

OK
3766
Emergency
Request for 10 day waiver

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1) 5-23-2012		Name of Building Owner/Operator (2) S. SEVREUS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DCN <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Asbestos <input type="checkbox"/> Emergency (Spilling) <input type="checkbox"/> Relinquency <input type="checkbox"/> Cancellation	
Street Address 63 WARREN PLACE		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact S. SEVREUS		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (4) S. SEVREUS		Type of Facility (5) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-story (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
Street Address 63 WARREN PLACE		Square Feet 5000	
City (6) MONTCLAIR		# of Floors 2	
County (7) ESSEX		Ely. Age 110 YRS	
County Code (8) ESSEX		Current Use (Prior to using as identified) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (9) ASCM No.		Name of Abatement Contractor (10) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	
Start Date (11) 5-26-2012		Scheduled Completion Date (11) 5-27-2012	
Name of OSHA Monitor Omega Environmental Services		Street Address 280 Bayler St	
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 type="checkbox"/> Other—Describe: 8 AM 5 PM		City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> 10 or more ft <input type="checkbox"/> 100 or more ft		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> High Efficiency <input type="checkbox"/> Cleaning Procedures <input type="checkbox"/> Non-Contained (i.e., no plastic protection)	
Location of Asbestos-Containing Material (ACM) (12) TO BE REMOVED IN FACILITY		Is Location Marked by Monitoring Contractor Staff (13) Yes	
Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VPI, or other miscellaneous)		Agency (Specify SF or LF) 35 LF	
Abatement Type Removal		Enclosure X	
Name of Registered Waste Handler Best Removal Inc.		NJCEP Waste Handler ID No. 17109	
City, State Hackensack, NJ		Cubic Yards of Waste 1/2 YD.	
Name of Registered Asbestos Abatement Contractor Minerva Enterprises Inc.		City, State Waynesburg, OH.	
Signature R. Veldran		Signature R. Veldran	
Title Estimator		Date 5-23-2012	

A20-01 (2-02-02)

* Do not use this form for asbestos removals completed prior to 1990.

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

CK # 3770

Date of Notification (1) 5/23/12		Name of Building Owner/Operator (2) MS. B. TYNDORF				
Agency 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 210 RECTOR ST				
		City, State, Zip Code PERTH AMBOY, NJ, 08861				
		Name of Contact MS. TYNDORF	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. TYNDORF		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 210 RECTOR ST		Square Feet 2200	# of Floors 2			
City (5) PERTH AMBOY		Bldg. Age 1940				
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 6/12/12		Scheduled Completion Date (11) 6/13/12				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Name of OSHA Monitor Omega Environmental Services				
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		THERMAL INSULATION	120 LF	X		
BASEMENT		ASBESTOS PANEL	20 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.7	Name of Registered Landfill Minerva Enterprises Inc		
City, State Hackensack, N.J.		Disposal Date 6/13/12	City, State Waynesburg, OH			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 5/25/12			

REMEMBER - MAIL IN HARD COPY

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

Print Form

DOL - 10 DAY

CHECK # 4055 2012

WAIVER APPROVED

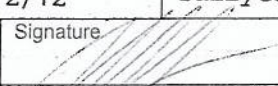
Date of Notification (1) 5-27-2012		Name of Building Owner/Operator (2) Fredrick Lacey	
Agencies Notified	Type Notification	Street Address 100 Neptune Place	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Seagirt, NJ 08750-3209	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Ms. Cheryl Feltano	
		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Residence			
Street Address 100 Neptune Place		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.)	
City (5) Seagirt		Square Feet 2,000	# of Floors 2
County (6) Monmouth		Bldg. Age 80	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	
Street Address 1000 Maplewood Drive		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Maple Shade, NJ 08052		Street Address 47 S. Lippincott Ave	
Project Manager for Monitoring Firm Tony Esposito		City, State, Zip Code Maple Shade, NJ 08052	Telephone No. 856-755-0099
Start Date (10) 5-27-2012		Scheduled Completion Date (11) 5-30-2012	License No. 00842
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor EMSL	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 of or ≥ 200 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 107 Haddon Ave	
		City, State, Zip Code Westmont, New Jersey 08108	
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 system insulation, surfacing, VAT, or other miscellaneous)
		Yes No N/A	Amount (Specify SF or LF)
Lower Level			Vibration Cloth
Lower Level			Drywall Joint Compound
Lower Level			Paper Ductwork
Lower Level			Floor Tiles
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 193704	Cubic Yards of Waste
City, State Freehold, NJ		Disposal Date	Name of Registered Landfill Grows Landfill
Completed by William Lynch		Title Owner	City, State Tullytown, PA
		Signature	Date 5-25-2012

ASB-41 (R-08-08)

* 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)

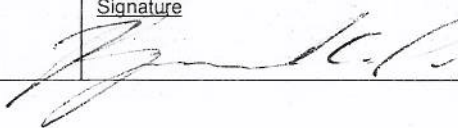
Check # 8377

Date of Notification (1) 5-23-12		Name of Building Owner/Operator (2) Dow Jones & Company							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4300 North Route 1							
		City, State, Zip Code Princeton, NJ 08543							
		Name of Contact Mike Paulicci							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dow Jones Facility		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 431 Ridge Road		Square Feet 10,000	# of Floors 1						
City (5) Dayton		Bldg. Age 50yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant office building							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 300 Grand Avenue		Street Address 923 Haws Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	Telephone No. 610-239-9920						
		License No. 00398							
Start Date (10) 6/11/12	Scheduled Completion Date (11) 7/2/12	Name of OSHA Monitor EHS Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 411 Southgate Court, Suite E							
		City, State, Zip Code Mickleton, NJ 08056							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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			boiler insulation	400 SF	x			
lab areas		x		pipe insulation	150 LF	x			
exterior		x		roof flashing	400 LF	x			
exterior		x		transite	800 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Tullytown Resource Recovery					
City, State Bellmawr, NJ		Disposal Date 7/2/12		City, State Tullytown, PA					
Completed by James M. Kelly		Title Project Manager		Signature 			Date 5-23-12		

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

GAC Project # 060-12

Client Project #

Date of Notification (1) May 21, 2012			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY		Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) JAMESON DORMITORY, BLDG# 8396			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years		
Street Address DOUGLASS CAMPUS			Current Use (prior if being demolished): ACADEMIC		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 06/04/12		Scheduled Completion Date (11) 06/08/12		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) B-CONNECTOR	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1000 SF	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 06/08/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature 	Date May 21, 2012	

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

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

check # 2549

GAC Project # 060-12

Client Project #

Date of Notification (1) May 21, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PAL BLDG, BLDG# 6278			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years	
Street Address COOK CAMPUS			Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/07/12		Scheduled Completion Date (11) 06/12/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 4:00 PM - 5:00 AM			Name of OSHA Monitor 1 ENVIROVISION, INC.	
			Street Address 20-21 WARGARAW ROAD	
			City, State, Zip Code FAIRLAWN, NJ	

Scope of Work (Check all that apply)


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

- ☒ Renovation
☐ Demolition

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

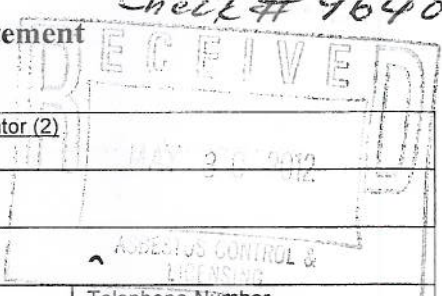
Location of Asbestos-Containing Material (ACM) in Facility (13) POST OFFICE	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1200 SF	Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
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Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 06/12/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		215-736-1700	

Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 21, 2012
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State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 9640



GAC Project # 2012-310


Date of Notification (1) May 24, 2012			Name of Building Owner/Operator (2) CITY OF NEWARK		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification - #3 New Start & Completion Dates Change of Monitoring Firm <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 420 CITY HALL City, State, Zip Code NEWARK, NJ 07102 Name of Contact MR. MEDHI MOHAMMADISH Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE Street Address 87 - 89 ELM ROAD			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 & commercial buildings, homes, etc.) Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years Current Use (prior if being demolished): FIREHOUSE		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) BIRDSALL ASSOCIATES, INC. ASCM No. 0017		
City, State, Zip Code CRANFORD, NJ 07016			Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm MR. KEVIN BURNS		Telephone Number 908-497-8943	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 06/04/2012		Scheduled Completion Date (11) 08/31/2012		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					
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	
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF	<input checked="" type="checkbox"/>	
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF	<input checked="" type="checkbox"/>	
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF	<input checked="" type="checkbox"/>	
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA	<input checked="" type="checkbox"/>	
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF	<input checked="" type="checkbox"/>	
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF	<input checked="" type="checkbox"/>	
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 200 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 08/31/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature	Date May 24, 2012	

Copies To: Bismark, Inc., Attn: John Drobish and Birdsall Inc., Attn: Mr. Kevin Burns

State of New Jersey - Notification of Asbestos Abatement

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

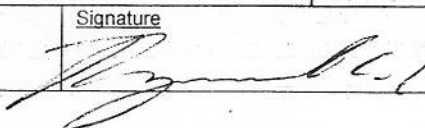
GAC Project # 2012-310

Date of Notification (1) February 24, 2012		Name of Building Owner/Operator (2) CITY OF NEWARK	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification - #2 Postponed new start & completion dates TBD <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 420 CITY HALL City, State, Zip Code NEWARK, NJ 07102 Name of Contact MR. MEDHI MOHAMMADISH Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE		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 & commercial buildings, homes, etc.) Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years	
Street Address 87 - 89 ELM ROAD		Current Use (prior if being demolished): FIREHOUSE	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC.		ASCM No. 0004	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 CROSWICKS ROAD		Street Address 268 MAIN STREET	
City, State, Zip Code BORDENTOWN, NJ 08055		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. MIKE HOODAK	Telephone Number 609-298-5520	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) TBD	Scheduled Completion Date (11) TBD	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 200 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date TBD	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date February 24, 2012

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak

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

GAC Project # 2012-310


<u>Date of Notification (1)</u> February 17, 2012		<u>Name of Building Owner/Operator (2)</u> CITY OF NEWARK	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification - #1 new start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 420 CITY HALL		<u>City, State, Zip Code</u> NEWARK, NJ 07102	
<u>Name of Contact</u> MR. MEDHI MOHAMMADISH		<u>Telephone Number</u> 	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> CHESTNUT STREET FIREHOUSE		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> 87 - 89 ELM ROAD		<u>Sq. Feet: 15,000SF</u> <u># of Floors: 3</u> <u>Bldg. Age: 80+ years</u>	
<u>City (5)</u> NEWARK	<u>County (6)</u> ESSEX	<u>County Code (7)</u> (State Use Only)	<u>Current Use (prior if being demolished):</u> FIREHOUSE
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> BRIGGS ASSOCIATES, INC.		<u>ASCM No.</u> 0004	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 CROSWICKS ROAD		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BORDENTOWN, NJ 08055		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> MR. MIKE HOODAK	<u>Telephone Number</u> 609-298-5520	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 02/27/12	<u>Scheduled Completion Date (11)</u> 05/07/12	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" 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: SUB 8 UNOCCUPIED		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
		<u>Abatement Type</u> Remove Repair Encap Enclose	
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 200 CY
<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill			
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561 <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509		<u>Disposal Date</u> 05/07/2012	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> 	<u>Date</u> February 17, 2012

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak

State of New Jersey - Notification of Asbestos Abatement

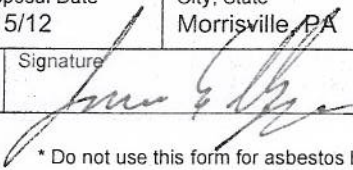
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2012-310

Date of Notification (1) January 27, 2012		Name of Building Owner/Operator (2) CITY OF NEWARK	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 420 CITY HALL City, State, Zip Code NEWARK, NJ 07102 Name of Contact MR. MEDHI MOHAMMADISH Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE		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 & commercial buildings, homes, etc.) Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years	
Street Address 87 - 89 ELM ROAD	City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC.		ASCM No. 0004	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 CROSWICKS ROAD		Street Address 268 MAIN STREET	
City, State, Zip Code BORDENTOWN, NJ 08055		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. MIKE HOODAK	Telephone Number 609-298-5520	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 02/21/12	Scheduled Completion Date (11) 04/30/12	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 04/30/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date January 27, 2012

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak

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

Date of Notification (1) 5/25/2012		Name of Building Owner/Operator (2) Academy for Urban Leadership Charter High School							
Agencies Notified	Type Notification	Street Address 612 Amboy Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact Mr. Kevin Settembrino (Owner Rep.)	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Urban Leadership Charter High School		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 622 Amboy Avenue		Square Feet 6000 SF	# of Floors 2						
City (5) Perth Amboy, NJ 08861		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address River Drive Center 1		Street Address 494 E. 41 Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	Telephone No. 973-345-0022						
License No. 00507									
Start Date (10) June 6, 2012	Scheduled Completion Date (11) June 30, 2012	Name of OSHA Monitor The same as above							
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 - 12 midnight		Street Address City, State, Zip Code							
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 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
First Floor Mechanical Rm.			X	Vibration Damper Cloth	9 SF	X			
First Floor Restroom			X	Exterior Window Caulking	1 SF	X			
Second Floor Perlow Room			x	Exterior Window Caulking	1 SF	x			
Third Floor Mechanical Rm.				Vibration Damper Cloth	4 SF	x			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 2	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504		Disposal Date 6/15/12		City, State Morrisville, PA					
Completed by James Unger		Title Project Manager		Signature 		Date 5/25/2012			

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date 5-24-12 Time 8:50

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 12:1207


CHECK #: 7905

Date of Notification (1) <u>5-24-12</u>		Name of Building Owner/Operator (2) <u>2077 TENANTS CORPORATION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2077 Center Avenue</u>	City, State, Zip Code <u>Fort Lee NJ, 07024</u>
		Name of Contact <u>Amanda Alae</u>	Telephone Number <u>MAY 30 2012</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>PEMBROKE</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>2077 Center Avenue</u>		Square Feet <u>45,000</u>	# of Floors <u>12</u>
City (5) <u>Fort Lee</u>		Bldg. Age <u>56</u>	
County (6) <u>Bergen</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>ART'S</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, NJ 07452</u>	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>201-262-5841</u>
Start Date (10) <u>5-24-12</u>		Scheduled Completion Date (11) <u>5-26-12</u>	License No. <u>00156</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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
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-Frable Procedure		Street Address <u>260 Huyer Street</u>	
City, State, Zip Code <u>Hackensack, NJ 07606</u>			
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>boiler room</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous) <u>pipe insulation</u>	Amount (Specify SF or LF) <u>30 LF</u>
			Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>
City, State, Zip Code <u>Riverdale, NJ 07457</u>		Disposal Date <u>5-24-12</u>	City, State, Zip Code <u>Bethlehem, PA 18015</u>
Completed by <u>R. McDonald</u>	Title <u>President</u>	Signature <u>Ronald McDonald</u>	Date <u>5-24-12</u>

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

GAC Project # 060-12

Client Project #


Date of Notification (1) May 25, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOUGLASS STUDENT CENTER, BLDG# 8320		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
Street Address DOUGLASS CAMPUS			
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/08/12	Scheduled Completion Date (11) 06/11/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) 3rd FLOOR STAIRWELL	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 200 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 06/11/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 25, 2012

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

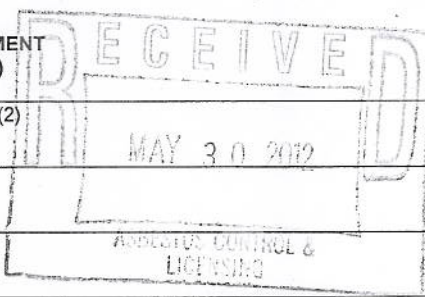
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #

Date of Notification (1) May 25, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 5 Bldg. Age: 40+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/08/12	Scheduled Completion Date (11) 06/11/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 4:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	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)
1st FLOOR LOBBY	<input checked="" type="checkbox"/>	VAT	2000 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 06/11/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date May 25, 2012

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



Date of Notification (1) 05/24/2012		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address E.A. MacMillan Building							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Princeton, NJ 08544							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bob Ortega							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 119 Fitzrandolph Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 119 Fitzrandolph Street									
City (5) Princeton,	Square Feet 5,000	# of Floors 3	Bldg. Age 60						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Faculty Residence							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratory, Inc.		ASCM No.	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 3370 Progress Drive		Street Address 8451 Executive Avenue							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215 244 1300	License No. 01109						
Start Date (10) 06/11/2012	Scheduled Completion Date (11) 06/16/2012	Name of OSHA Monitor Joseph Maronski							
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 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Bathroom		x		Linoleum Floor	70 SF	x			
2nd Floor Bathroom		x		Linoleum Floor	72 SF	x			
1st Floor Hallway		x		Linoleum Floor	40 SF				
Name of Registered Waste Hauler Luzon, Inc.		NJDEP Waste Hauler ID No. 32587	Cubic Yards of Waste 3 CY	Name of Registered Landfill Growes Landfill					
City, State 8451 Executive Avenue, Philadelphia, PA 19153				Disposal Date 06/18/2012	City, State Tullytown, PA				
Completed by Piyush Patel		Title Program Manager	Signature Piyush Patel			Date 05/24/12			

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

Date of Notification (1) <div style="text-align: center;">5 / 14 / 12</div>		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
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 # 2-5/25/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET							
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204							
		Name of Contact MATTHEW ELICKER - OWNERS REP.	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY		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 150 QUAKER BRIDGE MALL									
City (5) LAWRENCEVILLE, NJ		Square Feet	# of Floors						
County (6) MERCER		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No.							
Street Address 1102 BALTIMORE PIKE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code GLEN MILLS, PA 19342		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm DON HEIM		City, State, Zip Code BRISTOL, PA 19007							
Telephone No.		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">5 / 24 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 1 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: <u>AM</u> - <u>PM/9:00PM-5:30AM</u> <i>OFF SITE UNTIL TUES. 5/29/12</i>		Street Address 1123 BEAVER STREET							
City, State, Zip Code BRISTOL, PA 19007									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL				
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator		Signature <i>Patrick T. DeCaro/jl</i>			Date 5/25/12			

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

Date of Notification (1) <div style="text-align: center;">5 / 14 / 12</div>		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
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 #1-5/23/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact MATTHEW ELICKER - OWNERS REP. Telephone Number <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY		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 150 QUAKER BRIDGE MALL		Square Feet							
City (5) LAWRENCEVILLE, NJ		# of Floors							
County (6) MERCER		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1102 BALTIMORE PIKE		Street Address 1123 BEAVER STREET							
City, State, Zip Code GLEN MILLS, PA 19342		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">5 / 24 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 29 / 15</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: _____ AM-_____ PM/9:00PM-5:30AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA			Disposal Date	City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>			Date 5/23/12			

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

Ch # 2281

Date of Notification (1) 5 / 14 / 12		Name of Building Owner/Operator (2) SIMON GROUP PROPERTY							
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 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact MATTHEW ELICKER - OWNERS REP. Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUAKERBRIDGE MALL - OLD NAVY		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 150 QUAKER BRIDGE MALL		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) LAWRENCEVILLE, NJ		County Code (7) (STATE USE ONLY) _____							
County (6) MERCER		Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No. _____							
Street Address 1102 BALTIMORE PIKE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code GLEN MILLS, PA 19342		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm DON HEIM		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. _____		Telephone No. 215-788-6040 License No. 00509							
Start Date (10) 5 / 24 / 12	Scheduled Completion Date (11) 5 / 29 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: 7:00AM-3:30PM PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste _____	Name of Registered Landfill GROWS LANDFILL				
City, State BRISTOL, PA		Disposal Date _____		City, State MORRISVILLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator		Signature <i>Patrick T DeCaro/jl</i>		Date 5/14/12			

Date of Notification (1) 05/24/12		Name of Building Owner/Operator (2) BOE of the Vocational School in the County of Sussex	
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 checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 105 North Church Road		City, State, Zip Code Sparta, NJ 07871	
Name of Contact Russ Masker		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sussex County Technical School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 122 North Church Road			Square Feet # of Floors Bldg. Age 40,000 2 50		
City (5) Sparta, NJ 07871	County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address			Street Address 180 Sargeant Avenue		
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm			Telephone Number		License Number
Scheduled Start Date (10) 05/25/12			Sched. Completion Date (11) 05/31/12		Telephone Number 973-614-0377
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor Four Strong Builders, Inc.		
			Street Address 180 Sargeant Avenue		
			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
2nd Floor Room 207 & Adjacent Science Prep-Room	<input checked="" type="checkbox"/>	VAT and Mastic, Cove Base	390 SF	<input checked="" type="checkbox"/>				
2nd Floor Room 207 & Adjacent Science Prep-Room	<input checked="" type="checkbox"/>	Table Tops	26 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	

Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 5/24/12
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MO# 19807845952

Date of Notification (1)

05/25/2012

Name of Building Owner/Operator (2)

1582 Irving Street LLC

Agency Notified

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation

Street Address

1582 Irving Street

City, State, Zip Code

Rahway, NJ 07065

Name of Contact

Steven Nuran

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Apt. bldg.

Street Address

1582 Irving Street

City (5)

Rahway, NJ 07065

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Union

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

06/03/2012

Scheduled Completion Date (11)

06/10/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

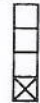
Scope of Work (Check all that apply)

☐ >3 sf or >3 lf

☒ ≥160 sf or >260 lf

☒ Renovation

☐ Demolition



Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Outside siding			X	Transite Siding	900 SF	x		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Completed by

N.Jevtic

ASB-41

Title

Owner

Signature

Date

05/25/2012

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) May 24, 2012		Name of Building Owner/Operator (2) Trinity Construction, Inc. a 20252	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 2290 West County Line Road, Suite 202	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact David Kiessling	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Middlesex County Voc. & Tech. School			Type of Facility (4) ASBESTOS CONTROL & LICENSING [x] School (K-12) [] Subchapter 8 (other than K-12) [] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1 Convery Road Blvd.					
City Woodbridge	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square feet 20,000 sf	# of Floors 1	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/25/12		Scheduled Completion Date (11) 5/29/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[x] >3 sf or ≥3 lf		[x] Renovation		[] Full Containment with Negative Pressure	
[] ≥160 sf or ≥260 lf		[] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Former bakery room		X		Transite panels	24 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 5/30/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/24/2012

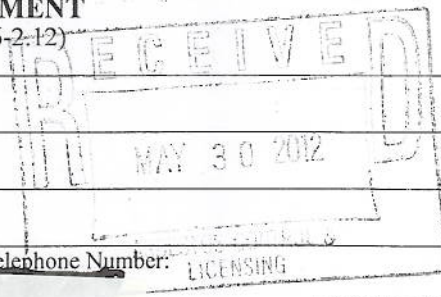
*Do not use this form for asbestos licensure exempted activities.

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

146

Date of Notification (1) May 25, 2012		Name of Building Owner/Operator (2) Prudential							
Agencies Notified	Type Notification	Street Address 213 Washington Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Manager	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Prudential		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 213 Washington Street		Square Feet	# of Floors						
City (5) Newark, NJ		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
Start Date (10) 6/9/12		Scheduled Completion Date (11) 6/30/12	License No. 00781						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor The MACK Group, LLC							
		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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) 1200 s/f	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Top Cooling Tower	<input checked="" type="checkbox"/>			transite panels		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 12	Name of Registered Landfill Cumberland County Landfill					
City, State Newark / Riverdale, NJ		Disposal Date 6/30/12		City, State Newburg, PA					
Completed by Mike Cooper		Title President		Signature 			Date 5/25/12		

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



Date of Notification (1): 05/15/2012		Name of Building Owner/Operator (2) Newark Public School	
Agencies Notified	Type Notification	Street Address: 2 Cedar 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: Newark, NJ 07102	
		Name of Contact: Benjamin T. Olagade	Telephone Number: [REDACTED]

FACILITY INFORMATION

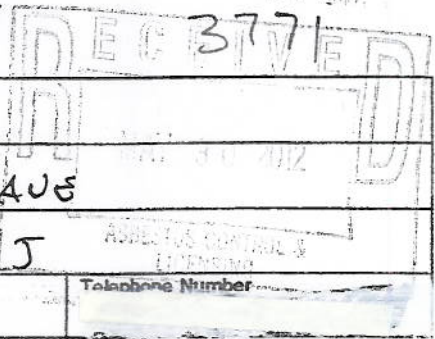
Name of Facility Where Abatement is Taking Place (3): Old Speedway Elementary School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 26 Speedway Avenue,			Square Feet: # of Floors:	
City/ (5): Newark	County (6): Essex	County Code (7): 07106	Bldg. Age Current Use : School	
Name of Monitoring Firm Hired by Building Owner: TTI Environmental Incorporated		ASCM No.:	Name of Abatement Contractor (9): Envirocare Enterprises, Inc	
Street Address: 1253 North Church Street			Street Address: 358 Broadway	
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: James A. Guillard		Telephone No.: 856-840-8800	Telephone No.: (973) 368-8838	License No.: 01017
Start Date (10): 05/15/2012	Scheduled Completion Date (11): 05/24/2012		Name of OSHA Monitor: AmeriSci	
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:			Street Address: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	

Scope of Work (Check all that apply):

- ☒ ≥ 3 sf or ≥ 3 lf ☐ Renovation
☒ ≥ 160 sf or ≥ 260 lf ☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/ Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Principal's office		X		Pipe Insulation	16 LF	X			
Room 102		X		Pipe insulation	4 LF	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Envirocare		Disposal Date:			City, State: Tullytown, PA				
Completed By: Sam Illuoh		Title: Project Manager		Signature: <i>Sam Illuoh</i>		Date: 05/15/2012			

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



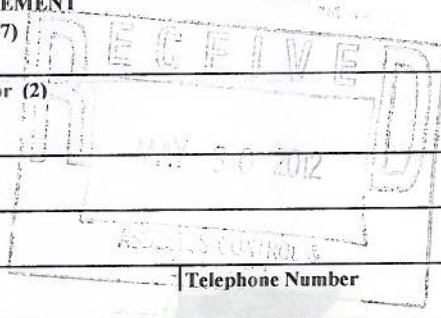
Date of Notification (1) 5/24/12		Name of Building Owner/Operator (2) MR. ADIGUZEL							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 103 TONNELLE AVE City, State, Zip Code JERSEY CITY, NJ Name of Contact MR. ADIGUZEL Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. ADIGUZEL		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 103 TONNELLE AVE		Square Feet 31000	# of Floors 5						
City (5) JERSEY CITY		Bldg. Age 1935							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS.							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 6/8/12	Scheduled Completion Date (11) 6/9/12	Name of OSHA Monitor Omega 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 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
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 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
BASEMENT				THERMAL INSULATION	54 LF			X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/407	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, N.J.		Disposal Date 6/9/12		City, State Waynesburg, OH					
Completed by J. Maiorano	Title Estimator		Signature <i>[Signature]</i>			Date 5/24/12			

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

3769

Date of Notification (1) 5-23-12		Name of Building Owner/Operator (2) J. LEE							
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 5 HILLSIDE COURT							
		City, State, Zip Code RIDGEFIELD, N.J. 07657							
		Name of Contact J. LEE	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J. LEE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 5 HILLSIDE COURT		Square Feet 2000	# of Floors 2						
City (5) RIDGEFIELD		Bldg. Age 73 yrs							
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 6-6-12	Scheduled Completion Date (11) 6-7-12	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St.							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2500 sf or 2500 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedures									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	40 SF	X			
Basement			X	THERMAL INSULATION	30 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 YD.	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 6-7-12		City, State Waynesburg, OH.					
Contractor or R. Veldran		Title Estimator	Signature R. Veldran			Date 5-23-12			

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



Date of Notification (1) 04/30/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	<input checked="" type="checkbox"/> Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

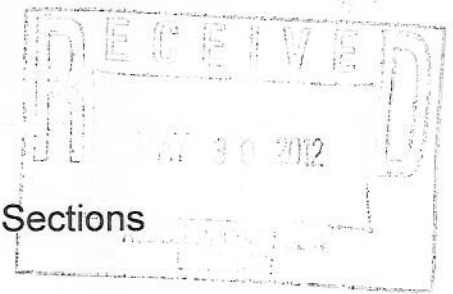
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 20 Washington Road/Holt labs			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 20 Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Kechn			Telephone Number 609-386-8800		Licence Number 1103
Scheduled Start Date (10) 05/10/12 Month/Day/Year		Sched. Completion Date (11) 06/09/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 3:30 PM Other - Describe: Hoyt Labs is 3 PM until 11:30 pm starting 5-31-12			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	<input checked="" type="checkbox"/> Renovation	Mini - Enclosure	
<input checked="" type="checkbox"/> >3 sf or >3 if		Glovebag Procedure	
>160 sf or >260 lf		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ground Floor - exterior outside room 1		<input checked="" type="checkbox"/>		window caulk	170 LF	<input checked="" type="checkbox"/>			
1st Floor - exterior outside room 101 G		<input checked="" type="checkbox"/>		window caulk	170 LF	<input checked="" type="checkbox"/>			
2nd Floor - exterior outside room 201 G		<input checked="" type="checkbox"/>		window caulk	170 LF	<input checked="" type="checkbox"/>			
see attached sheets for additional scope									

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Horizon Disposal			3	GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 5/25/12



Princeton University - 20 Washington Lane Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement
Room 1A	Lab Countertops	250 SF	Removal
Room 5	Lab Countertops	65 SF	Removal
Room 7	Lab Countertops	30 SF	Removal
Room 17	Lab Countertops	30 SF	Removal
Room 19	Lab Countertops	50 SF	Removal
Room 26	Lab Countertops	50 SF	Removal
Room 29	Lab Countertops	50 SF	Removal
Room 18	Floor tile & Mastic	50 SF	Removal
Room 101	Lab Countertops	70 SF	Removal
Room 104	Lab Countertops	32 SF	Removal
Room 120	Lab Countertops	72 SF	Removal
Room 223	Lab Countertops	72 SF	Removal
Rooms 20-24	Vat/mastic	24 SF	Removal
Room 21A	Vat/mastic	6 SF	Removal
Basement Transformer room	Vat/mastic	14 SF	Removal
HOYT LABS			
Basement Hallway	Vat/Mastic	96 SF	Removal
Fl 1 West side lab	Vat/Mastic	1 SF	Removal
Fl 1 East side lab	Vat/Mastic	14 SF	Removal
Fl 1 Center	Vat/Mastic	1 SF	Removal
Fl 2 West side lab	Vat/Mastic	24 SF	Removal
Fl 2 East side lab	Vat/Mastic	80 SF	Removal
Fl 3 West side Lab	Vat/Mastic	20 SF	Removal
Fl 4 West side Lab	Vat/Mastic	16 SF	Removal
Fl 4 West side Lab	Vat/Mastic	48 SF	Removal

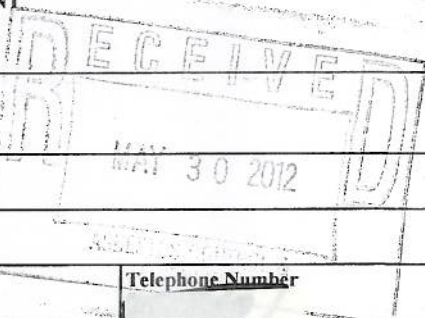
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ck
1226

RECEIVED
MAY 30 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/25/2012		Name of Building Owner/Operator (2) Jim Hurley							
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 185 South Ridgedale Ave							
		City, State, Zip Code East Hanover							
		Name of Contact Jim Hurley							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 185 South Ridgedale Ave		Square Feet	# of Floors						
City (5) East Hanover		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) non		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 west suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973 832 4244	License No. 01155						
Start Date (10) 06/9/12	Scheduled Completion Date (11) 06/19/2012	Name of OSHA Monitor none							
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 to 5pm		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI	120LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 5	Name of Registered Landfill GROWS LANDFILL					
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville pa					
Completed by Zlate Geleski		Title VP	Signature Zlate Geleski				Date 05 25 2012		

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



Date of Notification (1) 05/24/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hibben & Magic Apartments			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Faculty Road Princeton University			Square Feet 60000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 8
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			Name of Abatement Contractor (9) Associated Specialty Contracting Inc.		
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn			Telephone Number 609-386-8800		Licence Number 00705
Scheduled Start Date (10) 06/11/12 Month/Day/Year		Sched. Completion Date (11) 07/31/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 7:00 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

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 type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Hibben Apts - Basement		x		pipe insulation & fittings	5300 LF	x			
Hibben Apts - Basement		x		VAT & mastic	800 SF	x			
Hibben Apts - Basement		x		exhaust flu duct liner	12 LF	x			
see attached for additional materials									

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 500	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 5-24-12
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Princeton University - Hibben & Magie Apartments additional ACM Materials

Location of ACM	Description of ACM	Amount	Abatement
Magie Apartment - Basement	pipe insulation & fitting	7500 LF	Removal
Magie Apartment - Basement	Vat & Mastic- below stoves - (96 ea)	690 SF	Removal
Hibben Apartments - fls 1, 3, 5, & 7	Vat & Mastic elevator cars 1 & 2	75 SF	Removal
Hibben Apartments - roof penthouse	door gasket material (stair 1 & 2)	30 LF	Removal
Hibben Apts stairs 1 & 2, inciner chutes	fires doors	26 ea.	Removal
Magie Apartment - fls 1, 3, 5, & 7	fittings on fg lines	7200 EA	Removal
Magie Apartment - fls 1, 3, 5, & 7	Vat & Mastic	116,000 SF	Removal
Magie Apartment - fls 1, 3, 5, & 7	black sill step to balcony	576 SF	Removal
Magie Apartment - elevator cars 1 & 2	Vat & Mastic elevator cars 1 & 2	75 SF	Removal
Magie Apartment - roof penthouse	door gasket material (stair 1 & 2)	30 LF	Removal
Magie Apts stairs 1 & 2, inciner chutes	fire doors	26 ea.	Removal



Check
1320
Dated 5/22/20k

Signature _____
 And: RICHARDSON

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

CHK# 1433

Date of Notification (1) 5-25-2012		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 South Livingston Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers, Apt. 3C		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 220 Jersey Str.		Square Feet	# of Floors						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 6-6-2012	Scheduled Completion Date (11) 6-7-2012	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: 9 am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Kitchen			X	VAT (no mastic)	74 SF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville Pa 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 5-25-2012			