

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

138

Date of Notification (1) <b>April 30, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>	
Agencies Notified	Type Notification	Street Address <b>1000 / 1001 Route 202, PO Box 300</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <b>Raritan, NJ 08869</b>	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Amendment # <b>7</b>	Name of Contact _____ Telephone Number _____	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Project Manager _____	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)	
Street Address <b>1000 / 1001 Route 202</b>		<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) <b>Raritan, NJ</b>		Square Feet	# of Floors <b>3</b>
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Facility</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		ASCM No. _____		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
Street Address <b>12 Kilmer Drive</b>				Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>				City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>
Start Date (10) <b>2/2/12</b>		Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>	

Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<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 <b>Cherry Hill, NJ 08034</b>	

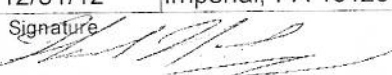
  

Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure			
		<input checked="" type="checkbox"/> Glovebag Procedure			
		<input 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
OCD Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>		pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>		fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Imperial, PA 15126</b>	
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 		Date <b>4/30/12</b>

[illegible]




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

136

Date of Notification (1) <b>April 18, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>1000 / 1001 Route 202, PO Box 300</b>	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # <b>6</b>	<b>Raritan, NJ 08869</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Project Manager</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)	
Street Address <b>1000 / 1001 Route 202</b>		<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) <b>Raritan, NJ</b>	Square Feet	# of Floors <b>3</b>	Bldg. Age
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	License No. <b>00781</b>
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<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 <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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 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
OCD Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>		pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>		fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			

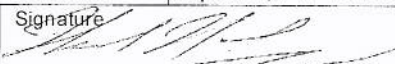
Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>12/31/12</b>	City, State <b>Imperial, PA 15126</b>	
Completed by <b>Michael Cooper</b>	Title <b>President</b>	Signature 	Date <b>4/18/12</b>

[illegible]



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

135


Date of Notification (1) <b>March 30, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>5</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1000 / 1001 Route 202, PO Box 300</b>							
		City, State, Zip Code <b>Raritan, NJ 08869</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>		Square Feet	# of Floors <b>3</b>						
City (5) <b>Raritan, NJ</b>		Bldg. Age							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	License No. <b>00781</b>						
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input 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 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
" "	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>3/30/12</b>			

[illegible]



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

127


Date of Notification (1) <b>March 28, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1000 / 1001 Route 202, PO Box 300</b>							
		City, State, Zip Code <b>Raritan, NJ 08869</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)							
Street Address <b>1000 / 1001 Route 202</b>		<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) <b>Raritan, NJ</b>		Square Feet	# of Floors <b>3</b>						
County (6) <b>Somerset</b>		Bldg. Age							
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	License No. <b>00781</b>						
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
OCD Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe	45 l/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"-"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank	350 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Building Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Freehold, NJ</b>			Disposal Date <b>12/31/12</b>	City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>3/28/12</b>					

[illegible]



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

822062


Date of Notification (1) <b>March 12, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>1000 / 1001 Route 202, PO Box 300</b>							
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # <b>3</b>	<b>Raritan, NJ 08869</b>							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Project Manager</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12)							
<b>1000 / 1001 Route 202</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
City (5) <b>Raritan, NJ</b>		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County (6) <b>Somerset</b>		Square Feet	# of Floors <b>3</b>						
County Code (7) (STATE USE ONLY)		Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Current Use (Prior if being demolished) <b>Facility</b>							
Street Address		Name of Abatement Contractor (9)							
<b>12 Kilmer Drive</b>		<b>The MACK Group, LLC.</b>							
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		Street Address							
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		<b>1500 Kings HWY N, STE 209</b>							
Telephone No. <b>908-874-6207</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Start Date (10) <b>2/2/12</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<b>1500 Kings HWY N, STE 209</b>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
<input type="checkbox"/> Other - Describe: _____		<b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" 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 checked="" 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) <b>TO BE ABATED</b> 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>OCD Boiler Room</b>	<input checked="" type="checkbox"/>			<b>pipe</b>	<b>45 lf</b>	<input checked="" type="checkbox"/>			
<b>-"-</b>	<input checked="" type="checkbox"/>			<b>Tank</b>	<b>350 sf</b>	<input checked="" type="checkbox"/>			
<b>F Building Basement</b>	<input checked="" type="checkbox"/>			<b>fittings</b>	<b>51</b>	<input checked="" type="checkbox"/>			
<b>Tenant House</b>		<input checked="" type="checkbox"/>		<b>Vat/Mastic</b>	<b>150 sf</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>		Signature 				Date <b>3/12/12</b>	

[illegible]




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

4272

Date of Notification (1) <b>February 21, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1000 / 1001 Route 202, PO Box 300</b>							
		City, State, Zip Code <b>Raritan, NJ 08869</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)							
Street Address <b>1000 / 1001 Route 202</b>		<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) <b>Raritan, NJ</b>		Square Feet	# of Floors <b>3</b>						
County (6) <b>Somerset</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	License No. <b>00781</b>						
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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>OCD Boiler Room</b>	<input checked="" type="checkbox"/>			<b>pipe</b>	<b>45 l/f</b>	<input checked="" type="checkbox"/>			
<b>-"-</b>	<input checked="" type="checkbox"/>			<b>Tank</b>	<b>350 s/f</b>	<input checked="" type="checkbox"/>			
<b>F Building Basement</b>	<input checked="" type="checkbox"/>			<b>fittings</b>	<b>51</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>4.5</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>2/21/12</b>					

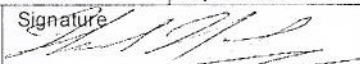
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>February 10, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 / 1001 Route 202, PO Box 300 City, State, Zip Code <b>Raritan, NJ 08869</b>						
		Name of Contact <b>Project Manager</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>		Square Feet	# of Floors <b>3</b>					
City (5) <b>Raritan, NJ</b>		Bldg. Age						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>						
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>	Telephone No. <b>908-874-6207</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>					
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>						
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
OCD Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe	45 l/f	<input checked="" type="checkbox"/>			
" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tank	350 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Imperial, PA 15126</b>				
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>2/10/12</b>				



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


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Date of Notification (1) <b>February 01, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>							
Agencies Notified	Type Notification	Street Address <b>1000 / 1001 Route 202, PO Box 300</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Raritan, NJ 08869</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</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>1000 / 1001 Route 202</b>		Square Feet	# of Floors <b>3</b>						
City (5) <b>Raritan, NJ</b>		Bldg. Age							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>						
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>2/2/12</b>		Scheduled Completion Date (11) <b>2/10/12</b>	License No. <b>00781</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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $>160$ sf or $>260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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>OCD Boiler Room</b>	<input checked="" type="checkbox"/>			<b>pipe</b>	<b>45 l/f</b>	<input checked="" type="checkbox"/>			
<b>"-"</b>	<input checked="" type="checkbox"/>			<b>Tank</b>	<b>350 s/f</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/10/12</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>2/1/12</b>			



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

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Date of Notification (1) <b>May 22, 2012</b>		Name of Building Owner/Operator (2) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>8</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1000 / 1001 Route 202, PO Box 300</b> City, State, Zip Code <b>Raritan, NJ 08869</b> Name of Contact <b>Project Manager</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ortho Diagnostic / Johnson &amp; Johnson</b>		Type of Facility (4)							
Street Address <b>1000 / 1001 Route 202</b>		<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) <b>Raritan, NJ</b>		Square Feet	# of Floors <b>3</b>						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bulava Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>12 Kilmer Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Hillsborough, NJ 08844-3830</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Edward J. Bulava</b>		Telephone No. <b>908-874-6207</b>	License No. <b>00781</b>						
Start Date (10) <b>2/2/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<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 <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> 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
OCD Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe	45 l/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"-"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank	350 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Building Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>5/22/12</b>			



[illegible]

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

STEVENS ENVIRONMENTAL  
SERVICES INC  
CHECK # 24796

Date of Notification (1) <u>5/21/12</u>		Name of Building Owner/Operator (2) <u>Phillip Bowers</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>180 Williams Street</u>	
		City, State, Zip Code <u>Red Bank, NJ 07701</u>	
		Name of Contact <u>Samantha Bowers</u>	Telephone Number <u></u>
<b>FACILITY INFORMATION</b>			
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>180 William Street</u>		Square Feet	# of Floors
City (5) <u>Red Bank</u>		Bldg. Age	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	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>P.O. Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswick, 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>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>5/30/12</u>	Scheduled Completion Date (11) <u>5/31/12</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>P.O. Box 341</u>	
		City, State, Zip Code <u>Crosswick, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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)
	Yes	No	
<u>basement/boiler room</u>		<input checked="" type="checkbox"/>	<u>pipe insulation</u>
			<u>140 LF</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>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/31/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/21/12</u>



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

Date of Notification (1) <b>5/21/2012</b>		Name of Building Owner/Operator (2) P.S.E. & G		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  MAY 23 2012  ASBESTOS CONTROL &amp; </div>					
Agencies Notified		Type Notification				Street Address 150 Circle Ave.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input 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 Clifton, NJ 07011			
						Name of Contact Craig O'Connell			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G				Type of Facility (4)					
Street Address <b>687 MAIN STREET</b>				<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) Belleville				Square Feet <b>AAA 1700</b>	# of Floors <b>1</b>				
County (6) Essex				County Code (7) (STATE USE ONLY)	Bldg. Age <b>49 yrs.</b>				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics				ASCM No. 0045	Name of Abatement Contractor (9) Unique Systems of America				
Street Address 64 Broad Street				Street Address 396 Whitehead Ave.					
City, State, Zip Code Matawan, NJ 07747				City, State, Zip Code South River, NJ 08882					
Project Manager for Monitoring Firm Tom Geiger				Telephone No. 732-290-2217	Telephone No. 732-432-8350				
Start Date (10) <b>6/2/12</b>				Scheduled Completion Date (11) <b>6/2/12</b>	Name of OSHA Monitor Unique Systems of America				
Occupancy Status During Abatement (Check Only One)				Street Address 396 Whitehead Ave.					
<input 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:				City, State, Zip Code South River, NJ 08882					
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 checked="" 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
Men's Bathroom		X		Thermal systems insulation	50 LF	X			
Name of Registered Waste Hauler Waste Management				NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill Grows			
City, State Elizabeth, NJ				Disposal Date <b>6/4/12</b>		City, State Morrisville, PA			
Completed by Carol Raimo			Title Office Mgr.		Signature <i>Carol Raimo</i>		Date		



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

Date of Notification (1) May 21, 2012		Name of Building Owner/Operator (2) Macerich							
Agencies Notified	Type Notification	Street Address 401 Wilshire Blvd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Santa Monica, California 90401							
		Name of Contact Aladdin Ghafari	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Deptford Mall		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 Clements Bridge Road		Square Feet +/-1,000,000	# of Floors 2						
City (5) Deptford		Bldg. Age 40							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 407 W. Lincoln Highway							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, Pa 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. (609)386-8800	Telephone No. 484 872-8884						
License No. 01161									
Start Date (10) June 4, 2012	Scheduled Completion Date (11) June 7, 2012	Name of OSHA Monitor EMSL							
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>Tenant space unoccupied for duration of abatement</u>		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Space 2060		X		Vinyl Asbestos Tile and Mastic	831 SF	X			
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg					
Completed by Linda DeNennno		Title Manager	Signature <i>Linda DeNennno</i>	Date 5/21/12					




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

Date of Notification (1) May 21, 2012		Name of Building Owner/Operator (2) Macerich							
Agencies Notified	Type Notification	Street Address 401 Wilshire Blvd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Santa Monica, California 90401							
		Name of Contact Aladdin Ghafari	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Deptford Mall		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 Clements Bridge Road		Square Feet +/-1,000,000	# of Floors 2						
City (5) Deptford		Bldg. Age 40							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane		Street Address 407 W. Lincoln Highway							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, Pa 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. (609)386-8800	Telephone No. 484 872-8884						
Start Date (10) June 4, 2012		Scheduled Completion Date (11) June 7, 2012	License No. 01161						
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: Tenant space unoccupied for duration of abatement		Name of OSHA Monitor EMSL							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space 2060		X		Vinyl Asbestos Tile and Mastic	831 SF	X			
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg					
Completed by Linda DeNenno		Title Manager		Signature <i>Linda DeNenno</i>			Date 5/21/12		

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

CHECK 11306

Date of Notification (1) 5/21/12		Name of Building Owner/Operator (2) Lucio Import Car Service							
Agencies Notified	Type Notification	Street Address 6215 Park Avenue							
<input checked="" 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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ							
		Name of Contact Lucio							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) auto repair shop		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 6215 Park Avenue		Square Feet 1000	# of Floors 1						
City (5) West New York		Bldg. Age 50							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 6/4/12		Scheduled Completion Date (11) 6/18/12							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address							
		City, State, Zip Code							
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
garage			x	window caulking	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 5/29/12			




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



Date of Notification (1) 5/21/12		Name of Building Owner/Operator (2) K & J Niemczyk						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 107 E Curtis Street						
		City, State, Zip Code Linden NJ 07036						
		Name of Contact Mr. Niemczyk						
		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 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 101 West Elm Street		Square Feet 2200	# of Floors 2					
City (5) Linden		Bldg. Age 50						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483						
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703					
Start Date (10) 5/31/12	Scheduled Completion Date (11) 6/21/12	Name of OSHA Monitor						
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: _____		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 type="checkbox"/> Demolition								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 120 SF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
basement boiler room			exterior boiler insulation		x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill ISEI				
City, State Newark NJ			Disposal Date TBD	City, State Bethlehem PA				
Completed by Andrew Scott Higgins		Title President	Signature 	Date 5/21/12				

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

CHECK 11305

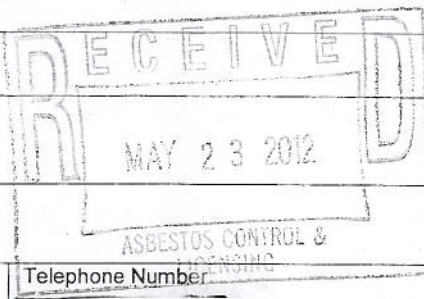
Date of Notification (1) 5/21/12		Name of Building Owner/Operator (2) Nancy Campi							
Agencies Notified	Type Notification	Street Address 55 West Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 Short Hills NJ							
		Name of Contact Nancy Campi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 55 West Road		Square Feet 2500	# of Floors 2						
City (5) Short Hills		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/30/12	Scheduled Completion Date (11) 6/7/12	Name of OSHA Monitor							
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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
basement			x	duct insulation	130 SF	x			
basement crawl space				duct insulation	25 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 5/29/12			



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

60752

Date of Notification (1) <b>5/18/12</b>		Name of Building Owner/Operator (2) <b>NJ DOE / Katzenbach School for the Deaf</b>	
Agencies Notified	Type of Notification	Street Address <b>320 Sullivan Way</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code <b>West Trenton, NJ 08628</b>	
		Name of Contact <b>Joseph Vitteli</b>	
		Telephone Number	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Building 1 (Elms), Katzenbach School for the Deaf</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>320 Sullivan Way</b>			Square Feet <b>20000</b>		
City (5) <b>West Trenton</b>			# of Floors <b>3</b>		
County (6) <b>Mercer</b>			Bldg. Age <b>~ 50</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>		Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>	
Street Address <b>116 Tices Lane, Unit B-1</b>				Street Address <b>3 Lynn Court</b>	
City, State, Zip Code <b>East Brunswick, NJ 08816</b>				City, State, Zip Code <b>Lincoln Park, NJ 07035</b>	
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>		Telephone Number <b>973-709-0200</b>	
Scheduled Start Date (10) <b>5/29/12</b>		Sched. Completion Date (11) <b>6/6/12</b>		License Number <b>00852</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 – Describe: <input type="checkbox"/> Other – Describe:				Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>	
				Street Address <b>2333 Route 22 W</b>	
				City, State, Zip Code <b>Union, NJ 07083</b>	

## Scope of Work (Check all that apply)

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


☒ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Basement	x			Pipe insulation	9 LF	X			

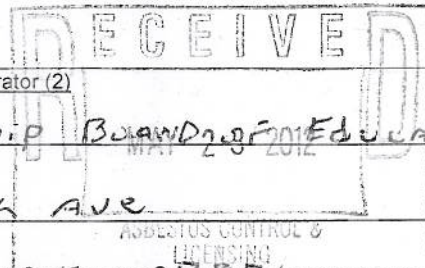
Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>6/15/12</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>5/18/12</b>

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

Date of Notification (1) 5/21/12		Name of Building Owner/Operator (2) Ben Vella							
Agencies Notified	Type Notification	Street Address 132 East Central Av							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Moorestown NJ 08057							
		Name of Contact Ben	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ben Vella		Type of Facility (4)							
Street Address 132 East Central Av		<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) Moorestown NJ 08057		Square Feet 1000 +	# of Floors 2						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 6/1/12	Scheduled Completion Date (11) 6/4/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 329							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: also weekend		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Bedroom above ceiling			x	Vermiculite insulation	130 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/5/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/21/12			



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



Date of Notification (1) <b>MAY 9 2012</b>		Name of Building Owner/Operator (2) <b>SPARTA TOWNSHIP BOARD of Education</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	Street Address <b>18 MOHAWK AVE</b>	
		City, State, Zip Code <b>SPARTA NJ 07871</b>	
		Name of Contact <b>KEITH GOURLEY</b>	Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>MOHAWK AVE. SCHOOL</b>			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 bldgs., homes, etc.)
Street Address <b>18 MOHAWK AVE</b>			Sq. Feet <b>+ 10,000 SF</b> # of Floors <b>1</b>
City (5) <b>SPARTA</b>	County (6) <b>SUSSEX</b>	County Code (7) (State Use Only)	Bldg. Age <b>+ 25 years</b> Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>K+A ENVIRONMENTAL</b>		ASCM No.	Name of Contractor (9) <b>K+A ENVIRONMENTAL</b>

Street Address <b>20 LAUCK ROAD</b>		Street Address <b>20 LAUCK ROAD</b>	
City, State, Zip Code <b>MOHNTON PA 19540</b>		City, State, Zip Code <b>MOHNTON PA 19540</b>	
Project Manager for Monitoring Firm <b>MIKE KARI</b>	Telephone Number <b>610-856-7700</b>	Telephone Number <b>610-856-7700</b>	License Number <b>01102</b>
Scheduled Start Date (10) <b>5-22-12</b>	Scheduled Completion Date (11) <b>5-25-12</b>	Name of OSHA Monitor <b>C E I LABS</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 -		Street Address <b>107 NEW EDITION COURT</b>	
Describe  Other - Describe		City, State, Zip Code <b>CARY, NC 27511</b>	

Source of Work (Check all that apply)

- ☐ Demolition ☒ Renovation  
☐ 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 ☐ Mini-Enclosure ☐ 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
<b>MAIN OFFICE</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	<b>VAT + MASTIC</b>	<b>215 SF</b>	Rem. <input checked="" type="checkbox"/> Rep. <input type="checkbox"/> Encap. <input type="checkbox"/> Enclose <input type="checkbox"/>

Name of Reg. Waste Hauler <b>K+A ENVIRONMENTAL</b>	NJDEP Waste Hauler ID # <b>008157</b>	Cubic Yards of Waste <b>5 cu yd</b>	Name of Reg. Landfill <b>Imperial Landfill</b>
City, State <b>MOHNTON PA</b>	Disp. Date <b>5-25-12</b>	City, State <b>Imperial, PA</b>	
Completed by (Print or Type) <b>ANTHONY SANTARELLI</b>	Title <b>OPERATION</b>	Signature <i>Anthony Santarelli</i>	Date <b>5-9-12</b>

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

Telephone 609-984-6620

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9/18/00