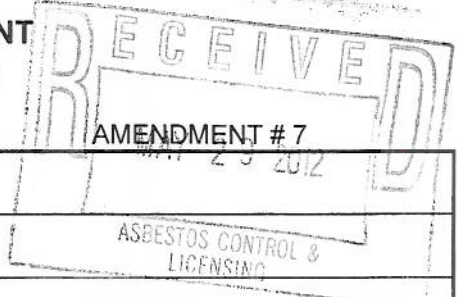


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



ETS JOB # 3802/12 *no check*

Date of Notification (1) <b>5/18/2012</b>		Name of Building Owner / Operator (2) <b>Bed, Bath and Beyond</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address <b>650 Liberty Avenue</b>
			City, State & Zip Code <b>Union, NJ 07083</b>
			Name of Contact <b>Mr. John Purcell</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bed, Bath and Beyond Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>650 Liberty Avenue</b>			Square Feet <b>200,000</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial Office</b>		

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

Scheduled Start Date (10) <b>4/25/2012</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>Environmental Tactics, Inc.</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Vacated: - Working Hours from 7:00 AM- 3:30 AM</b>		Street Address <b>64 Broad Street</b>			
		City, State & Zip Code <b>Matawan, NJ 0774</b>			

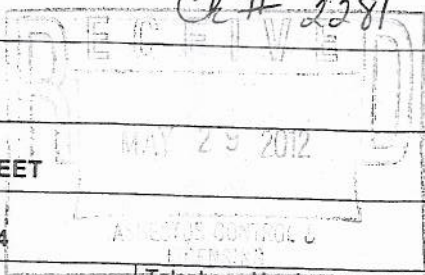
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input type="checkbox"/> Glovebag Procedure			
<input type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input type="checkbox"/> Other: <b>Non Friable Removal</b>			

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

Name of Registered Waste Hauler <b>Tri State Transfer</b>		NJDEP Waste Hauler ID # <b>19551</b>	Cu. Yds. of Waste <b>600</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>	
City, State <b>Bronx, NY</b>			Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>ROY JOHNSON</b>		Title <b>PROJECT EXECUTIVE</b>	Signature 		Date <b>5/18/2012</b>

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

*Cl # 2281*



Date of Notification (1) <u>5</u> / <u>14</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>SIMON GROUP PROPERTY</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 3438 <input checked="" type="checkbox"/> DHSS 5805 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>							
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>							
		Name of Contact <b>MATTHEW ELICKER - OWNERS REP.</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - OLD NAVY</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>150 QUAKER BRIDGE MALL</b>		Square Feet	Bldg. Age						
City (5) <b>LAWRENCEVILLE, NJ</b>		# of Floors							
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1102 BALTIMORE PIKE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>GLEN MILLS, PA 19342</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>DON HEIM</b>		Telephone No.	License No. <b>00509</b>						
Start Date (10) <u>5</u> / <u>24</u> / <u>12</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>15</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> 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 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 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
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>					
City, State <b>BRISTOL, PA</b>		Disposal Date		City, State <b>MORRISVILLE, PA</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T DeCaro/jl</i>			Date <b>5/14/12</b>			

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



Date of Notification (1) <u>5</u> / <u>14</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>SIMON GROUP PROPERTY</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-5/23/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 WEST WASHINGTON STREET</b>	
		City, State, Zip Code <b>INDIANAPOLIS, INDIANA 46204</b>	
		Name of Contact <b>MATTHEW ELICKER - OWNERS REP.</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>QUAKERBRIDGE MALL - OLD NAVY</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>150 QUAKER BRIDGE MALL</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE, NJ</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1102 BALTIMORE PIKE</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>GLEN MILLS, PA 19342</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone No.	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <u>5</u> / <u>24</u> / <u>12</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>15</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
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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 Time of Abatement: <u>9:00</u> AM- <u>5:30</u> PM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input 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
SPACE 2102 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2101 - CENTER STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic below Ceramic Tile	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2105 - REAR STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPACE 2114 - MISC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDUAL MASTIC	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

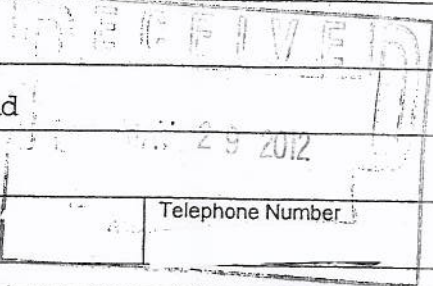
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS LANDFILL</b>	
City, State <b>BRISTOL, PA</b>		Disposal Date	City, State <b>MORRISVILLE, PA</b>		

Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>5/23/12</b>
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State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

Check# 80.45

Date of Notification (1) <b>2-9-12</b>		Name of Building Owner/Operator (2) <b>Lockheed Martin, Inc.</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>199 Borton Landing Road</b>
			City, State, Zip Code <b>Moorestown, NJ 08057</b>
			Name of Contact <b>Paul Kim</b>



<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) <b>Lockheed Martin, Inc.</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>199 Borton Landing Road</b>		Square Feet <b>530,000</b>
City (5) <b>Moorestown</b>		# of Floors <b>1</b>
County (6) <b>Burlington</b>		Bldg. Age <b>50yrs</b>
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>offices</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>Harvard Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>	
Street Address <b>760 Pulaski Highway</b>		Street Address <b>923 Haws Avenue</b>		
City, State, Zip Code <b>Bear, DE 19701</b>		City, State, Zip Code <b>Norristown, PA 19401</b>		
Project Manager for Monitoring Firm <b>Chuck Styles</b>		Telephone No. <b>302-326-2333</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>

Start Date (10) <b>2/22/12</b>	Scheduled Completion Date (11) <b>12/28/12</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., 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 <input checked="" type="checkbox"/> Other - Describe: <u>work areas isolated</u>		Street Address <b>923 Haws Avenue</b>	
		City, State, Zip Code <b>Norristown, PA 19401</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"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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
Building 127-2nd floor hall		x		fireproofing	2,100 SF	x			
-room 128		x		fireproofing	1,300 SF	x			
-room 228		x		fireproofing	1,300 SF	x			
LETS Building			x	VAT & mastic	500 SF	x			

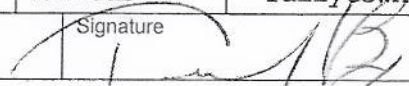
Name of Registered Waste Hauler <b>Waste Management of Camden, NJ</b>		NJDEP Waste Hauler ID No. <b>39127</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Camden, NJ</b>		Disposal Date <b>various</b>		City, State <b>Tullytown, PA</b>	
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 		Date <b>2/9/12</b>

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

**Check # 8339**

MAY 23 2012

ASBESTOS CONTROL 4

Date of Notification (1) 5-22-12		Name of Building Owner/Operator (2) Lockheed Martin, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 199 Borton Landing Road							
		City, State, Zip Code Moorestown, NJ 08057							
		Name of Contact Paul Kim	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lockheed Martin, Inc.		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 199 Borton Landing Road		Square Feet 530,000	# of Floors 1						
City (5) Moorestown		Bldg. Age 50yrs.							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 760 Pulaski Highway		Street Address 923 Haws Avenue							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Chuck Styles		Telephone No. 302-326-2333	Telephone No. 610-239-9920						
			License No. 00398						
Start Date (10) 2/22/12	Scheduled Completion Date (11) 12/28/12	Name of OSHA Monitor Plymouth Environmental Co., 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 <input checked="" type="checkbox"/> Other - Describe: <u>work areas isolated</u>		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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
Building 127-2nd floor hall		x		fireproofing	2,100 SF	x			
-room 128		x		fireproofing	1,300 SF	x			
-room 228		x		fireproofing	1,300 SF	x			
LBTS Building			x	VAT & mastic	500 SF	x			
Name of Registered Waste Hauler Waste Management of Camden, NJ		NJDEP Waste Hauler ID No. 39127	Cubic Yards of Waste 30	Name of Registered Landfill TRRF					
City, State Camden, NJ		Disposal Date various		City, State Tullytown, PA					
Completed by Timothy E. Bryan		Title Vice-President	Signature 	Date 5-22-12					

CR # 14/87

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



Date of Notification (1) **5-23-12**

Name of Building Owner/Operator (2) **OCEAN CO NORTHERN RECYCLING CENTER**

Street Address **601 NEW HAMPSHIRE AVE**

City, State, Zip Code **LAKEWOOD NJ**

Name of Contact **D & S MARZA**

Telephone Number \_\_\_\_\_

Agencies Notified:  EPA,  DEP,  DOH,  DCA

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

Facility Information

Name of Facility Where Abatement is Taking Place (3) **OCEAN CO NORTHERN RECYCLING CENTER**

Street Address **601 NEW HAMPSHIRE AVE**

City (5) **LAKEWOOD**

County (6) **OCEAN**

County Code (7) (STATE USE ONLY) \_\_\_\_\_

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

Square Feet **3000**, # of Floors **1**, Bldg. Age **60**

Current Use (Prior to being demolished) **Storage Bldg**

Name of Monitoring Firm Hired by Building Owner (8) \_\_\_\_\_

ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732-294-1757**, License No. **00029**

Project Manager for Monitoring Firm \_\_\_\_\_

Telephone No. \_\_\_\_\_

Start Date (10) **5-1-12**, Scheduled Completion Date (11) **5-8-12**

Name of OSHA Monitor **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

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

Scope of Work (Check all that apply):   $\leq 160$  sf or  $\geq 260$  lf,  Renovation,  Demolition,  Full Containment with Negative Pressure,  Mini-Enclosure,  Coverbag Procedure,  Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED (In Facility) (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No	N/A			20 or more	20 or less	DI	OC	OC		
Center of Bldg				ROOFING	1200 SF							

Name of Registered Waste Hauler **ACE INSULATION CO**

MDDEP Waste Hauler ID No. **12086**

Cubic Yards of Waste **3**

Name of Registered Landfill **GROWS**

City, State **COLTS NECK NJ 07722**

Disposal Date **5-8-12**

City, State **JULY TOWN PA**

Completed By **Jack GALL**

Title **OPS Mgr**

Signature **Jack GALL**

Date **5-23-12**

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

PAID ON 5-11-12

CR# 1465

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:27 and 17:28)

Date of Notification (1) 5-24-12

Agency: Notified  
 EPA  
 DEP  
 DCU  
 DCH  
 DCA

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

Name of Building Owner/Operator (2) LG VAN HOUTEN  
 Street Address 577 RT 1 SUPR  
 City, State, Zip Code ISLIN NS 08850  
 Name of Contact JOHN SAKOVIC

RECEIVED  
MAY 29 2012  
Telephone Number \_\_\_\_\_

Facility Information

Name of Facility Where Abatement is Taking Place (3) VAN HOUTEN PROPERTY  
 Street Address 435 VAN HOUTEN AVE  
 City (5) PASSAIC  
 County (6) \_\_\_\_\_

County Code (7) (STATE USE ONLY) \_\_\_\_\_

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

Square Foot \_\_\_\_\_ # of Floors 6 Bldg. Age 80  
 Current Use (Prior if being demolished) 6 STORY STRUCTURE

Name of Monitoring Firm Filled by Building Owner (8) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9) ACE INSULATION CO INC  
 Street Address 95 MONTROSE RA  
 City, State, Zip Code COLTS NECK NJ 07722  
 Telephone No. 732 294 1757 License No. 00029

Project Manager for Monitoring Firm \_\_\_\_\_ Telephone No. \_\_\_\_\_

Start Date (10) 5-21-12 Scheduled Completion Date (11) 6-02-12

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

Name of OSHA Monitor ACE INSULATION CO INC  
 Street Address 95 MONTROSE RA  
 City, State, Zip Code COLTS NECK NJ 07722

Scope of Work (Check all that apply)  
 1-160 sf or >260 ft<sup>2</sup>  
 Renovation  
 Demolition  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Gloving Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

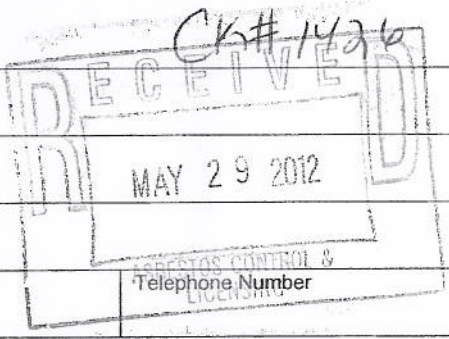
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type:									
	Yes	No	N/A			20	30	40	50	60	70	80			
				Roofing & Flashing	11000 SF										
				Floor tile	350 SF										

Name of Registered Waste Hauler BAKOWITZ BROTHERS NJ DEP Waste Hauler # 12086  
 City, State COLTS NECK NJ 07722

Cubic Yards of Waste 60 CY Name of Registered Landfill GROW'S  
 Disposal Date 5/21/12 City, State WILLYTOWN PA

Completed By John Galt Title OPS Mgr Signature John Galt Date 5-11-12

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



Date of Notification (1) 5-24-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Broad St	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Joe Giannetti	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 5		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 57 Sussex Ave.		Square Feet 15,000	# of Floors 3
City (5) Newark, NJ 07102		Bldg. Age 50 +	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo	
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane	
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Leon		Telephone No. 973-706-7950	License No. 01088
Start Date (10) 6-4-2012	Scheduled Completion Date (11) 12-31-2012	Name of OSHA Monitor Jadar Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Property Scheduled for Demo</u>		Street Address 22 Troy Ln	
		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

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

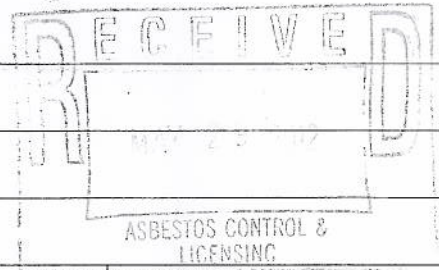
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows			x	Caulking	160 Windows				
Roof			x	Asbestos Roofing Material	4,500 SF				
Basement Windows			x	Window Glazing	12 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	800 SF				

Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.	
City, State Hacketstown, NJ		Disposal Date TBD		City, State Mellville, NY 11704	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>		Date 5-24-2012

*Dase 2*



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



Date of Notification (1) 5-24-2012		Name of Building Owner/Operator (2)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
		City, State, Zip Code	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5)	Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10)	Scheduled Completion Date (11)	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 type="checkbox"/> Other - Describe: _____	City, State, Zip Code

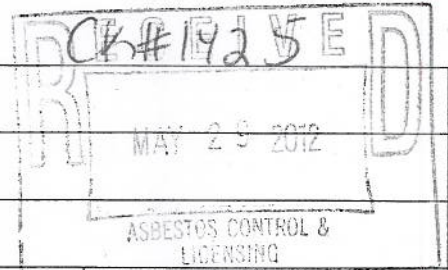
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Interior				VAT & Mastic	3700 SF				

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State	Disposal Date	City, State	
Completed by Lillie Lazarevich	Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 5-24-2012

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



Date of Notification (1) 5-24-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Broad St	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Joe Giannetti	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 6		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 57 Sussex Ave.		Square Feet 15,000	# of Floors 3
City (5) Newark, NJ 07102		Bldg. Age 50 +	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo	

Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC	
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane		
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Leon		Telephone No.	Telephone No. 973-706-7950	License No. 01088

Start Date (10) 6-4-2012	Scheduled Completion Date (11) 12-31-2012	Name of OSHA Monitor Jadar Contracting LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Property Scheduled for Demo		Street Address 22 Troy Ln		
		City, State, Zip Code Lincoln Park, NJ 07035		

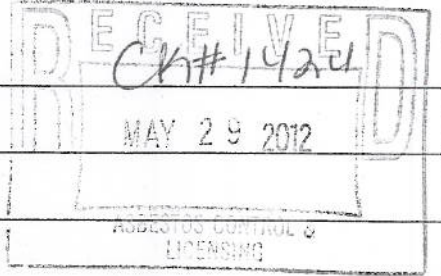
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows			x	Caulking	160 Windows				
Roof			x	Asbestos Roofing Material	4,500 SF				
Basement Windows			x	Window Glazing	12 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	800 SF				

Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.	
City, State Hacketstown, NJ		Disposal Date TBD		City, State Mellville, NY 11704	
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>		Date 5-24-2012

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



Date of Notification (1) 5-24-2012		Name of Building Owner/Operator (2) Newark Housing Authority	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 Broad St
			City, State, Zip Code Newark, NJ 07102
			Name of Contact Joe Giannetti

Name of Facility Where Abatement is Taking Place (3) James Baxter Terrace - Unoccupied Bldg. # 4			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 57 Sussex Ave.			Square Feet 15,000	# of Floors 3	Bldg. Age 50 +
City (5) Newark, NJ 07102		County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting LLC	
Street Address 40 Clinton Str., 6th Floor Suite 101		Street Address 22 Troy Lane		Current Use (Prior if being demolished) Unoccupied Bldg - Scheduled for Demo	
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Leon		Telephone No.		Telephone No. 973-706-7950	License No. 01088
Start Date (10) 6-4-2012		Scheduled Completion Date (11) 12-31-2012		Name of OSHA Monitor Jadar Contracting LLC	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Property Scheduled for Demo</u>		Street Address 22 Troy Ln	
		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

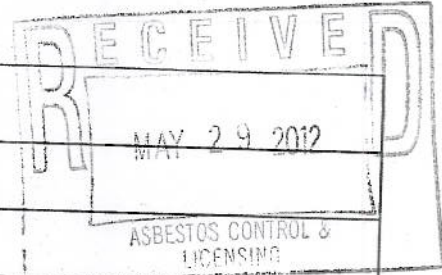
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" 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) (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
Basements Windows			x	ACM Glazing	12 Windows				
Roof			x	Asbestos Roofing Material	4,500 SF				
Exterior Windows			x	Caulking	160 Windows				
Below Brick Veneer			x	Vapor Barrier Mastic	800 SF				

Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171		Cubic Yards of Waste TBD		Name of Registered Landfill 110 Sand Co.	
City, State Hacketstown, NJ		Disposal Date TBD		City, State Mellville, NY 11704			
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>		Date 5-24-2012	

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

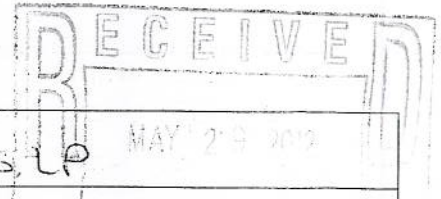
12579



Date of Notification (1) <b>5 / 24 / 12</b>		Name of Building Owner/Operator (2) <b>Asbury Partners, LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1100 Ocean Avenue</b>							
		City, State, Zip Code <b>Asbury Park, NJ 07712</b>							
		Name of Contact <b>George Bardsley</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Residence</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>209 1st Avenue</b>		Square Feet <b>1200</b>	# of Floors <b>1</b>						
City (5) <b>Asbury Park, NJ</b>		Bldg. Age <b>62 yrs</b>							
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>n/a</b>		Current Use (Prior if being demolished) <b>former residence</b>							
ASCM No.		Name of Abatement Contractor (9) <b>Finishing Touch Asbestos Abatement Corp.</b>							
Street Address		Street Address <b>17 Thompson Street</b>							
City, State, Zip Code		City, State, Zip Code <b>West Long Branch, NJ 07764</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-222-8372</b>	License No. <b>00040</b>						
Start Date (10) <b>6 / 4 / 12</b>	Scheduled Completion Date (11) <b>6 / 5 / 12</b>	Name of OSHA Monitor <b>n/a</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: ___ AM-___ PM/___ PM-___ AM		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	siding	375 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Finishing Touch Asbestos</b>		NJDEP Waste Hauler ID # <b>12058</b>	Cubic Yards of Waste <b>2 cy</b>	Name of Registered Landfill <b>GROWS Landfill North</b>					
City, State <b>Oceanport, NJ 07757-0400</b>		Disposal Date <b>6/6/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Joseph P. Miller</b>		Title <b>President</b>		Signature <i>Joseph P. Miller</i>			Date <b>5/24/12</b>		

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

2130



Date of Notification (1) <u>05 / 23 / 12</u>		Name of Building Owner/Operator (2) <u>Phillipsburg Associates LP</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>222 Cameron Drive, Suite 110</u>	
		City, State, Zip Code <u>Phillipsburg, NJ 08865</u>	
		Name of Contact <u>Dave Zimmerman</u>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <u>Phillipsburg Commerce Park</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 and commercial buildings, homes, etc.)	
Street Address <u>Bldg. 8, 149 Bronico Way</u>		Square Feet <u>65,000</u>	# of Floors <u>1</u>
City (5) <u>Phillipsburg</u>		Bldg. Age <u>109 yrs</u>	
County (6) <u>Warren</u>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <u>Commercial</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>RT Environmental</u>	ASCM No.	Name of Abatement Contractor (9) <u>ecoservices LLC</u>	
Street Address <u>215 West Church Road</u>		Street Address <u>407 W. Lincoln Hwy</u>	
City, State, Zip Code <u>King of Prussia PA 19406</u>		City, State, Zip Code <u>Exton, PA 19341</u>	
Project Manager for Monitoring Firm <u>Tony Alessandrini</u>	Telephone No. <u>610-265-1510</u>	Telephone No. <u>484-872-8884</u>	License No. <u>01161</u>
Start Date (10) <u>06 / 07 / 12</u>	Scheduled Completion Date (11) <u>06 / 08 / 12</u>	Name of OSHA Monitor <u>EMSL</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>4</u> PM / <u>12</u> PM		Street Address <u>200 Route 130 North</u>	
		City, State, Zip Code <u>Cinnaminson NJ 08077</u>	

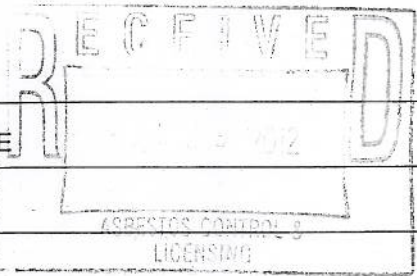
Scope of Work (Check all that apply)

<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 or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Elevated Steam Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated Steam Elbow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Elbow	3	<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"/>

Name of Registered Waste Hauler <u>Service Transport</u>	NJDEP Waste Hauler ID No. <u>SW12117</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>New Castle, DE</u>	Disposal Date <u>TBD</u>	City, State <u>Waynesburg, OH</u>	
Completed By (Print or Type) <u>Jack Bully</u>	Title <u>Sr. Project Manager</u>	Signature <u>Jack Bully</u>	Date <u>5/23/12</u>

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

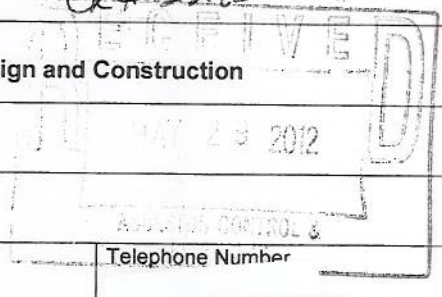


no check

Date of Notification (1) May 23rd, 2012		Name of Building Owner/Operator (2) CYNTHIA STEWART RESIDENCE								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 351 CLAREMONT AVE.							
	City, State, Zip Code JERSEY CITY, NEW JERSEY		Name of Contact CYNTHIA STEWART							
		Telephone Number								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) CYNTHIA STEWART		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 351 CLAREMONT AVE.		Square Feet 1800	# of Floors 2							
City (5) Jersey City		Bldg. Age 50+								
County (6) Hudson	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.#34		Street Address 164 GETTY AVE.								
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802								
Project Manager for Monitoring Firm Guillermo Morale	Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724							
Start Date (10) May 21, 2012	Scheduled Completion Date (11) May 25th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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 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	
Pile of Building Debris			X	other misc.	120cy	X				
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL						
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by VIVIAN D. JURCEVIC		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>				Date May 23, 2012			

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

*CR# 2285*



Date of Notification (1) <u>5</u> / <u>22</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>	
	City, State, Zip Code <b>Princeton, NJ 08544</b>		
	Name of Contact <b>Robert Ortega</b>	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>Washington Rd.</b>		Square Feet	# of Floors
City (5) <b>Princeton</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) <u>6</u> / <u>6</u> / <u>12</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM- <u>      </u> 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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Throughout 1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10,102 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	224 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	11,097 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>
City, State <b>BRISTOL, PA 19007</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	Date <b>5/22/12</b>

ASB-41  
MAY 11 *BS/2056*

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

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

COPY 2/2/12  
MAY 29 2012

Date of Notification (1) <u>5</u> / <u>22</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Brixmor Property Group</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Mid-Atlantic Regional Office Two Tower Bridge, Suite 300</b>	
		City, State, Zip Code <b>Conshohocken, PA 19428</b>	
		Name of Contact <b>Jerry McMullen</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Gateway Shopping Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1000-1074 Route 9</b>		Square Feet	# of Floors
City (5) <b>Old Bridge</b>		Bldg. Age	
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Shopping plaza</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dave Turotsy</b>	Telephone No. <b>800-969-6AET</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <u>6</u> / <u>04</u> / <u>12</u>	Scheduled Completion Date (11) <u>6</u> / <u>6</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>330</u> PM/ <u>   </u> PM- <u>   </u> 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 type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Space Number 1018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2x layer VAT/Mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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>6 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>6/8/12</b>	City, State <b>WAYNESBURG, OH 44688</b>

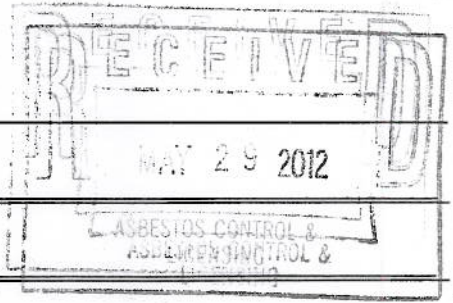
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>General Manager</b>	Signature <i>Gino Pizzigoni / jh</i>	Date <b>5/22/12</b>
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\* Do not use this form for asbestos licensure exempted activities.



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

D&S Proj. #: MS 12-193



Date of Notification (1) <u>05/12/12</u>		Name of Building Owner/Operator (2) <b>FANIA ROOFING COMPANY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address <b>271 E. BLACKWELL STREET</b>	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code <b>DOVER, NJ</b>	
	<input type="checkbox"/> Cancellation	Name of Contact <b>FRED FANIA</b>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>FRED FANIA</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>271 E. BLACKWELL STREET</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>DOVER</b>	County (6) <b>MORRIS</b>	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) <b>D &amp; S RESTORATION, INC.</b>		
Street Address _____		Street Address <b>20 California Ave.</b>			
City, State, Zip Code _____		City, State, Zip Code <b>Paterson, NJ 07503</b>			
Project Manager for Monitoring Firm	Phone Number	Telephone Number <b>973-345-8020</b>	License Number <b>00159</b>		
Start Date (10) <b>06/06/12</b>	Sched. Completion Date (11) <b>06/26/12</b>	Name of OSHA Monitor <b>D &amp; S Restoration, 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>NORMAL HOURS</b>		Street Address <b>20 California Avenue</b>			
		City, State, Zip Code <b>Paterson, NJ 07503</b>			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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						
GARAGE		<input checked="" type="checkbox"/>		TRANSITE CEILING PANELS	420 SQ FT	<input checked="" type="checkbox"/>			

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>5 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>06/07/12</b>	City, State <b>TULLYTOWN, PA</b>		
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>05/22/12</b>	

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