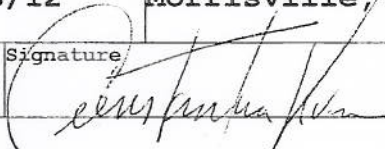
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/16/12		Name of Building Owner/Operator (2) Ronald Wilmore	
Agencies Notified	Type Notification	Street Address 329 Stiles Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Vauxhall, NJ 07088	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Ronald Wilmore	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 329 Stiles Street			Square Feet 2600		
City (5) Vauxhall			County (6) Union	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 75		
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 5/25/12			Sched. Completion Date (11) 5/26/12		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					
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 with Negative Pressure	
<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Friable Procedure	

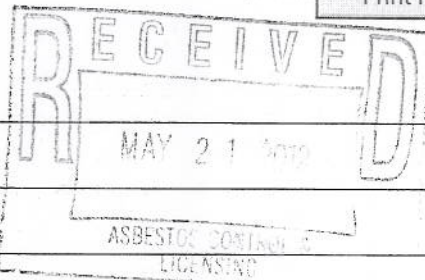
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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 N C L O S U R E
Basement			X	Pipe Insulation	50 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste .75	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 5/28/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5/16/12		

Check # 2348

Print Form

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

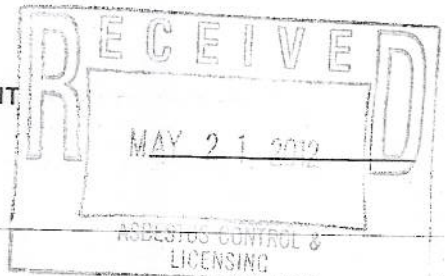


Date of Notification (1) 05/16/2012		Name of Building Owner/Operator (2) Livingston Board of Education							
Agencies Notified	Type Notification	Street Address 11 Foxcroft Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ 07039							
		Name of Contact Paul Ko	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MT Pleasant Middle School		Type of Facility (4)							
Street Address 11 Broadlawn Drive		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No. 00073	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 316		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	License No. 01034						
Start Date (10) 05/18/2012	Scheduled Completion Date (11) 05/19/2012	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 205 Route 46 Suite 15							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>From 3 pm until 10 pm</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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) 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
Cafeteria crawl Space			X	TSI Fittings	8 LF	x		x	
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS					
City, State Totowa NJ		Disposal Date		City, State Morrisville, PA					
Completed by Sava Savic		Title President	Signature <i>Sava Savic</i>	Date 05/16/2012					

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

Date of Notification (1) 05 / 17 / 12		Name of Building Owner/Operator (2) Monmouth County Park System							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 805 Newman Springs Road							
		City, State, Zip Code Lincroft, New Jersey 07738							
		Name of Contact Francine P. Lorelli							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deep Run Recreation Area, Henry Hudson Trail		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 and commercial buildings, homes, etc.)							
Street Address Route 79									
City (5) Marlboro, New Jersey 07738		Square Feet 1000	# of Floors 1						
		Bldg. Age 55+							
County (6) Monmouth		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Outdoor Recreation Office							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 64 Broad Street		Street Address 606 McBride Avenue							
City, State, Zip Code Matawan, New Jersey 07747		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 05 / 30 / 12	Scheduled Completion Date (11) 05 / 31 / 12		Name of OSHA Monitor						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hanger/Workshop Bldg 3603	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar coating on corrugated metal	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	siding panels and doors		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S				
City, State Woodland Park, New Jersey 07424		Disposal Date 06/01/12		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 5/17/12			

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



MO#19807847537

Date of Notification (1)

05/18/2012

Name of Building Owner/Operator (2)

Jerzy Czastkiewicz

Agency Notified	Type Notification	Street Address	City, State, Zip Code	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1127 Washington Street	Hoboken, NJ 07030	Jerzy Czastkiewicz	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Apt. bldg.	<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	Square Feet # of Floors Bldg. Age
1127 Washington Street	
City (5)	
Hoboken, NJ 07030	

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Hudson		

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
Street Address		Gr Tech LLC
City, State, Zip Code		576 Valley Rd #283
Project Manager for Monitoring Firm	Telephone No.	Wayne, NJ 07470
Start Date (10)	Scheduled Completion Date (11)	Telephone No. License No.
05/27/2012	05/29/2012	973-638-1777 01127
Occupancy Status During Abatement (Check only one)	Name of OSHA Monitor	
<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:	Envirovision Consultants, Inc	
	Street Address	
	20-21 Wagaraw Road, Bldg. # 34A	
	City, State, Zip Code	
	Fair Lawn, NJ 07410	

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	Enclosure
Basement			X	Pipe insulation	200 LF	X		
Basement			X	Water tank insulation	130 SF	X		

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA
Completed by	Title	Signature	Date
N.Jevtic	Owner	<i>N.Jevtic</i>	05/18/2012

Do not use this form for asbestos licensure exempted activities.

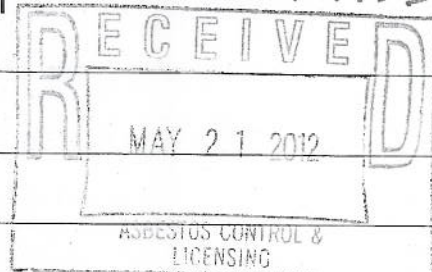
CH 3754

A98-41 (R-02-003)

* Do not use this form for asbestos licensing exemption activities.

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

CHECK # 7739



Date of Notification (1) 05 / 18 / 12		Name of Building Owner/Operator (2) Home Owner - Jonathan Mills	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Mine Street	
		City, State, Zip Code New Brunswick, NJ 08901	
		Name of Contact Mr. Jonathan Mills	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		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 and commercial buildings, homes, etc.)	
Street Address 16 Mine Street			
City (5) New Brunswick		Square Feet 2,600	# of Floors 2
		Bldg. Age 40+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 134 Bennington Pkwy		Street Address 494 E. 41 Street	
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Mr. Krzysztof A. Lis		Telephone No. 732-940-6207	License No. 00507
Start Date (10) 06 / 02 / 12	Scheduled Completion Date (11) 06 / 03 / 12	Name of OSHA Monitor East Coast HazMat Removal, Inc.	
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: 8:00AM-4:30PM / ____ PM- ____ AM		Street Address 494 E. 41 Street	
		City, State, Zip Code Paterson, NJ 07504	

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 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	97 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 5	Name of Registered Landfill North GROWS, Inc. - WM	
City, State Paterson, NJ 07504		Disposal Date 06-04-2012		City, State Morrisville, PA 19067	
Completed By (Print or Type) Leslie Olszewski	Title Project Manager	Signature 			Date 05-18-2012

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NAC 26:27 and 26:28)

CH 375 V E

Date of Notification (1) 5-17-2012		Name of Building Owner/Operator (2) CALVERY EPISCOPAL CHURCH							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input 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 31 WOODLAND AVENUE							
		City, State, Zip Code SUMMIT, NJ 07901							
		Name of Contact S. MEIRING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CALVERY CHURCH PARISH HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 31 WOODLAND AVENUE		Square Feet 8000	# of Floors 3						
City (5) SUMMIT		Bldg. Age 120 YRS							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PARISH OFFICE/DUTCH LANGUAGE PROGRAM							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL SERVICE		ASCM No. 00120	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 280 HUYLER STREET		Street Address 450 South River St							
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm G. FAJARDO		Telephone No. 201-489-8700	Telephone No. 201-329-7444						
Start Date (10) 5-29-2012		License No. 00388							
Scheduled Completion Date (11) 5-31-2012		Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St.							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 or less SF <input checked="" type="checkbox"/> 250 or less SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable 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	NA			Removal	Repair	Encapsulate	Enclose
BASEMENT HALL AREA		X		THERMAL INSULATION	17 SF		X		
BASEMENT BOILER ROOM	X			THERMAL INSULATION	3 SF		X		
BASEMENT HALL STAIR		X		THERMAL INSULATION	5 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/16 YARD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 5-31-2012		City, State Waynesburg, OH.					
Completed by R. Veldran		Title Estimator		Signature R. Veldran		Date 5-17-2012			

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

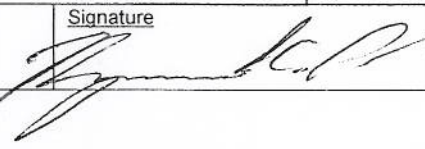
CH 3753

Date of Notification (1) 5-17-2012		Name of Building Owner/Operator (2) S. BORGHI							
Agencies Notified	Type Notification	Street Address 1300 7th STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> RC <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code N. BERGEN, NJ 07047							
		Name of Contact S. BORGHI	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) S. BORGHI		Type of Facility (4)							
Street Address 1300 7th STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) N. BERGEN		Square Feet 2600	# of Floors 2						
County (6) HUDSON		Bldg. Age 88 yrs							
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)						
Street Address			Best Removal Inc						
City, State, Zip Code		Street Address 450 South River St							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 5-30-2012	Scheduled Completion Date (11) 5-31-2012	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler St.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2100 sf or 2200 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedures									
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			X	THERMAL INSULATION	172 LF	X			
BASEMENT Boiler Room			X	THERMAL INSULATION	56 SF	X			
Name of Registered Waste Handler Best Removal Inc. City, State Hackensack, NJ									
NJDEP Waste Handler ID No. 17109		Cubic Yards of Waste 2.405	Name of Registered Landfill Minerva Enterprises Inc						
Disposal Date 5-31-2012		City, State Waynesburg, OH.							
Completed by R. Veldran		Title Estimator	Signature R. Veldran				Date 5-17-2012		

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

GAC Project # 060-11

Client Project #

Date of Notification (1) May 3, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HURTADO HEALTH CENTER, BLDG# 3061		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
Street Address COLLEGE AVENUE CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
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) 05/18/12	Scheduled Completion Date (11) 05/21/12	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: 5PM - 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) Room 104	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 800 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 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 NJ DEP # 4509		Disposal Date 05/21/2012	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 3, 2012

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

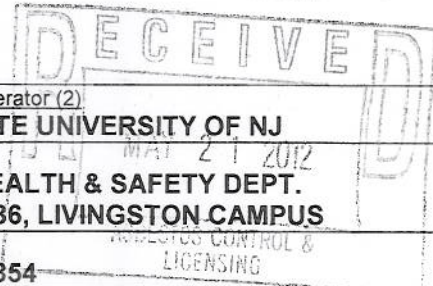
State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-11

Client Project #

no check



Date of Notification (1) May 17, 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 Room # should have been shown as "109" <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	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HURTADO HEALTH CENTER, BLDG# 3061		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
Street Address COLLEGE AVENUE CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 05/18/12		Scheduled Completion Date (11) 05/21/12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5PM - 5AM		Name of OSHA Monitor 1 ENVIROVISION, INC.	
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) Room 109	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 800 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 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 NJ DEP # 4509		Disposal Date 05/21/2012	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 17, 2012

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

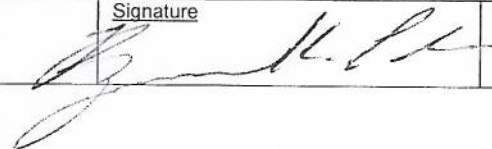
VIA U.S. Mail
chk #1009

Date of Notification (1) 5/18/12		Name of Building Owner/Operator (2) Ms. CLEMENCIA HATEUS						
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 10 DAYTON ST						
		City, State, Zip Code ELIZABETH N.J.						
		Name of Contact Ms. HATEUS	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 10 DAYTON ST		<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) ELIZABETH N.J.	Square Feet 2500	# of Floors 2	Bldg. Age 75					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) RESIDENT						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No. (321) 238-7500	License No. 00806					
Start Date (10) 5/22/12	Scheduled Completion Date (11) 6/30/12	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814						
		City, State, Zip Code OLD BRIDGE N.J. 08857						
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 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	100 L/E	X		
Name of Registered Waste Handler NOVATECH INC		NJDEP Waste Handler ID No. 18501	Cubic Yards of Waste 4	Name of Registered Landfill GRUWS				
City, State OLD BRIDGE N.J. 08857		Disposal Date 7/02/12		City, State HARRISBURG PA.				
Completed By Carlos Almeida		Title PRESIDENT	Signature <i>[Signature]</i>	Date 5/18/12				

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

Check # 9616

GAC# 335-12

Date of Notification (1) May 18, 2012		Name of Building Owner/Operator (2) MR. BATES	
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 Certification # <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled	Street Address 124 ANDERSON PARKWAY City, State, Zip Code CEDAR GROVE, NJ 07009	
		Name of Contact GEORGE HALDEMAN (IRS, INC.)	Telephone Number 761-211-1212
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BATES 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: 60+ years	
Street Address 124 ANDERSON PARKWAY		Current Use (prior if being demolished): RESIDENCE	
City (5) CEDAR GROVE	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIROVISION, INC.		ASCM No. 0098	
Street Address 20-21 WARGARAW ROAD		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code FAIRLAWN, NJ		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm FRED LARSON		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) 05/31/12	Scheduled Completion Date (11) 06/02/12	Name of OSHA Monitor 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: Work Area Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) BASEMENT	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 400 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 06/2/12	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 18, 2012

8466

Date of Notification (1) 5/16/12

Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA

Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2) Bergen Technical School

Street Address 327 E. Ridgewood Ave

City, State, Zip Code Paramus NJ 07652

Name of Contact Tom Jodice

Telephone Number 201 261-2002

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Steven C. Fung Center

Street Address 875 Passack Road

City (5) Paramus

County (6) Bergen

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) School

Name of Monitoring Firm Hired by Building Owner (8) TTE

ASCM No. _____

Name of Abatement Contractor (9) POW-R-SAVE INC

Street Address 27 West Street

City, State, Zip Code Bloomfield NJ 07003

Telephone No. 973-680-0088

License No. 357

Project Manager for Monitoring Firm Mike Stocku

Telephone No. 856-840-8600

Name of OSHA Monitor _____

Start Date (10) 05/29/12

Scheduled Completion Date (11) 5/29/12

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe: starting 8AM

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
Room 104		/		WAAP + CUT Fittings	~ 10 LF	X			
				Transite panel	23 SF	X			

Name of Registered Waste Hauler ETGI

NJDEP Waste Hauler ID No. 000692061

Cubic Yards of Waste 2

Name of Registered Landfill Cwm Chemical Services

City, State Cranbury NJ

Disposal Date _____

City, State Model City NY

Completed by Sharon Hendee

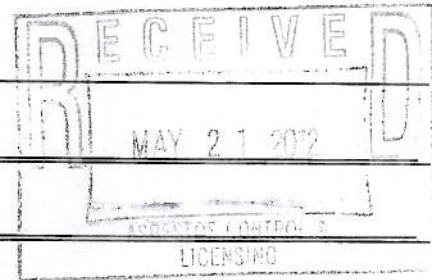
Title Sec/Tras

Signature [Signature]

Date 5/16/12

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

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



Date of Notification (1) 05/15/12		Name of Building Owner/Operator (2) MIKE MOSCARA	
Agencies Notified	Type Notification	Street Address 48 FREEMAN PLACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code NUTLEY, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MIKE MOSCARA	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MIKE MOSCARA			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 48 FREEMAN PLACE			Square Feet		
City (5) NUTLEY			County (6) ESSEX	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age		
Street Address			Current Use (Prior if being demolished)		
City, State, Zip Code					
Project Manager for Monitoring Firm			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Phone Number			Street Address 20 California Ave.		
Start Date (10) 05/30/12			City, State, Zip Code Paterson, NJ 07503		
Sched. Completion Date (11) 06/08/12			Telephone Number 973-345-8020		
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			License Number 00159		
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			Name of OSHA Monitor D & S Restoration, Inc.		
Location of asbestos-containing material (acm) to be abated in facility (13)			Street Address 20 California Avenue		
Is location normally used solely by maintenance/custodial staff (12)			City, State, Zip Code Paterson, NJ 07503		

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"/>		PIPE INSULATION	36 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	29 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 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/31/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/15/12

D&S Proj. #: MS 12-179

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

RECEIVED

MAY 21 2012

Date of Notification (1) 10/15/11 15/12		Name of Building Owner/Operator (2) ANDREW GRISAFI	
Agencies Notified	Type Notification	Street Address 190 RIDGEWOOD AVENUE	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code GLEN RIDGE, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ANDREW GRISAFI	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANDREW GRISAFI			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 190 RIDGEWOOD AVENUE			Square Feet		
City (5) GLEN RIDGE			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 05/16/12		Sched. Completion Date (11) 05/31/12	License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT, GARAGE, ATTIC		<input checked="" type="checkbox"/>		PIPE INSULATION	350 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		HOT WATER TANK INSULATION	80 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	200 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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/21/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/15/12

D&S Proj. #: MS 12-179

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

004247

Date of Notification (1) 05/11/12		Name of Building Owner/Operator (2) ANDREW GRISAFI		APPROVED NJ Dept. of Health & Senior Services (signature) Date: 5/11/12	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 190 RIDGEWOOD AVENUE City, State, Zip Code GLEN RIDGE, NJ Name of Contact ANDREW GRISAFI	
				Telephone Number	

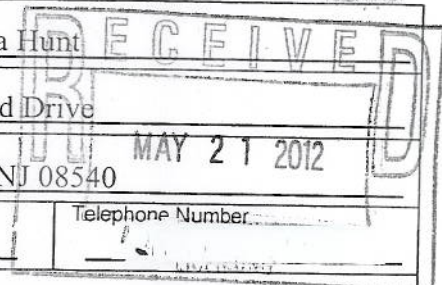
FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANDREW GRISAFI			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 190 RIDGEWOOD AVENUE			Square Feet # of Floors Bldg. Age					
City (5) GLEN RIDGE	County (6) ESSEX	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) 05/16/12		Sched. Completion Date (11) 05/31/12						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS								
Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503								
Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure								
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R a m o v e	R e p a i r	E n c a p	E n c l
BASEMENT, GARAGE, ATTIC		X	PIPE INSULATION	350 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		X	HOT WATER TANK INSULATION	80 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		X	BARE HEATING PIPES	200 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"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 05/21/12		City, State TULLYTOWN, PA				
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 05/15/12		

04789

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24789



Date of Notification (1) <u>5/16/12</u>		Name of Building Owner/Operator (2) <u>Barbara Hunt</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>7 Skyfield Drive</u>					
		City, State, Zip Code <u>Princeton, NJ 08540</u>					
		Name of Contact <u>Barbara Hunt</u>	Telephone Number <u></u>				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>7 Skyfield Drive</u>		Square Feet <u>3000</u>	# of Floors <u>1</u>				
City (5) <u>Princeton</u>		Bldg. Age <u>50</u>					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>Residence</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>				
Start Date (10) <u>6/25/12</u>	Scheduled Completion Date (11) <u>7/6/12</u>	Name of OSHA Monitor <u>MECS</u>					
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>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>					
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>basement</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>floor tile</u>	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type		
	Removal	Repair			Encapsulate	Enclosure	
					<u>X</u>		
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>6 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/6/12</u>	City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>5/16/12</u>				