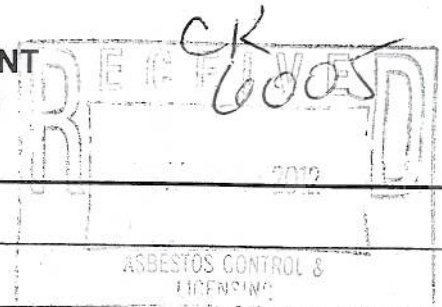


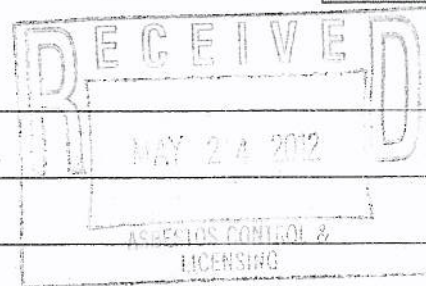
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 5/19/12 Type Notification		Name of Building Owner / Operator (2) <b>Genon Rema LLC</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Emergency Notification Initial Notification Amended Notification Cancellation	Street Address <b>PO Box 3795</b>		
		City, State & Zip Code <b>Houston, TX 77253</b>		
		Name of Contact <b>Neil MacIntosh</b>		Telephone Number
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Gilbert Plant</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>315 Riegelsville Rd</b>		Square Feet <b>50,000</b>	# of Floors <b>3</b>	Bldg. Age <b>60</b>
City (5) <b>Milford</b>	County (6) <b>Hunterdon</b>	County Code (7)		
		Current Use (Prior if being demolished) <b>Fuel Lines</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>5/29/12</b>	Scheduled Completion Date (11) <b>5/30/12</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>		
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure		
Large Project <input type="checkbox"/>		Mini-Enclosure		
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		Glovebag Procedure		
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input checked="" type="checkbox"/> Other: <b>Non-Friable</b>		
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Vacant Office</b>	<b>N/A</b>	<b>Transite Wall Panels</b>	<b>120 SF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Global Abatement Services, LLC</b>		NJDEP Waste Hauler ID # <b>S32401</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>TRRF</b>
City, State <b>Monroe Twp, NJ 08831</b>		Disposal Date <b>5/30/12</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>5/19/12</b>



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



Date of Notification (1) 05/21/12 Ck# 2079 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child							
Agencies Notified	Type Notification	Street Address 44 Blackburn 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 Summit, New Jersey 07901							
		Name of Contact John Daura	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Connelly Hall		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 44 Blackburn Road		Square Feet 20,000	# of Floors 2						
City (5) Summit, New Jersey 07901		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Mike Kruppa		Telephone No. 908-497-8900	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 06/15/12	Scheduled Completion Date (11) 06/18/12	Name of OSHA Monitor J&S Environmental Labs LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
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) <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
Boiler Room	x			O&M TSI Wrap & Cut	150 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 06/19/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 05/21/12		



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

Date of Notification (1) <b>5-4-2012</b>		Name of Building Owner/Operator (2) <b>P.S.E + G</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 <b>4000 HADLEY ROAD</b>							
		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>LAUREN THOMAS</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE + G</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>CORNER OF TRENTON &amp; CLIFTON</b>		Square Feet <b>APPROX. 8000</b>	# of Floors <b>2</b>						
City (5) <b>ELIZABETH</b>		Bldg. Age <b>APPROX 65 YRS</b>							
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SWITCH STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 Broad St</b>		Street Address <b>396 WHITEHEAD AVE</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>									
Start Date (10) <b>5-21-2012</b>	Scheduled Completion Date (11) <b>5-23-2012</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Worked except for abatement workers</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
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
<b>2ND FLR. CONTROL ROOM</b>		<input checked="" type="checkbox"/>		<b>ACM FLOOR PANELS</b>	<b>320 SF</b>	<input checked="" type="checkbox"/>			
<b>OUTSIDE</b>		<input checked="" type="checkbox"/>		<b>ACM SOCK</b>	<b>3 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>5-23-2012</b>	City, State <b>MORRISVILLE, PA</b>						
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR</b>	Signature <i>Carol Raimo</i>				Date <b>5-4-2012</b>		



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

*no check*

Date of Notification (1) <b>5/22/12 (original 5/14/12)</b>		Name of Building Owner/Operator (2) <b>P.S.E + G</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 HADLEY ROAD</b>							
		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>LAUREN THOMAS</b>							
Telephone Number <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 100px;"></div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE + G</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>CORNER OF TRENTON &amp; CLIFTON</b>		Square Feet <b>APPRX. 8000</b>							
City (5) <b>ELIZABETH</b>		# of Floors <b>2</b>							
County (6) <b>UNION</b>		Bldg. Age <b>APPRX 65 YRS</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. <b>0045</b>							
Street Address <b>64 Broad St</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>							
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Start Date (10) <b>5-21-2012</b>		Scheduled Completion Date (11) <b>5-21-2012</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>vacated except for abatement workers</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>									
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) <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>2ND FLOOR CONTROL ROOM</b>		<input checked="" type="checkbox"/>		<b>ACM FLOOR PANELS</b>	<b>320 SF</b>	<input checked="" type="checkbox"/>			
<b>OUTSIDE</b>		<input checked="" type="checkbox"/>		<b>ACM SOCK</b>	<b>3 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>15</b>		Name of Registered Landfill <b>GROWS</b>			
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>5/22/12</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR</b>		Signature <i>Carol Raimo</i>		Date <b>5/22/12</b>			



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

Date of Notification (1)

10/15/11/16/11/12

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

St Francis Residential Community

Street Address

122 Diamond Spring Road

City, State, Zip Code

Denville, NJ 07834

Name of Contact

Richard Scudder

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

St Francis Residential Community (non sub 8)

Street Address

122 Diamond Spring Road

City (5)

Denville, NJ 07834

County (6)

Morris

County Code (7)  
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial  
Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
Health care facility (non sub 8)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

n/a

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-696-6869

License Number

0378

Scheduled Start Date (10)

5/14/2012

Sched. Completion Date (11)

5/23/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☒ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-friable procedureLocation of  
asbestos-containing  
material 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  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l

Room A

☐☐☒

pipe insulation

30 lf

☒☐☐☐

Room B

☐☐☒

pipe insulation

60 lf

☒☐☐☐

Room C

☐☐☒

pipe insulation

250 lf

☒☐☐☐

Room C

☐☐☒

heat exchanger insulation

90 sf

☒☐☐☐

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#  
19563Cubic Yards of Waste  
6 yards

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

5/14/12 - 5/23/12

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

5/16/12



B &amp; G proj. #: 2012-89

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

\*\*\* Amended \*\*\*

Check #5272

Date of Notification (1) 10/15/12		Name of Building Owner/Operator (2) St Francis Residential Community	
Agencies Notified	Type Notification	Street Address 122 Diamond Spring Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Denville, NJ 07834	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	Name of Contact Richard Scudder	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) St Francis Residential Community (non sub 8)			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 122 Diamond Spring Road			Square Feet # of Floors Bldg. Age		
City (5) Denville, NJ 07834	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Health care facility (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Phone Number		Telephone Number 973-696-6869	License Number 0378		
Scheduled Start Date (10) 5/14/2012	Sched. Completion Date (11) 5/25/2012	Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035			
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:					

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☒ Full Containment w/negative pressure      ☒ Glovebag procedure  
☐ >3 sf or >3 lf      ☒ ≥160 sf or ≥260 lf      ☒ Mini-enclosure      ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room A			<input checked="" type="checkbox"/>	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room B			<input checked="" type="checkbox"/>	pipe insulation	60 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room C			<input checked="" type="checkbox"/>	pipe insulation	250 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room C			<input checked="" type="checkbox"/>	heat exchanger insulation	90 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump Room			<input checked="" type="checkbox"/>	pipe insulation	240 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 9 yards	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ 07035		Disposal Date 5/14/12 - 5/25/12		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna			Date 5/21/12		



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

Check #6481

Date of Notification (1) <b>May 22, 2012</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address	
<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"/> Cancellation	<b>6050 Bergenline Avenue</b>  City, State & Zip Code <b>West New York, NJ 07093</b>  Name of Contact <b>Jim Kalafsky</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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, home, etc.)	
Street Address <b>6050 Bergenline Avenue</b>		Square Feet <b>10,000</b>	# of Floors <b>1</b>
City (5) <b>West New York</b>		Bldg. Age <b>66</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>One Mall Drive, Suite 404</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Cherry Hill, NJ 08002</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		Telephone Number <b>856-482-1311</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>June 1, 2012</b>	Scheduled Completion Date (11) <b>June 3, 2012</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf         | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                       |
|   |  | <input type="checkbox"/> Glovebag Procedure                                   |
|   |  | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Vault Room</b>		<input checked="" type="checkbox"/>	<b>x</b>	<b>Plaster Top Coat</b>	<b>72 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>.5</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>June 4, 2012</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>May 22, 2012</b>					

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

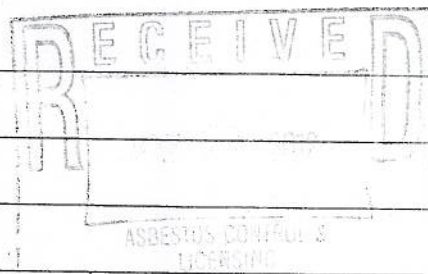


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-21-2012		Name of Building Owner/Operator (2) 100 SHIPPEN CORP.							
Agencies Notified	Type Notification	Street Address 600 PALISADE AVE SUIT - 202							
<input 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 UNION CIY NJ 07087							
		Name of Contact RICH KOCHER	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 100		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 SHIPPEN ST									
City (5) UNION CITY NJ 07087		Square Feet 6000	# of Floors 3						
		Bldg. Age 80 YEARS							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC						
Street Address		Street Address 22 VAN ORDEN PL							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 05-30-2012	Scheduled Completion Date (11) 05-31-2012	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES							
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 2333 RT 22 WEST							
		City, State, Zip Code UNION 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
BASEMANT		X		VAT FLOOR TILE	600 SQFT	X			
SECOND FLOOR		X		VAT FLLOR TILE	672 SQFT	X			
ATTIC		X		VAT FLOOR TILE	528 SQFT	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 1	Name of Registered Landfill TRI-STATE TRANSFER SERVICES					
City, State HACKENSACK N.J. 07601			Disposal Date 06/01/2012	City, State BRONX N.J. 10474					
Completed by Xiomara Gomez C.		Title PRESIDENT	Signature <i>Xiomara Gomez C.</i>			Date 05/21/2012			



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



Date of Notification (1) 05/21/12 Ck# 2080 \$200		Name of Building Owner/Operator (2) IFF Inc.							
Agencies Notified	Type Notification	Street Address Po Box 8							
<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 Hazlet, New Jersey 07735							
		Name of Contact Gary Stapperfenne							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances		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 1515 State Route 36		Square Feet 30,000	# of Floors 3						
City (5) Union Beach, New Jersey 07735		Bldg. Age 55+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing Company							
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		Name of Abatement Contractor (9) Lilich Corporation							
Street Address 555 Broad Street, Suite K		Street Address 606 McBride Avenue							
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Richard Lester		Telephone No. 209-652-1119	License No. 01104						
Start Date (10) 07/13/12	Scheduled Completion Date (11) 07/15/12	Name of OSHA Monitor J&S Environmental Labss 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: 4PM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
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 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
Lab 220 & 221		X		Elbows	30 Each.	X			
Lab 220 & 221		X		TransiteFumeHoodsNONFRIABLE	400 SF	x			
Lab 220 & 221		X		TransiteCounterTopsNON FRIABLE	300 SF	x			
Name of Registered Waste Hauler Lilich Corporation									
NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424				Disposal Date 07/16/12		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 05/21/12		




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

*Check # 2548*

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>May 21, 2012</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
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 <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>GREG LUPINSKI, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>CLOTHIER HALL, BLDG# 3061</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>COLLEGE AVENUE CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>8</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>05/30/12</b>		Scheduled Completion Date (11) <b>06/01/12</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 4:00 PM - 5:00 AM</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove   Repair   Encap   Enclose	
STAIRWELL	<input checked="" type="checkbox"/>	VAT	120 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date <b>06/01/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>May 21, 2012</b>		




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

*Check # 2550*

GAC Project # 060-12

Client Project #


Date of Notification (1) <b>May 21, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
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 <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>GREG LUPINSKI, ENV. HEALTH &amp; SAFETY</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>NEW GIBBONS B5 &amp; B6, BLDG# 8415</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>DOUGLASS CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/30/12</b>	Scheduled Completion Date (11) <b>05/31/12</b>	Name of OSHA Monitor <b>1</b> <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 3:00 PM - 5:00 AM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>STAIRWELL</b>	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.) <b>VAT</b>	Amount (Specify SF or LF) <b>100 SF</b>
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>05/31/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>May 21, 2012</b>



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

*check 132 FIVE*

*ASBESTOS CONTAINMENT*

Date of Notification (1) 5/22/12		Name of Building Owner/Operator (2) Harry Hahn							
Agencies Notified	Type Notification	Street Address 350 Engle Street							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Harry Hahn	Telephone _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 350 Engle Street		<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) Englewood		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental Group		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 1600 Route 22 E		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No. 908-688-7800	License No. 703						
Start Date (10) 6/5/12	Scheduled Completion Date (11) 7/5/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: _____		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									
<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
3rd floor west wing			x	pipe fittings	60	x			
3rd floor west wing			x	floor tile	3500 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill ISEI					
City, State Freehold, NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 5/22/12			



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

Job #: 1205-1643

Check #: NA

no check

Date of Notification (1) <b>5/11/12</b>		Name of Building Owner / Operator (2) <b>New Jersey State Police</b>	
Agencies Notified	Type Notification	Street Address <b>341 Espanong Road</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Lake Hopatcong, NJ 07849</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	Name of Contact <b>Mr. Frank Soltis</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Marine Station</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>341 Espanong Road</b>			Square Feet <b>1300</b>	# of Floors <b>1</b>	Bldg. Age <b>60 years</b>
City (5) <b>Lake Hopatcong</b>	County (6) <b>Morris</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant Property</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>5/21/12</b>	Scheduled Completion Date (11) <b>5/23/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Negative Pressure Enclosure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Marine Station</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>500 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>5/24/12</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>5/22/12</b>



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

Job #: 1203-1633

Check #: NA

Date of Notification (1) <b>05/11/2012</b>		Name of Building Owner / Operator (2) <b>Graham Foods Packaging</b>	
Agencies Notified	Type Notification	Street Address <b>2401 Pleasant Valley Road</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>York, PA 17402</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2 OFF HOLD	Name of Contact <b>Kevin Morrison</b>	
<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) <b>Graham Foods Packaging</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>600 5<sup>th</sup> Street</b>			Square Feet <b>90k production 60k warehouse</b>	# of Floors <b>1</b>	Bldg. Age <b>70 years</b>
City (5) <b>Belvidere</b>	County (6) <b>Warren</b>	County Code (7)	Current Use (Prior if being demolished) <b>Manufacturing Plant</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>5/21/12</b>		Scheduled Completion Date (11) <b>5/23/12</b>		Name of OSHA Monitor <b>EMSL Analytical</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 Hours <input type="checkbox"/> Describe: <input type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Negative Pressure Enclosure                       |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                    |
|   |  | <input type="checkbox"/> Glove Bag Procedures                              |
|   |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	112.5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>5/21/12</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>5/22/12</b>

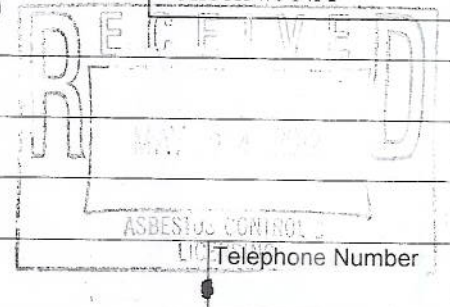


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1203-1633  
Check #: NA

*no check*

Date of Notification (1) <b>05/11/2012</b>		Name of Building Owner / Operator (2) <b>Graham Foods Packaging</b>	
Agencies Notified	Type Notification	Street Address <b>2401 Pleasant Valley Road</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>York, PA 17402</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1 ON HOLD	Name of Contact <b>Kevin Morrison</b>	
<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) <b>Graham Foods Packaging</b>		Type of Facility (4)	
Street Address <b>600 5<sup>th</sup> Street</b>		<input type="checkbox"/> School (K-12)	
City (5) <b>Belvidere</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6)	County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
		Square Feet <b>90k production</b>	# of Floors <b>1</b>
		Bldg. Age <b>70 years</b>	

**ON HOLD-Mobilized, but due to weather we will not be able to perform abatement today.**

Name of Monitoring Firm (8) <b>NA</b>		Asbestos and Mold Services, Corp.	
Street Address		Street Address <b>3859 Sylon Blvd.</b>	
City, State & Zip Code		City, State & Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>

Scheduled Start Date (10) <b>5/21/12</b>	Scheduled Completion Date (11) <b>5/24/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>107 Haddon Ave.</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code <b>Westmont, NJ 08108</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			
<input type="checkbox"/> Describe:			
<input type="checkbox"/> Isolated Area			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Negative Pressure Enclosure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

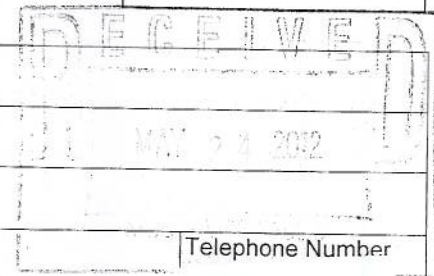
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing</b>	<b>112.5 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/21/12</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 	Date <b>5/21/12</b>	



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

Job #: 1204-1636  
Check #: 2708



Date of Notification (1) <b>4/18/12</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address <b>NJ7-216-01-01 50 Route 173</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Clinton, NJ 08809</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2 Off Hold	Name of Contact <b>Mr. Christopher P. D'Alleinne</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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>600 East Union Avenue</b>			Square Feet <b>2416</b>	# of Floors <b>1</b>	Bldg. Age <b>42</b>
City (5) <b>Bound Brook</b>	County (6) <b>Somerset</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant Property-Bank</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Lead Consultants of America, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>225 Demott Lane, Suite 206</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Somerset, NJ 08873</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Stuart Levitch</b>		Telephone Number <b>732-418-9006</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>5/23/12</b>	Scheduled Completion Date (11) <b>5/28/12</b>		Name of OSHA Monitor <b>EMSL Analytical</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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing and Slag	3,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	340 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/28/12</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>5/22/12</b>



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

Job #: 1205-1644

Check #: 2705

Date of Notification (1) <b>5/18/12</b>		Name of Building Owner / Operator (2) <b>O'Buck Estate</b>	
Agencies Notified	Type Notification	Street Address <b>26 Woodland Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Fords, NJ 08863</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Mr. Dick Gassert</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

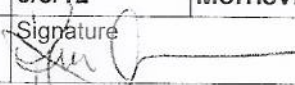
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4)		
Street Address <b>26 Woodland Avenue</b>			<input type="checkbox"/> School (K-12)		
City (5) <b>Fords</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <b>Middlesex</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County Code (7)			Square Feet <b>980</b>	# of Floors <b>1</b>	Bldg. Age <b>65</b>
Current Use (Prior if being demolished) <b>Vacant-Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>			Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>			Telephone Number <b>856-848-0800</b>		License Number <b>00862</b>
Scheduled Start Date (10) <b>6/4/12</b>		Scheduled Completion Date (11) <b>6/5/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>107 Haddon Ave.</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code <b>Westmont, NJ 08108</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
<input type="checkbox"/> Describe:					
<input checked="" type="checkbox"/> Isolated Area					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>&lt;160 SF</b> Quantity Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

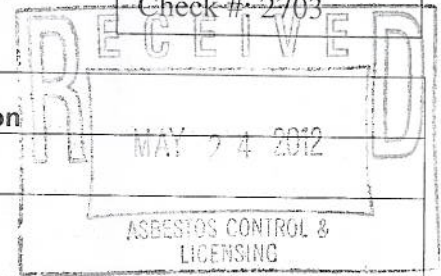
Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>6/5/12</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>5/18/12</b>



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

Job #: 1204-1638

Check #: 2703



Date of Notification (1) <b>4/19/12</b>		Name of Building Owner / Operator (2) <b>New Jersey Department of Transportation</b>	
Agencies Notified	Type Notification	Street Address <b>P.O. Box 600</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08625</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2 OFF HOLD	Name of Contact <b>Mr. Paul Kocher</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>-</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Furniture Store</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>Route 130 &amp; 30</b>			Square Feet <b>Approx. 5,000</b>	# of Floors <b>2</b>	Bldg. Age <b>1930's</b>
City (5) <b>Collingswood</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>3 Terri Lane</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Burlington, NJ 08016</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Mr. John Lutz</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>5/16/12</b>		Scheduled Completion Date (11) <b>5/18/12</b>		Name of OSHA Monitor <b>EMSL Analytical</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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

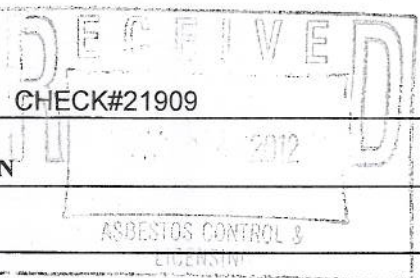
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Negative Pressure Enclosure             |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure  |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Sheet Flooring	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/18/12</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>5/15/12</b>



**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) <b>OCEAN TWP. BD. 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 checked="" 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 <b>163 Monmouth Road</b> City, State, Zip Code <b>Oakhurst, NJ 07755</b> Name of Contact <b>David J. D'Andrea</b> Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>OCEAN TWP. HIGH SCHOOL</b>				Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12)					
Street Address <b>550 WEST PARK AVENUE</b>				Square Feet					
City (5) <b>OCEAN TWP. HIGH SCHOOL</b>				# of Floors					
County <b>Monmouth</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm hired by Building Owner (8) <b>MANAGEMENT ENVIRONMENTAL CONSULTING</b>		ASCM No.		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>					
Street Address <b>P.O. BOX 341</b>		Street Address <b>15 BLACK FOREST ROAD</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>					
City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>		License No. <b>00676</b>					
Project Manager for Monitoring Firm <b>WILLIAM WEISGARBER</b>		Telephone No. <b>609-396-9208</b>		Telephone No. <b>609-890-7110</b>					
Start Date (10) <b>7/9/2012</b>		Scheduled Completion Date (11) <b>7/13/2012</b>		Name of OSHA Monitor <b>MANAGEMENT ENVIRONMENTAL CONSULTING SERVICE</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 <b>ESSENTIAL PERSONNEL</b>				Street Address <b>P.O. BOX 341</b>					
				City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>					
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"/> x Wrap & Cut <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
<b>WINDOW GLAZING</b>			<input checked="" type="checkbox"/>	<b>GLASS CURTAIN WALL</b>	<b>150 S.F.</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>LUCAS DISPOSAL</b>			NJDEP Waste Hauler ID No. <b>22384</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>HIGHTSTOWN</b>			Disposal Date <b>7/16/2012</b>		City, State <b>MORRISVILLE, PA</b>				
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David J. D'Andrea</i>			Date <b>5/21/2012</b>			

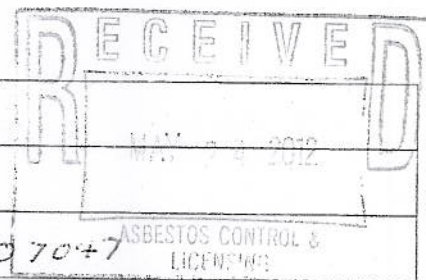
ASB-41

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



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

Check # 7903



Date of Notification (1) <u>5/22/12</u>		Name of Building Owner/Operator (2) <u>M-INDUSTRIES, LLC</u>							
Agencies Notified	Type Notification	Street Address <u>7373 WESTSIDE AVE.</u>							
<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 <u>NORTH BERGEN NJ 07047</u>							
		Name of Contact <u>T. FLOWERS</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>M-INDUSTRIES, LLC</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>7373 WESTSIDE AVE</u>		Square Feet <u>70,000</u>	# of Floors <u>1</u>						
City (5) <u>NORTH BERGEN</u>		Bldg. Age <u>60</u>							
County (6) <u>Hudson</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>OFFICE / WAREHOUSE</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>						
Street Address		Street Address <u>105 Lowell Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>6/4/12</u>	Scheduled Completion Date (11) <u>7/9/12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check All That Apply)									
<input 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) 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
<u>MAIN FLOOR</u>			<u>X</u>	<u>VAT + MASTIC</u>	<u>65,000 SF</u>	<u>X</u>			
<u>BACK ROOM</u>			<u>X</u>	<u>TANK</u>	<u>100 SF</u>	<u>X</u>			
<u>THROUGHOUT + MEZZANINE</u>			<u>X</u>	<u>ELBOWS</u>	<u>2500</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>90</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>6/4/12 o.u.</u>		City, State <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>R. McDonald</u>			Date <u>5/22/12</u>			



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

D&S Proj. #: MS 12-188

004263

Date of Notification (1) 10/15/11 1/19/12		Name of Building Owner/Operator (2) SUSAN STANG	
Agencies Notified	Type Notification	Street Address 46 DIXON AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code BOONTON, NJ 07005	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SUSAN STANG	
<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) SUSAN STANG			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 46 DIXON AVENUE			Square Feet    # of Floors    Bldg. Age		
City (5) BONTON	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 05/31/12		Sched. Completion Date (11) 06/08/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	28 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPE	23 L FT	<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"/>

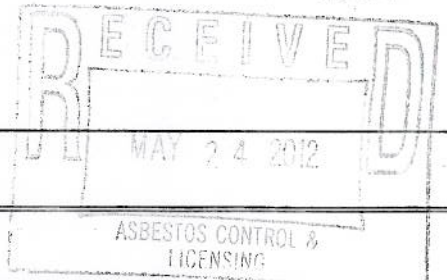
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/01/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/19/12



D&amp;S Proj. #: MS 12-190

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

004265



Date of Notification (1) 05/12/11		Name of Building Owner/Operator (2) WYATT TURNER	
Agencies Notified	Type Notification	Street Address 125 KENNETH TERRACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code SO. ORANGE, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact WYATT TURNER	
<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) WYATT TURNER			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 125 KENNETH TERRACE			Square Feet		
City (5) SO. ORANGE			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	
			License Number 00159	
Start Date (10) 06/04/12		Sched. Completion Date (11) 06/18/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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				

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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT-3 ROOMS		X		PIPE INSULATION	64 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/05/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/21/12



**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) HESS CORPORATION							
Agencies Notified	Type Notification	Street Address 1 Hess Plaza							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1	City, State, Zip Code Woodbridge, New Jersey 07095							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Vincent ConFreda							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HESS CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Mutton Hollow		Square Feet 29,524	# of Floors 1						
City (5) Woodbridge,		Bldg. Age 27yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental Group		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 1600 Route 22 East		Street Address 164 GETTY AVE.							
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Craig Abaram		Telephone No. 908-688-7800	Telephone No. 973-478-4848						
License No. 00724		Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Start Date (10) May 22, 2012	Scheduled Completion Date (11) May 31, 2012								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Edge of Roof			X	Roof Flashing	725SF	X			
Five Rooms inside Bldg			X	VAT	980SF	X			
Behind Bathroom Mirror			X	Mirror Mastic	75SF	X			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by VIVIAN D. JURCEVIC		Title GEN. MGR.	Signature <i>Vivian D. Jurcevic</i>	Date MAY 21, 2012					



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

Date of Notification (1) May 10th, 2012		Name of Building Owner/Operator (2) Amerada Hess Corporation							
Agencies Notified	Type Notification	Street Address 1 Hess Plaza							
<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 Woodbridge, New Jersey 07095							
		Name of Contact Vincent Confreda	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Amerada Hess Corporation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Kramer Site Mutton Hollow Road, Block 196E, Lot10A		Square Feet 29,524	# of Floors 1						
City (5) Woodbridge,		Bldg. Age 27 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO VISION CONSULTANTS		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.						
Street Address 20-21 Wagaraw Road, Bldg.#34A		Street Address 164 GETTY AVE.							
City, State, Zip Code FairLawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	License No. 00724						
Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 29th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7:00am-3:30pm		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <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
Edge of Roof			X	Roof Flashing	725SF	x			
Five Rooms inside Bldg.			X	VAT	980SF	x			
Behind Bathroom Mirrors			X	Mirror Mastic	75SF				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by VIVIAN D.JURCEVIC		Title OFFICE MGR.	Signature <i>Vivian D. Jurcevic</i>	Date MAY 10TH, 2012					



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

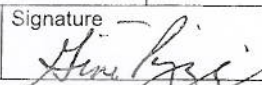
check # 2277

Date of Notification (1) <b>05 / 09 / 12</b>		Name of Building Owner/Operator (2) <b>Leon Lazarus &amp; Shirley Weitz</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  MAY 22 2012  ASBESTOS CONTROL &amp; </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 1458 <input checked="" type="checkbox"/> DHSS 1441 <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 checked="" type="checkbox"/> Cancellation 5/18/12				Street Address <b>11 Stonelea Drive</b>			
		City, State, Zip Code <b>West Windsor, NJ 08550</b>				Name of Contact <b>Shirley Weitz</b>			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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 and commercial buildings, homes, etc.)					
Street Address <b>11 Stonelea Drive</b>				Square Feet <b>1900</b>					
City (5) <b>West Windsor</b>				# of Floors <b>2</b>					
County (6) <b>Mercer</b>				Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>120 N Warren Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Rick Beach</b>		Telephone No. <b>609-392-4200</b>		License No. <b>00509</b>					
Start Date (10) <b>5 / 23 / 12</b>		Scheduled Completion Date (11) <b>5 / 23 / 12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</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 Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
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 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
Foundation Heat Registers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	40 SF	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>1/2</b>		Name of Registered Landfill <b>GROWS Landfill</b>			
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>5/21/12</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>5/9/12</b>			



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

Check # 2277

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County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
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City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Rick Beach</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>5 / 23 / 12</b>	Scheduled Completion Date (11) <b>5 / 23 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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	Yes	No	
<b>Foundation Heat Registers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Transite</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature 	Date <b>5/9/12</b>

GT 17090