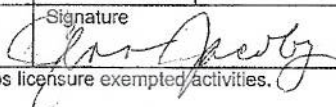
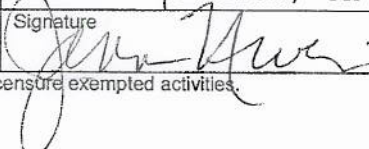


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5-24-12		Name of Building Owner/Operator (2) Virtua Health Inc.						
Agency Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 2 Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address P.O. Box 388					
			City, State, Zip Code Marlton, NJ 08053					
			Name of Contact Barb Martin					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Old Voorhees Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 101 Carnie Boulevard								
City (5) Voorhees		Square Feet 10,500	# of Floors 6					
County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age +/- 50					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.					
Street Address 3370 Progress Drive, Suite J		Street Address 2251 Fraley Street						
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	License No. 01166					
Start Date (10) 6-4-12	Scheduled Completion Date (11) 9-14-12	Name of OSHA Monitor Criterion Laboratories						
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 3370 Progress Drive, Suite J						
		City, State, Zip Code Bensalem, Pa 19020						
Scope of Work (Check all that apply) *abatement prior to demo*								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf								
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
***see attached sheet***			X					X
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA			Disposal Date	City, State Libson, OH				
Completed by Jennifer Niven	Title Dir. of Operations			Signature 			Date 5-24-12	

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

Date of Notification (1) 5-29-12		Name of Building Owner/Operator (2) McDonald's Corporation						
Agency Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3025 Chemical Road, Suite 100						
		City, State, Zip Code Plymouth Mtg., PA 19462						
		Name of Contact Lori Keidasch						
		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) McDonald's Restaurant		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 56 East Broad Street								
City (5) Bridgeton		Square Feet 3000	# of Floors 1					
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Bldg. Age +/-50					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.					
Street Address 9 S. Main Street		Street Address 2251 Fraley Street						
City, State, Zip Code Mullica Hill, NJ 08067		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-223-0080	License No. 00848					
Start Date (10) 6-8-12	Scheduled Completion Date (11) 6-8-12	Name of OSHA Monitor EHS Environmental						
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 9 South Main Street						
		City, State, Zip Code Mullica Hill, NJ 08062						
Scope of Work (Check all that apply) *abatement prior to demo*								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
roof			x	miscellaneous tar	180sf	x		
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA		Disposal Date		City, State Libson, OH				
Completed by Jennifer Niven	Title Dir. of Operations		Signature 			Date 5-29-12		



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

091138

Date of Notification (1) <b>5/25/12</b>		Name of Building Owner/Operator (2) <b>JOHNSON + JOHNSON</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	<b>201 Tabor Road</b>							
		City, State, Zip Code <b>Morris Plains, NJ 07980</b>							
		Name of Contact <b>TONY TUFARO</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JOHNSON + JOHNSON</b>		Type of Facility (4)							
Street Address <b>201 Tabor Road</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>MORRIS PLAINS</b>	Square Feet <b>25,000</b>	# of Floors <b>2</b>	Bldg. Age <b>46</b>						
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>OFFICES</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHT</b>		ASCM No.	Name of Abatement Contractor (9) <b>JW Heritage Const. Services Inc</b>						
Street Address <b>655 West Shore Drive</b>		Street Address <b>PO BOX 372</b>							
City, State, Zip Code <b>SPARTA, NJ</b>		City, State, Zip Code <b>HACKETTSTOWN, NJ 07842</b>							
Project Manager for Monitoring Firm <b>Bill Kerbel</b>		Telephone No. <b>973-729-5649</b>	Telephone No. <b>908-453-3355</b> License No. <b>00768</b>						
Start Date (10) <b>6/5/12</b>	Scheduled Completion Date (11) <b>6/9/12</b>	Name of OSHA Monitor <b>EHT</b>							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Regular Hours</b>		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"/> Abatement only <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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>66 Boiler Room</b>	<input checked="" type="checkbox"/>			<b>TSI - Cement</b>	<b>20 sq ft</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>2405</b>	Name of Registered Landfill <b>6ROWS</b>					
City, State <b>EWING, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>JOHN WASHAM, JR</b>		Title <b>President</b>	Signature <i>John Washam</i>	Date <b>5/25/12</b>					



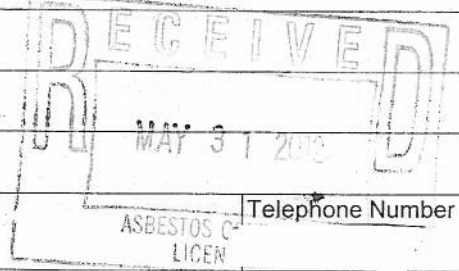
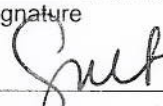
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>5/29/12</b>		Name of Building Owner/Operator (2) P.S.E. & G							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	150 Circle Ave.							
		City, State, Zip Code Clifton, NJ 07011							
		Name of Contact Craig O'Connell	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G		Type of Facility (4)							
Street Address <b>17-01 NEVINS ROAD</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fairlawn		Square Feet <b>1700 APPX</b>	# of Floors <b>1</b>						
		Bldg. Age <b>57 YRS</b>							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Switch Station							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) Unique Systems of America						
Street Address 64 Broad Street		Street Address 396 Whitehead Ave.							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code South River, NJ 08882							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) <b>6/16/12</b>	Scheduled Completion Date (11) <b>6/17/12</b>	Name of OSHA Monitor Unique Systems of America							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		396 Whitehead Ave.							
		City, State, Zip Code South River, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Men's Bathroom & Store Room		X		Thermal systems insulation	102 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>APPX. 8</b>	Name of Registered Landfill Grows					
City, State Elizabeth, NJ		Disposal Date <b>6/18/12</b>		City, State Morrisville, PA					
Completed by Carol Raimo		Title Office Mgr.	Signature <i>Carol Raimo</i>	Date <b>5/29/12</b>					



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

**1205-4482**  
**Check #4171**

Date of Notification (1) <b>5/29/12</b>		Name of Building Owner / Operator (2) <b>Cherry Hill B.O.E.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>45 Ranaldo Terrace</b>							
		City, State & Zip Code <b>Cherry Hill, NJ 08034</b>							
		Name of Contact <b>Tom Carter</b>							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) <b>Joyce Kilmer ES</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>2900 West Chapel Ave.</b>			Square Feet      # of Floors      Bldg. Age  						
City (5) <b>Cherry Hill</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Moorestown, NJ 08057</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone Number <b>856-985-8800</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>					
Scheduled Start Date (10) <b>6/18/12</b>	Scheduled Completion Date (11) <b>6/22/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement ( <b>Exterior Work</b> )			Street Address <b>108 Haddon Ave.</b>						
			City, State & Zip Code <b>Westmont, NJ 18108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Areas #1 &amp; #2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior cement plaster soffit material	<b>220 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Area #4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior cement plaster soffit material	<b>400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/22/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>5/29/12</b>				



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

**1205-4486**  
**Check #4170**

Date of Notification (1) <b>5/29/12</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2083 Lawrenceville Road</b> City, State & Zip Code <b>Lawrenceville, NJ 08648</b> Name of Contact <b>Phil Voorhees</b>	

**RECEIVED**  
MAY 31 2012  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Rider University – Fine Arts Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>2083 Lawrenceville Road</b>		Square Feet	# of Floors
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Boiler Room</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>30 Maple Ave</b>	
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-547-0505</b>	Telephone Number <b>609-265-2107</b>
License Number <b>00529</b>			
Scheduled Start Date (10) <b>6/11/12</b>	Scheduled Completion Date (11) <b>6/22/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>4PM- 12 Midnight</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

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

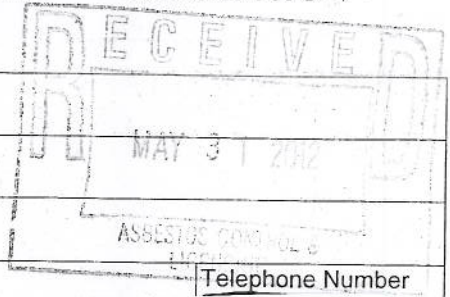
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tank Insulation</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/22/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Off. Coord.</b>	Signature 		Date <b>5/29/12</b>



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

1205-4491  
Check#4170



Date of Notification (1) <b>5/29/12</b>		Name of Building Owner / Operator (2) <b>Underwood Memorial Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>509 N. Broad Street</b> City, State & Zip Code <b>Woodbury, NJ 08096</b> Name of Contact <b>Frank Cremeens</b> Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Doctor Office</b> Street Address <b>110 North Woodbury Rd.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>Pitman</b>	County (6) <b>Gloucester</b>	County Code (7)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b> Street Address <b>1253 North Church Street</b> City, State & Zip Code <b>Moorestown, NJ 08057</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b> Street Address <b>PO Box 25</b> City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>6/3/12</b>		Scheduled Completion Date (11) <b>6/3/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>Sunday Work</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
(2) Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b> City, State <b>Lumberton, NJ</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>TRRF Landfill</b> City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Office Coord.	Signature 		Date <b>6/29/12</b>



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7  
ANNUAL NOTIFICATION**

*check # 2677*

Date of Notification (1) 05 / 29 / 12			Name of Building Owner / Operator (2) CHEVRON				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL  Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			Street Address 1200 STATE STREET				
			City, State, Zip Code PERTH AMBOY, NJ				
			Name of Contact STEVE BARROW		Telephone Number		
			FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) CHEVRON			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 bldgs., homes, etc.)				
Street Address 1200 STATE STREET							
City (5) PERTH AMBOY	County (6) MIDDLESEX	County Code (7)	Square Feet N/A	# Of Floors N/A	Building Age N/A		
			Current Use (Prior if being demolished) PRODUCTION				
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			Name of Abatement Contractor (9) LVI Environmental Services Inc.				
Street Address 907 DOOLITTLE DRIVE			Street Address 462 Getty Avenue				
City, State, Zip Code BRIDGEWATER, NJ 08807			City, State, Zip Code Clifton, NJ 07011				
Project Mngr. For Monitoring Firm ERIC			Telephone Number 908-218-1108				
Scheduled Start Date (10) 06 / 11 / 12		Sched. Completion Date (11) 06 / 29 / 12	Telephone Number 973-772-3660		License Number 00117		
Occupancy Status During Abatement (Check Only 1) <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: 7:00AM - 5:00PM			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code CLIFTON, NJ 07011				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf  <input checked="" type="checkbox"/> Renovation <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) 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 N C L O S U R
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE PIPE	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BY OWNER		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill			
City, State		Disposal Date	City, State				
Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER	Signature <i>Steve Stiles</i>		Date 05/29/12		



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*check # 2698*

Date of Notification (1) 05 / 29 / 12		Name of Building Owner / Operator (2) Paulsboro Refining Company LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 800 Billingsport Road		City, State, Zip Code Paulsboro, NJ 08066	
Name of Contact Ravi Jarecha		Telephone Number 1 908 269 1111	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 bldgs., homes, etc.)	
Street Address 800 Billingsport Road		Square Feet N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7)	# Of Floors N/A
		Current Use (Prior if being demolished) TANK FARM	Building Age N/A
Name of Monitoring Firm Hired by Bldg. Owner (8) BY OWNER		ASCM NO	
Street Address		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
City, State, Zip Code		Street Address 462 Getty Avenue	
Project Mngr. For Monitoring Firm		City, State, Zip Code Clifton, NJ 07011	
Telephone Number		Telephone Number 973-772-3660	
Scheduled Start Date (10) 6 / 11 / 12	Sched. Completion Date (11) 6 / 30 / 12	License Number 00117	
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI. 7:00AM-3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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)
700,701,1900,1902 Tank Area	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pipe Insulation	88LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler LVI Demolition Services Inc. 32 Williams Parkway		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste
City, State East Hanover, NJ 07936		Disposal Date 6/30/2012	Name of Registered Landfill G.R.O.W.S. Landfill
		City, State 1000 New Ford Mill Rd. Morrisville, PA. 19067	
Completed by (Print or Type) Dan Stabilito, P. Demeropoulos		Title Health and Safety Officer	Signature <i>Dan Stabilito</i>
			Date 05/29/12



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

CF 2289

Date of Notification (1) <u>05</u> / <u>25</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Virtua Memorial Hospital of Burlington County</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>175 Madison Ave.</b> City, State, Zip Code <b>Mount Holly, NJ 08060</b> Name of Contact <b>Diana Amey</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Virtua Memorial Hospital of Burlington County</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>175 Madison Ave.</b>		Square Feet							
City (5) <b>Mount Holly</b>		# of Floors							
County (6) <b>Burlington</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>28 N. Penell Road</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>610-891-0114</b>	License No. <b>00509</b>						
Start Date (10) <u>06</u> / <u>04</u> / <u>12</u>	Scheduled Completion Date (11) <u>06</u> / <u>04</u> / <u>12</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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
Labor & Delivery - Bathroom Shower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>06/04/12</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>			Date <b>5/25/12</b>		



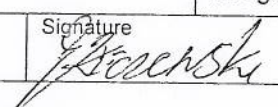
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>5/24/12</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 Hadley Road</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>South Plainfield, NJ 07080</b>							
		Name of Contact <b>Richard Strauss</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E &amp; G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>155 Raymond Blvd.</b>		Square Feet <b>approx 2500</b>	# of Floors <b>2</b>						
City (5) <b>Newark</b>		Bldg. Age <b>88 yrs</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SWITCH STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Unique Systems of America</b>						
Street Address <b>64 Broad Street</b>		Street Address <b>396 Whitehead Ave.</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>South River, NJ 08882</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>6/13/12</b>	Scheduled Completion Date (11) <b>6/13/12</b>	Name of OSHA Monitor <b>Unique Systems of America</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <i>vacated except for needed laborers</i>		Street Address <b>396 Whitehead Ave.</b>							
		City, State, Zip Code <b>South River, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control Room		X		Transite Panels	30 SF	X			
				ACM Sock	50 LF	X			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>Appx. 6</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>6/14/12</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <i>Carol Raimo</i>	Date <b>5/24/12</b>					



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

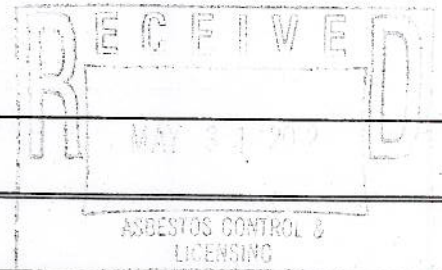
CK# 18754

Date of Notification (1) 05/25/2012		Name of Building Owner/Operator (2) 1 EXCHANGE PLACE JC, LLC c/o ONYX MANAGEMENT							
Agencies Notified	Type Notification	Street Address 30 MONTGOMERY STREET, SUITE 1205							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY, NJ 07302							
		Name of Contact Jim O'Donnel	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 1 EXCHANGE PLACE- GARAGE		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 1 EXCHANGE PLACE		Square Feet	# of Floors						
City (5) JERSEY CITY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors Inc.						
Street Address 140 Boulevard		Street Address 235 Watchung Ave							
City, State, Zip Code Mt. Lakes NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-769-6946	Telephone No. 973-243-9872						
		License No. 00559							
Start Date (10) 06/06/2012	Scheduled Completion Date (11) 06/08/2012	Name of OSHA Monitor Long Island Analytical							
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 110 Colin Drive							
		City, State, Zip Code Holbrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Ground Floor Corridor			X	Pipe	20 lf	X			
Ground Floor Corridor			X	Radiator heat shield	20 sf	X			
Name of Registered Waste Hauler Environmental Contractors Inc		NJDEP Waste Hauler ID No. 19101	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ			Disposal Date	City, State Morgantown PA					
Completed by Slawomir Kielczewski		Title President	Signature 	Date 05/25/2012					



D&amp;S Proj. #: MS 12-195

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



Date of Notification (1) 10 15 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		Name of Building Owner/Operator (2) RICK & JOAN HARDEN	
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 302 MANOR ROAD		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact RICK & JOAN HARDEN		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICK & JOAN HARDEN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 302 MANOR ROAD			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 06/07/12		Sched. Completion Date (11) 06/20/12			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

## Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/08/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/23/12



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

Date of Notification (1) 05/12/12		Name of Building Owner/Operator (2) FATHER JOHNS ANIMAL HOUSE	
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 Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 50 FATHER JOHNS LANE		City, State, Zip Code SPARTA, NJ	
Name of Contact PHILIP DEACON		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) FATHER JOHNS ANIMAL 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 50 FATHER JOHNS LANE			Square Feet		
City (5) SPARTA			County (6) ESSEX		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 00159	
Start Date (10) 05/29/12		Sched. Completion Date (11) 06/08/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1ST FLOOR		X		TRANSITE CEILING PANELS	3950 SQ FT	X			
2ND FLOOR		X		TRANSITE CEILING PANELS	620 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 25 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/01/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 05/23/12	



State of NJ

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

D&amp;S Proj. #: MS 12-194



**Date of Notification (1)**  
10 15 1/12 13 1/12

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

**Type Notification**  
☐ Initial  
☐ Amended  
 Amendment #: \_\_\_\_\_  
☒ Emergency (including justification)  
☐ Cancellation

**Name of Building Owner/Operator (2)**  
FATHER JOHNS ANIMAL HOUSE

**Street Address**  
50 FATHER JOHNS LANE

**City, State, Zip Code**  
SPARTA, NJ

**Name of Contact**  
PHILIP DEACON

**Telephone Number**

## FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**  
FATHER JOHNS ANIMAL HOUSE

**Street Address**  
50 FATHER JOHNS LANE

**City (5)**  
SPARTA

**County (6)**  
ESSEX

**County Code (7) (State use only)**

**Type of Facility (4)**  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**    **# of Floors**    **Bldg. Age**

**Current Use (Prior if being demolished)**

**Name of Monitoring Firm Hired by Bldg. Owner (9)**  
\_\_\_\_\_

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

**Name of Abatement Contractor (9)**  
D & S RESTORATION, INC.

**Street Address**  
20 California Ave.

**City, State, Zip Code**  
Paterson, NJ 07503

**Telephone Number**  
973-345-8020

**License Number**  
00159

**Name of OSHA Monitor**  
D & S Restoration, Inc.

**Street Address**  
20 California Avenue

**City, State, Zip Code**  
Paterson, NJ 07503

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

**Phone Number**  
\_\_\_\_\_

**Start Date (10)**  
05/29/12

**Sched. Completion Date (11)**  
06/08/12

**Occupancy Status During Abatement (Check only one)**  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
 Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

**Scope of Work (check all that apply)**  
☐ >2 sf or >3 lf    ☒ Renovation  
☒ ≥100 sf or ≥200 lf    ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R o m o v e	R e p a i r	E n c a p	E m c l
	Yes	No	N/A						
1ST FLOOR		X		TRANSITE CEILING PANELS	3950 SQ FT	X			
2ND FLOOR		X		TRANSITE CEILING PANELS	620 SQ FT	X			

**Registered Waste Hauler**  
D & S RESTORATION, INC.

**NJDEP Hauler ID#**  
13506

**Cubic Yards of Waste**  
25 YDS

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY

**City, State**  
PATERSON, NJ 07503

**Disposal Date**  
06/01/12

**City, State**  
TULLYTOWN, PA

**Completed by (Print or Type)**  
BOGDAN JOLDZIC

**Title**  
PRESIDENT

**Signature**  
\_\_\_\_\_

**Date**  
05/23/12

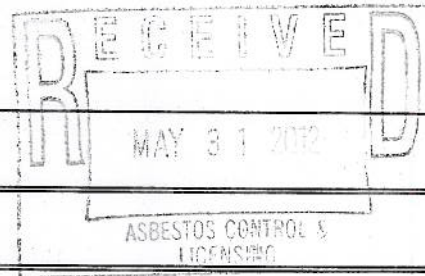
ASB-41

Do not use this form for asbestos licensure exempted activities.



D&amp;S Proj. #: MS 12-196

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



Date of Notification (1) 10/15/12 13/11/12		Name of Building Owner/Operator (2) ALLAN ARK	
Agencies Notified	Type Notification	Street Address 127 HARPER STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code HIGHLAND PARK, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ALLAN ARK	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALLAN ARK			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 127 HARPER STREET			Square Feet		
City (5) HIGHLAND PARK			County (6) MIDDLESEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 06/06/12	Sched. Completion Date (11) 06/20/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	6 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

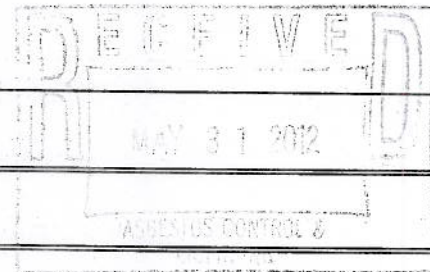
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/21/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/23/12



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

D&S Proj. #: MS 12-197

003601



Date of Notification (1) 05/12/12		Name of Building Owner/Operator (2) COLLEEN HOLLISTER	
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 114 NORTH 13TH STREET		City, State, Zip Code PROSPECT PARK, NJ	
Name of Contact COLLEEN HOLLISTER		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) COLLEEN HOLLISTER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 114 NORTH 13TH STREET			Square Feet # of Floors Bldg. Age		
City (5) PROSPECT PARK	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 06/05/12	Sched. Completion Date (11) 06/20/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	124 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/05/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/23/12



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

CHECK # 1906

Date of Notification (1) <b>5-25-12</b>		Name of Building Owner/Operator (2) <b>TORRES</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAY 31 2012  ASBESTOS CONTROL &amp; LICENSING  07306 </div>					
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 <b>229 TONNELE AVE</b>							
		City, State, Zip Code <b>JERSEY CITY, NJ 07306</b>							
		Name of Contact <b>OSWALDO TORRES</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>TORRES</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>229 TONNELE AVE</b>				Square Feet <b>3068</b>	# of Floors <b>3</b>				
City (5) <b>JERSEY CITY</b>				Bldg. Age <b>111</b>					
County (6) <b>HUDSON</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>					
Street Address				Street Address <b>105 Lowell Road</b>					
City, State, Zip Code				City, State, Zip Code <b>Glen Rock, NJ 07452</b>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>				
Start Date (10) <b>6-5-12</b>	Scheduled Completion Date (11) <b>6-6-12</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <b>280 Huyer Street</b>					
				City, State, Zip Code <b>Hackensack, NJ 07606</b>					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>basement</b>			<b>X</b>	<b>pipe insulation</b>	<b>250 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State, Zip Code <b>Riverdale, NJ 07457</b>				Disposal Date <b>6-5-12</b>	City, State, Zip Code <b>Bethlehem, PA 18015</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>Randall A. McDonald</i>		Date <b>5-25-12</b>			



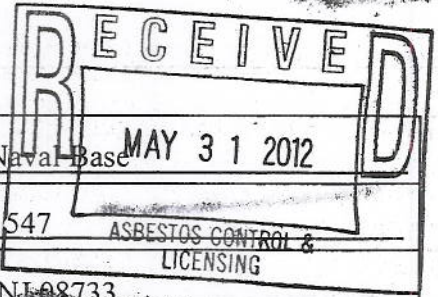
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK #: 7906

Date of Notification (1) <b>5.25.12</b>		Name of Building Owner/Operator (2) <b>HOWELL</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 31 2012 ASBESTOS CONTROL &amp; LICENSES </div>				
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>136 Third Ave</b> City, State, Zip Code <b>Hawthorne NJ 07506</b>						
		Name of Contact <b>Jo-ann Howell</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>HOWELL</b>			Type of Facility (4)					
Street Address <b>136 Third Ave</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Hawthorne</b>			Square Feet <b>1650</b>	# of Floors <b>2</b>	Bldg. Age <b>102</b>			
County (6) <b>Passaic</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>					
Street Address		Street Address <b>105 Lowell Road</b>						
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, NJ 07452</b>						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>				
Start Date (10) <b>6.6.12</b>	Scheduled Completion Date (11) <b>6.7.12</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address <b>280 Huyer Street</b>					
			City, State, Zip Code <b>Hackensack, NJ 07606</b>					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>basement</b>	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) <b>pipe insulation</b>	Amount (Specify SF or LF) <b>50 LF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State, Zip Code <b>Riverdale, NJ 07457</b>			Disposal Date <b>6.6.12</b>	City, State, Zip Code <b>Bethlehem, PA 18015</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <b>Randall A. McDonald</b>		Date <b>5.25.12</b>			



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



*no check*

Date of Notification (1) <u>5/24/12</u>		Name of Building Owner/Operator (2) <u>Lakehurst Naval Base</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 547</u>	
		City, State, Zip Code <u>Lakehurst, NJ 08733</u>	
		Name of Contact <u>Sudie Mitta</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Lakehurst Naval Base</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>Route 547</u>		Square Feet <u>400,000</u>	# of Floors <u>1</u>
City (5) <u>Lakehurst</u>		Bldg. Age <u>80</u>	
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>naval base</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/6/12</u>	Scheduled Completion Date (11) <u>6/29/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30 PM</u>		Street Address <u>P.O. Box 341</u>	
		City, State, Zip Code <u>Crosswick, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

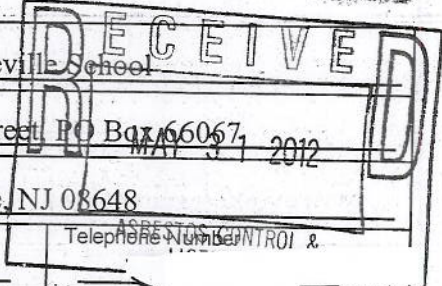
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Hanger #5 - various areas</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>400 SF</u>	<input checked="" type="checkbox"/>			
<u>Hanger #5 - various areas</u>		<input checked="" type="checkbox"/>		<u>pipe insulation</u>	<u>990 LF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Carnevale Disposal</u>		NJDEP Waste Hauler ID No. <u>17297</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>	
City, State <u>Hamilton, NJ 08610</u>		Disposal Date <u>6/29/12</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/24/12</u>		



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

**STEVENS ENVIRONMENTAL  
SERVICES INC  
CHECK # 24806**



Date of Notification (1) <u>5/24/12</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 206 &amp; Main Street PO Box 66067</u> City, State, Zip Code <u>Lawrenceville, NJ 08648</u> Name of Contact <u>James Kesilman</u> Telephone Number _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Kirby Art Center</u>		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 <u>Route 206 &amp; Main Street</u>		Square Feet <u>5000</u>	# of Floors <u>2</u>					
City (5) <u>Lawrenceville</u>		Bldg. Age <u>40</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>classrooms</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>USA Environmental</u>		ASCM No. <u>00112</u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>344 W. State Street</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Trenton, NJ 08618</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 656-8101</u>	Telephone No. <u>(609) 259-9688</u>					
Start Date (10) <u>6/7/12</u>		Scheduled Completion Date (11) <u>6/11/12</u>	License No. <u>00493</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM -4PM</u>		Name of OSHA Monitor <u>MECS</u>						
Street Address <u>P.O. Box 341</u>		City, State, Zip Code <u>Crosswick, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>basement mechanical room</u>	<input checked="" type="checkbox"/>		<u>tank insulation</u>	<u>180 SF</u>	<input checked="" type="checkbox"/>			
<u>basement mechanical room</u>	<input checked="" type="checkbox"/>		<u>asbestos fittings</u>	<u>60 fittings</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/11/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 		Date <u>5/24/12</u>			



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) <b>5/3/12</b>		Name of Building Owner/Operator (2) <b>William Paterson University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>300 Pompton Road</b>		City, State, Zip Code <b>Wayne, NJ 07470</b>	
Name of Contact <b>John Urnyi</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 31 2012</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>William Paterson University</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>300 Pompton Road</b>			
City (5) <b>Wayne</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI Environmental</b>		ASCM No. <b>00003</b>	
Street Address <b>1253 N. Church St</b>		Name of Contractor (9) <b>MTM Metro Corporation</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>135-137 McBride Ave</b>	
Project Manager for Monitoring Firm <b>Jeff Seaman</b>		Telephone Number <b>856.840.8800</b>	License Number <b>00809</b>
Scheduled Start Date (10) <b>5/29/12</b>		Scheduled Completion Date (11) <b>6/08/2012</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: <b>adjanced office will be occupied</b>		Name of OSHA Monitor <b>MTM Metro Corporation</b> Street Address <b>135-137 McBride Ave</b> City, State, Zip Code <b>Paterson, NJ 07501</b>	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Boiler Room</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Tubular Boiler Insulation</b>	Amount (Specify SF or LF) <b>200 SF</b>
			Abatement Type Rem. <input checked="" type="checkbox"/> Rep. <input type="checkbox"/> Encap <input checked="" type="checkbox"/> Enclose <input type="checkbox"/>
Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>		NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>15</b>
City, State <b>Paterson, NJ</b>		Name of Reg. Landfill <b>Tullytown</b>	
Completed by (Print or Type) <b>Elizabeth Maslarkov</b>		Title <b>Business Administrator</b>	Signature <i>Elizabeth Maslarkov</i>
		Date <b>5/3/12</b>	



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) <b>5/25/12</b>		Name of Building Owner/Operator (2) <b>William Paterson University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>300 Pompton Road</b>		City, State, Zip Code <b>Wayne, NJ 07470</b>	
Name of Contact <b>John Urinyi</b>		Tel. Number	

RECEIVED  
MAY 31 2012  
ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) <b>William Paterson University</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>300 Pompton Road</b>				
City (5) <b>Wayne</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI Environmental</b>		ASCM No. <b>00003</b>	Name of Contractor (9) <b>MTM Metro Corporation</b>	
Street Address <b>1253 N. Church St</b>		Street Address <b>135-137 McBride Ave</b>		
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>		
Project Manager for Monitoring Firm <b>Jeff Seaman</b>		Telephone Number <b>856.840.8800</b>	Telephone Number <b>973-742-5030</b>	License Number <b>00809</b>
Scheduled Start Date (10) <b>6/04/12</b>		Scheduled Completion Date (11) <b>6/08/2012</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: <b>adjanced office will be occupied</b>		Name of OSHA Monitor <b>MTM Metro Corporation</b> Street Address <b>135-137 McBride Ave</b> City, State, Zip Code <b>Paterson, NJ 07501</b>		

Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure				
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Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO    N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem.    Rep.    Encap    Enclose			
Boiler Room	X	Tubular Boiler Insulation	200 SF	X		X	

Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>		NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>15</b>	Name of Reg. Landfill <b>Tullytown</b>	
City, State <b>Paterson, NJ</b>		Disp. Date <b>7/8/2012</b>		City, State <b>Tullytown, PA</b>	

Completed by (Print or Type) <b>Elizabeth Maslarkov</b>	Title <b>Business Administrator</b>	Signature <i>Elizabeth Maslarkov</i>	Date <b>5/25/12</b>
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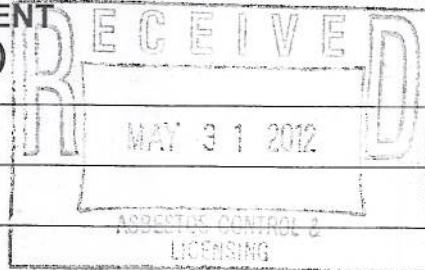
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*Ch # 2287*

Date of Notification (1) <b>5 / 24 / 12</b>		Name of Building Owner/Operator (2) <b>Rutgers University</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  MAY 31 2012  Telephone Number _____ </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>#27 Road 1 Bldg 4086</b>			
		City, State, Zip Code <b>Piscataway, NJ 08854</b>				Name of Contact <b>Michael F. Smith, CHMM</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Camden Science Building 7002</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>315 Penn Street</b>									
City (5) <b>Camden</b>				Square Feet	# of Floors <b>6</b>				
				Bldg. Age <b>60+</b>					
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>ACADEMIC</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Kearney</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <b>6 / 8 / 12</b>		Scheduled Completion Date (11) <b>6 / 11 / 12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>4:00PM-5:00AM</b>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ROOM 208</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TSI</b>	<b>20 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ROOM 208</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ACM CEILING TILES</b>	<b>130 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>				Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>General Manager</b>		Signature <i>Gino Pizzigoni</i>		Date <b>5/24/12</b>			



State of New Jersey 1205-4487 Check #4129  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>5/21/12</b>		Name of Building Owner / Operator (2) <b>Kennedy Health Facilities</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2 Regulus Drive</b> City, State & Zip Code <b>Turnersville, NJ 08012</b> Name of Contact <b>George Lodish</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kennedy Memorial Hospital</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>18 East Laurel Rd.</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>Stratford</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>3370 Progress Drive</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Bensalem, PA 19020</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone Number <b>215-244-1300</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>5/29/12</b>	Scheduled Completion Date (11) <b>6/12/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>12 am to 8 am Working Tuesday 5/29, Monday 6/4 and Monday 6/11</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Elevator Cars</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Flooring Material</b>	<b>144 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/12/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Opps. Coord.	Signature <i>Gnt</i>		Date <b>5/21/12</b>



**State of New Jersey**      **1205-4488 Check #4168**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>5/22/12</b>		Name of Building Owner / Operator (2) <b>Kennedy Health Facilities</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2 Regulus Drive</b> City, State & Zip Code <b>Turnersville, NJ 08012</b> Name of Contact <b>George Lodish</b> Telephone Number 	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kennedy Memorial Hospital</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>18 East Laurel Rd.</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Stratford</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>3370 Progress Drive</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Bensalem, PA 19020</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone Number <b>215-244-1300</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>5/22/12</b>	Scheduled Completion Date (11) <b>5/23/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>1:30 PM- 10PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Air Handler Unit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>24 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/23/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 		Date <b>5/22/12</b>



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

1205-4486

Check #4169

Date of Notification (1) <b>5/23/12</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2083 Lawrenceville Road</b> City, State & Zip Code <b>Lawrenceville, NJ 08648</b> Name of Contact <b>Phil Voorhees</b>	
		Telephone Number	

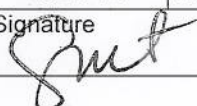
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Rider University – Fine Arts Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>2083 Lawrenceville Road</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Mechanical Room</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>515 Grove Street Suite 1B</b>			Street Address <b>30 Maple Ave</b>		
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-547-0505</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>5/24/12</b>	Scheduled Completion Date (11) <b>5/26/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>4PM to Midnight</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Plaster Ceiling (Hole Drilling)</b>	<b>5 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/29/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Off. Coord.	Signature 		Date <b>5/23/12</b>



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

**1205-4486**  
**Check #4169**

Date of Notification (1) <b>5/23/12</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified	Type Notification	Street Address <b>2083 Lawrenceville Road</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>Phil Voorhees</b>	Telephone Number

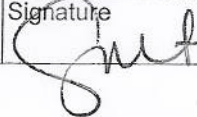
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Rider University – Fine Arts Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>2083 Lawrenceville Road</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>University</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>			ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>515 Grove Street Suite 1B</b>			Street Address <b>30 Maple Ave</b>		
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone Number <b>856-547-0505</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>5/24/12</b>	Scheduled Completion Date (11) <b>5/26/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>4PM to Midnight</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Above Stage Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Plaster Ceiling (Hole Drilling)</b>	<b>5 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/29/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Off. Coord.</b>	Signature 		Date <b>5/23/12</b>



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

Date of Notification (1) <b>5/21/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>Trustees of Princeton University E.A. MacMillan Bldg.</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #8	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Princeton, NJ 08544</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Robert Ortego, P.E.</b>	

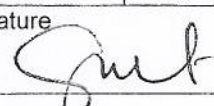
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
<b>One Washington Road</b>			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
<b>Princeton</b>			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
<b>Mercer</b>			<b>University Library</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address			Street Address		
<b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>			<b>PO Box 25</b>		
City, State & Zip Code			City, State & Zip Code		
<b>Burlington, NJ 08016</b>			<b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
<b>Mike Keehn</b>		<b>609-386-8800</b>	<b>609-265-2107</b>		<b>00529</b>
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
<b>10/17/11</b>	<b>6/30/12</b>		<b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>108 Haddon Ave.</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe:			<b>Westmont, NJ 08108</b>		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Level A Elevator Lobby</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile &amp; Mastic (Full Containment)</b>	<b>450 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mechanical Shaft</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation (Full Containment)</b>	<b>150 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Level 1 – main Stair (WA #7)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Acoustical Ceiling Plaster</b>	<b>800 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

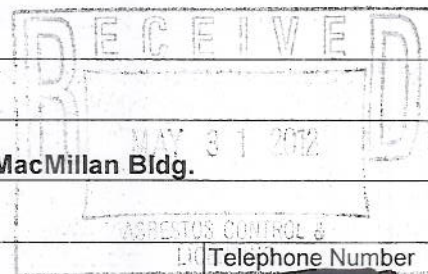
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<b>AbateTech, Inc.</b>	<b>18750</b>	<b>4</b>	<b>TRRF Landfill</b>
City, State	Disposal Date	City, State	
<b>Lumberton, NJ</b>	<b>6/30/12</b>	<b>Tullytown, PA</b>	
Completed By (Print or Type)	Title	Signature	Date
<b>Gwen Trumbetti</b>	<b>Opps. Coord.</b>		<b>5/21/12</b>



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

**1109-4387**  
**Check #3947**

Date of Notification (1) <b>5/21/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>Trustees of Princeton University E.A. MacMillan Bldg.</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #8	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Princeton, NJ 08544</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	
<input type="checkbox"/> DCA		<b>Robert Ortego, P.E.</b>	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library</b>		Type of Facility (4)	
Street Address <b>One Washington Road</b>		<input type="checkbox"/> School (K-12)	
City (5) <b>Princeton</b>		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) <b>Mercer</b>	County Code (7)	<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		Square Feet	
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>		# of Floors	
City, State & Zip Code <b>Burlington, NJ 08016</b>		Bldg. Age	
Project Manager for Monitoring Firm <b>Mike Keehn</b>		Current Use (Prior if being demolished) <b>University Library</b>	
Telephone Number <b>609-386-8800</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Scheduled Start Date (10) <b>10/17/11</b>		Street Address <b>PO Box 25</b>	
Scheduled Completion Date (11) <b>6/30/12</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Occupancy Status During Abatement (Check only one)		Telephone Number <b>609-265-2107</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		License Number <b>00529</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours		Name of OSHA Monitor <b>EMSL Analytical</b>	
Describe:		Street Address <b>108 Haddon Ave.</b>	
<input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #1 Level A				Floor tile & Mastic (NF Removal)	400 SF				
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	39,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	4,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound & drywall	8,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #3 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #4 Level B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	1,780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 Level 1A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	1,063 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>14</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>6/30/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>5/21/12</b>



CHECK #  
2319

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

RECEIVED  
MAY 31 2012

Date of Notification (1) <b>5/29/12</b>		Name of Building Owner/Operator (2) <b>MEN &amp; MACHINES</b>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 FREEMONT AVE.</b>	
		City, State, Zip Code <b>WOODBINE, N.J. 08270</b>	
		Name of Contact <b>LISA FISHER</b>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>400 20TH ST.</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>
City (5) <b>AVALON</b>		Bldg Age <b>40+</b>	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE.</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0422</b>	License No. <b>00444</b>
Start Date (10) <b>6/7/12</b>	Scheduled Completion Date (11) <b>6/14/12</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>369 S. SPRUCE AVE.</b>	
		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> >160 sf or >260 ft	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		


Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>SIDING</b>				<b>TRANSITE</b>	<b>1600 #</b>	<b>X</b>			

Name of Registered Waste Hauler <b>KLEMMCO INC.</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C.M.C. M.U.A.</b>	
City, State <b>MAPLE SHADE, N.J. 08052</b>		Disposal Date	City, State <b>WOODBINE, N.J.</b>		
Completed By <b>JOSEPH KLEMM</b>	Title <b>OWNER</b>	Signature <i>Joseph Klemm</i>	Date <b>5/29/12</b>		



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

Check No. **20560**

Date of Notification (1) <b>May 29, 2012</b>		Name of Building Owner/Operator (2) <b>Newark Public Schools</b>							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 17:27</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Cedar Street</b> City, State, Zip Code <b>Newark, NJ 07102</b> Name of Contact <b>Gregory Tillman</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>American History High School</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>200 Warren Street</b>									
City (5) <b>Newark, NJ 07104</b>		Square Feet <b>30,000 +/-</b>	# of Floors <b>3</b>						
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>40+/-</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Company, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc., 22-2674200</b>						
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>223 Randolph Avenue</b>							
City, State, Zip Code <b>Cranberry NJ 08512</b>		City, State, Zip Code <b>Clifton, N.J 07011</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>	License No. <b>00120</b>						
Start Date (10) <b>June 11, 2012</b>	Scheduled Completion Date (11) <b>June 18, 2012</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/>			Pipe Insulation	7 In ft	<input checked="" type="checkbox"/>			
Basement Boiler Room	<input checked="" type="checkbox"/>			Pipe Insulation	86 In ft			<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., 22-2674200</b>		NJDEP Waste Hauler ID No. <b>12695</b>	Cubic Yards of Waste <b>.5</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>					
City, State <b>Clifton, N.J 07011</b>		Disposal Date <b>6/18/12</b>		City, State <b>Waynesburg, OH</b>					
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>5/29/2012</b>			