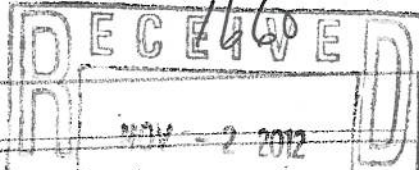
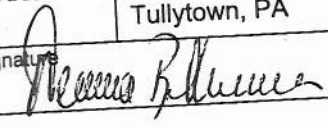


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



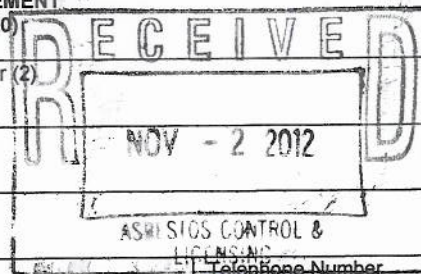
Date of Notification (1) 10-24-12		Name of Building Owner/Operator (2) HUB REALTY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 447 NORTHFIELD AVE	
		City, State, Zip Code WEST ORANGE NJ	
		Name of Contact HEATH DINO	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HUB REALTY		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 224-234 ELIZABETH AVE		Square Feet 4000	# of Floors 2
City (5) ELIZABETH NJ		Bldg. Age 80	
County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 11-3-12		Scheduled Completion Date (11) 11-9-12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7-11 PM - 7 PM		Name of OSHA Monitor ACE INSULATION CO. INC	
Scope of Work (Check all that apply) <input type="checkbox"/> < 3 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) HOUSE & GARAGE	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SIDING
	Amount (Specify SF or LF) 8800 SF		
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>			
Name of Registered Waste Hauler EASTERN WASTE		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 8
City, State FREEHOLD NJ		Disposal Date 11-9-12	Name of Registered Landfill GROW'S LANDFILL
Completed By JACK GALL		Title PPS MGR	Signature Jack Gall
			Date 10-24-12

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

Date of Notification (1) 10/16/12		Name of Building Owner/Operator (2) Dorothee Holmstrup		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> NOV 2 2012 </div>					
Agencies Notified		Street Address 9 Bedford Place							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fair Lawn, NJ 07410					
		Name of Contact Dorothee Holmstrup		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> ASBESTOS CONTROL & LICENSING </div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 9 Bedford place				Square Feet N/A	# of Floors N/A				
City (5) Fair LAwn				Bldg. Age N/A					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 11/13/12		Scheduled Completion Date (11) 11/14/12		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 & laundry room		X		pipe insulation	48 LF	X			
garage		X		pipe insulation	24 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TB D	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 10/16/12		

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

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



Date of Notification (1) 10/16/12		Name of Building Owner/Operator (2) Perry Patterson							
Agencies Notified	Type Notification	Street Address 259 Forest Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Glen Ridge, NJ 07028							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Perry Patterson							
<div style="text-align: right;">Telephone Number _____</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 259 Forest Avenue		Square Feet N/A	# of Floors N/A						
City (5) Glen Ridge		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 11/12/12	Scheduled Completion Date (11) 11/13/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room		X		pipe insulation	39 LF	X			
crawl space		X		pipe insulation	3 LF	X			
laundry room		X		pipe insulation	3 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 10/16/12			

CHECK #
2484

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

RECEIVED
2012 NOV -2 PM 3:53

Date of Notification (1) 10/24/12		Name of Building Owner/Operator (2) BOB MOOSE	
Agencies Notified EPH DEP DOH IDH NJH NJH	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 P.O. Box 322	
		City, State, Zip Code BRIGANTINE N.J. 08003	
		Name of Contact SAME	

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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.)	
Address 2401 REVERE BLVD		Square Feet 1000	Floor 2
City, State, Zip Code BRIGANTINE		Block 40T	Age 40T
County ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.	Name of Abatement Contractor (9) Klemm Inc.	
Street Address		Street Address 369 S. SPRUCE AVE		
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08012		
Project Manager for Monitoring Firm		Telephone No. 856-774-0422	License No. 001441	

Date 11/5/12	Scheduled Completion Date (11) 11/13/12	Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE	
		City, State, Zip Code MAPLE SHADE N.J. 08012	

Abatement Method (Check all that apply) <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1') and Non-Friable Procedure	
--	--

Location of Asbestos Containing Material (ACM) 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)	Remarks
	Y	N	N/A			
SLIDING			X	TRANSITE	1500	X


Waste Hauler Klemm Inc.		NJDEP Waste Hauler ID No. 17901	Cubic Yards of Waste	Name of Registered Carrier ACUA	
City, State, Zip Code MAPLE SHADE N.J.		Disposal Date	City, State BRIGANTINE N.J.	Signature Joe Klemm	
Print Name Joe Klemm		Title V/P	Date 10/22/12		

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

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2012 NOV -2 PM 3:52

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/2012		Name of Building Owner/Operator (2) Lexington Equities LLC							
Agencies Notified	Type Notification	Street Address 1 Carol Place							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Moonachie, NJ 07074							
		Name of Contact Joseph Tait							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Funeral Home		Type of Facility (4)							
Street Address 1908 New York Avenue		<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) West New York, NJ 07093		Square Feet 18,000	# of Floors 2						
		Bldg. Age 80+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Funeral Home							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 2333 Route 22 West		Street Address 426 69th Street							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 908-206-0073	License No. 01074						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 10/25/2012	Name of OSHA Monitor same as above							
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: 8:30 AM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Roof		x		Picking up ACM roofing debris	approx-300 SF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management					
City, State Po Box 5010		Disposal Date tbd		City, State Tullytown Landfill					
Completed by Gina Salvador		Title Office Manager		Signature 		Date 10/19/2012			

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State of New Jersey
Department of Environmental Protection
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (10) 10-20-12		Name of Building Owner/Owner's Agent (11) Earth, Inc				
Agency Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification: <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including incineration) <input type="checkbox"/> Cancellation	Street Address: 155 RT 50	City, State, Zip Code: Ocean View			
		Name of Consultant: GARY CHAN K	Telephone Number: 201-201-1234			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (6) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Superfund Site (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address: 603 N New York Ave		Square Feet: 3500				
City (5): Atlantic City		# of Floors: 3				
County (5): Atlantic		Building Age: 70				
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Resident				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ann-Joe LLC				
Street Address:		Street Address: 1212 Burlington Ave				
City, State, Zip Code:		City, State, Zip Code: DELANCO NJ 08075				
Project Manager for Monitoring Firm		Telephone No. 656 824 0911	License No. 01070			
Start Date (10): 10-29-12	Scheduled Completion Date (11): 10-5-12	Name of OSHA Monitor: Self				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address:				
		City, State, Zip Code:				
Scope of Work (Check all that apply) <input type="checkbox"/> > 5 sf or > 35 f <input type="checkbox"/> < 5 sf or < 35 f <input type="checkbox"/> < 150 sf or < 250 f <input type="checkbox"/> Remediation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Encapsulated / and Non-Fabric Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTSIDE	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No NA	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2500 SF	Abatement Type		
				Removal	Repair	Encapsulate
		ACM Siding				
Name of Registered Waste Handler J. V. V. Waste		ELIAP Waste Handler ID No. 13867	Cubic Yards of Waste 5	Name of Registered Landfill WM of Pa.		
City, State Bellman NJ		Disposal Title TSD	City, State Tullytown Pa			
Completed by J Hill	Title VP	Signature [Signature]	Date 10-20-12			

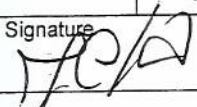
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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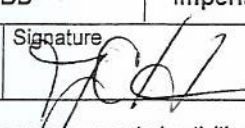
Date of Notification (1) <div style="text-align: center;">10 / 24 / 12</div>		Name of Building Owner/Operator (2) Campbell Soup							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #002 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Campbell Place							
		City, State, Zip Code Camden, NJ							
		Name of Contact Chris Schoen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears		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 1300 Admiral Wilson Blvd									
City (5) Camden	Square Feet 200000	# of Floors 3	Bldg. Age 100						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCM No. 00099	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address River Drive Center 1, 4th Floor		Street Address 550 East Union Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	License No. 00508						
Start Date (10) <div style="text-align: center;">10 / 29 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 16 / 12</div>	Name of OSHA Monitor AET							
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: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 28 N. Pennel Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 25	Name of Registered Landfill Allied BFI Imperial					
City, State Hazletton, PA			Disposal Date TBD	City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator	Signature <i>John C. Heemer</i>			Date 10/24/12			

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

RECEIVED

Date of Notification (1) 10 / 19 / 12		Name of Building Owner/Operator (2) Campbell Soup							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1 Campbell Place		City, State, Zip Code Camden, NJ							
Name of Contact Chris Schoen		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears		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 1300 Admiral Wilson Blvd		Square Feet 200000							
City (5) Camden		# of Floors 3							
County (6) Camden		Bldg. Age 100							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCN No. 00099							
Street Address River Drive Center 1, 4th Floor		Name of Abatement Contractor (9) Alliance Environmental Systems							
City, State, Zip Code Elmwood Park, NJ 07407		Street Address 550 East Union Street							
Project Manager for Monitoring Firm Vijay Patel		City, State, Zip Code West Chester, PA 19382							
Telephone No. 201-794-6900		Telephone No. 610-701-9000							
Start Date (10) 10 / 23 / 12		License No. 00508							
Scheduled Completion Date (11) 11 / 9 / 12		Name of OSHA Monitor AET							
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: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 28 N. Pennel Road							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 25		Name of Registered Landfill Allied BFI Imperial			
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 		Date 10/18/12			

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

Date of Notification (1) 10 / 08 / 12		Name of Building Owner/Operator (2) Campbell Soup							
Agencies Notified <input checked="" 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 1 Campbell Place							
		City, State, Zip Code Camden, NJ							
		Name of Contact Chris Schoen	Telephone Number (609) 291-1234						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Sears		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 1300 Admiral Wilson Blvd		Square Feet 200000	# of Floors 3						
City (5) Camden	County (6) Camden	County Code (7) (STATE USE ONLY)	Bldg. Age 100						
Name of Monitoring Firm Hired by Building Owner (8) Langen Engineers		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address River Drive Center 1, 4th Floor		Street Address 550 East Union Street							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Ross Caldwell	Telephone No. 201-794-6900	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 10 / 23 / 12	Scheduled Completion Date (11) 11 / 9 / 12	Name of OSHA Monitor AET							
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: 7:00AM-3:30PM PM-____AM		Street Address 28 N. Pennel Road							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	4000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mech Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration cloth	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Doors, mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	misc. glue, caulk	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electric room, elevator room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake pad, transite, ebony board	122 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 25	Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) John Heemer		Title Estimator		Signature 			Date 10/8/12		

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

CL # 2366

Date of Notification (1) 10/25/12		Name of Building Owner / Operator (2) State of New Jersey	
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 33 W. State Street, 9th floor
			City, State & Zip Code Trenton, NJ 08625
			Name of Contact Georgette Bunch
Telephone Number <div style="text-align: right;">2012 NOV - 2 4 3:22 RECEIVED ASBESTOS CONTROL & LICENSING</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Executive State House-Governor's Ramp Entrance		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 125 West State Street		Square Feet	# of Floors
City (5) Trenton	County (6) Mercer	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Executive House	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No.	
Street Address 120 North Warren		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08608		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone Number 609-656-8101	License Number 00509
Scheduled Start Date (10) 11/12/12	Scheduled Completion Date (11) 11/12/12	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 8AM - 330PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	
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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Governors ramp corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation
Governors ramp corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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 Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1
City, State Bristol, PA		Name of Registered Landfill GROWS Landfill	
Disposal Date 11/13/12		City, State Morrisville, PA	
Completed By (Print or Type) Patrick T. DeCaro		Title Project Manager	Signature <i>Patrick T. DeCaro / jk</i>
		Date 10/25/12	

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

1207-4513
Check #4652

RECEIVED

Date of Notification (1) 10/26/12		Name of Building Owner / Operator (2) Camden City Public Schools	
Agencies Notified	Type Notification	Street Address 201 North Front Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Camden, NJ 08102	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Celeste Ricketts	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

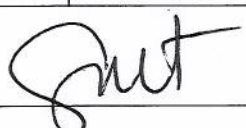
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Camden City Administration Building			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 201 North Front Street			Square Feet # of Floors Bldg. Age		
City (5) Camden	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Administration Building		
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 500 Horizon Drive, Suite 540			Street Address PO Box 25		
City, State & Zip Code Robbinsville, NJ 08691			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Firoz Jan		Telephone Number 215-435-3674	Telephone Number 609-265-3207		License Number 00529
Scheduled Start Date (10) 11/12/12	Scheduled Completion Date (11) 11/30/12		Name of OSHA Monitor EMSL Analytical		

Occupancy Status During Abatement (Check only one)		Street Address 108 Haddon Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Westmont, NJ 08108	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe:			
<input checked="" type="checkbox"/> Facility Occupied During Abatement			

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) <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
Throughout 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation/Elbows/Fittings	563 LF	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/30/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 10/26/12

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

1209-4555
Check #4651

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2012 NOV -2 PM 3:49

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10/26/12		Name of Building Owner / Operator (2) NJ Transit	
Agencies Notified	Type Notification	Street Address One Penn Plaza East	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ 07105-2246	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Russell Samaroo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Penn Station Substation #1			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 1035 Raymond Blvd.			Square Feet # of Floors Bldg. Age		
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Substation		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street			Street Address PO Box 25		
City, State & Zip Code Moorestown, NJ 08057			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number 609-265-3207		License Number 00529
Scheduled Start Date (10) 11/14/12	Scheduled Completion Date (11) 11/16/12		Name of OSHA Monitor EMSL Analytical		
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: 5 PM Start <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 18108		

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
Pipe Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Damaged Pipe Insulation	30 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 3	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/16/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 10/26/12

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

1210-4566
Check #4612

RECEIVED

2012 NOV -2 PM 3:48

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10/23/12		Name of Building Owner / Operator (2) NJ Transit	
Agencies Notified	Type Notification	Street Address One Penn Plaza East	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ 07105-2246	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Russell Samaroo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Penn Station			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 1048 Raymond Blvd.			Square Feet		
City (5) Newark			County (6) Essex		County Code (7)
Current Use (Prior if being demolished) Train Station			# of Floors		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street			Street Address PO Box 25		
City, State & Zip Code Moorestown, NJ 08057			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number 609-265-3207		License Number 00529
Scheduled Start Date (10) 10/24/12		Scheduled Completion Date (11) 10/29/12		Name of OSHA Monitor EMSL Analytical	
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: 3:30 PM Start <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 18108		


Scope of Work (Check all that apply)

- ☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drain Pipe	160 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

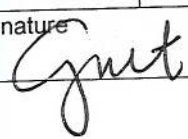
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 3	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 10/29/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 10/23/12

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

RECEIVED

2012 NOV -2 PM 3:46

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/22/12		Name of Building Owner / Operator (2) Pfizer Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 100 US Highway 206		City, State & Zip Code Peapack, NJ							
Name of Contact Project Manager		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) American Cyanamid Superfund Site		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 20 Polhemus Lane		Square Feet	# of Floors						
City (5) Bridgewater		County (6) Somerset	County Code (7)						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 907 Doolittle Drive		Street Address PO Box 25							
City, State & Zip Code Bridgewater, NJ 08807		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	License Number 00529						
Scheduled Start Date (10) 10/23/12	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor EMSL 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 Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
City, State & Zip Code Westmont, NJ 08108									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 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 checked="" 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
Buildings #78, 81 & 821	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<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 AbateTech, Inc		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 12/31/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature 			Date 10/22/12		

Accredited Environmental Technologies, Inc.

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2012 NOV -2 PM 3:46

ASBESTOS CONTROL
& LICENSING

Building #78

- Black duct sealant about southeast corner office - 5 sf
- Brown 12"x12" floor tile and mastic in center section bathrooms and offices - 900 sf
- Black roofing felt on west section exhaust fan control room roof - 230 sf
- Black gas pipe coating on metal equipment box at exterior southeast corner - 2 lf
- Wall sealant caulking on metal wall dividers between east and center sections - 1350 lf
- White/beige paint on brick dividing wall between west and center sections - 5500 sf
- Roof flashing on brick/block wall above center section - 650 sf

Building #81

- Exterior roof flashing sealant - 100 sf
- Exterior/interior column caulking - 80 lf

Building #821

- Exterior textured stucco wall paint - 1600 sf
- Door frame caulking (2 doors) - 40 lf

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

CR # 2368

Date of Notification (1) 10/25/2012		Name of Building Owner / Operator (2) Lawrence Twp Board of Education							
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2565 Princeton Pike City, State & Zip Code Lawrenceville, NJ Name of Contact Bo Hitchcock							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrence Intermediate School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 66 Eggert Crossing Road		Square Feet	# of Floors						
City (5) Lawrenceville	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 11/8/2012	Scheduled Completion Date (11) 11/8/2012	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 6:00 PM – 11:00 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> 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
Speech Room near Library	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	8 LF	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 cu yd	Name of Registered Landfill Grows Landfill					
City, State New Castle, DE		Disposal Date 11/9/2012		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 10/25/12		


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

OK # 2367

Date of Notification (1) 10 / 25 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2012 NOV -2 13:45 ASBESTOS & LICE NTROL NG </div>					
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library				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 Washington Rd				Square Feet	# of Floors				
City (5) Princeton				Bldg. Age					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 11 / 08 / 12		Scheduled Completion Date (11) 11 / 14 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM-_____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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	Enclosure
Level B East Core	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level B East Core	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jz</i>		Date 10/25/12			

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

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Date of Notification (1) 10/25/2012		Name of Building Owner/Operator (2) Pine Belt Enterprises	
Agencies Notified () EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Notification () Cancelled	
Street Address 1088 Route 88		City, State, Zip Code Lakewood, NJ 08701	
Name of Contact Michael J Lynch		Phone 2012 NOV -2 PM 3:44	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pine Belt Enterprises		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 71 Route 37 East		Sq. Feet : 120.00 SF No. of Floors: 2	
City (5) Toms River	County (6) Ocean	County Code (7) (State Use Only)	Bldg. Age: 50 years Current Use (prior if being demolished) Residential Apartments
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc		ASCM No. 00140	Name of Contractor (9) Superior Abatement, Inc.
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm JP Von Doehren	Telephone Number (973) 729-5649	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 11/05/2012	Scheduled Completion Date (11) 11/10/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.		Street Address 2 Henderson Drive, Ste. A	
City, State, Zip Code West Caldwell, NJ 07006			
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
West Show Room & South West Corner Cubicle Area		Floor Tile and Mastic	3,965 SF
North Entrance Hall		Floor Tile and Mastic	200 SF
North Center Show Room, Service Area & Bathrooms		Floor Tile and Mastic	1,440 SF
Center Room, Office, Rear Hall and Bathroom		Floor tile and Mastic	1,000 AF
Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 40	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE	Disp. Date 11/10/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 10/25/2012

Courtesy Notification

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

Job #: 1210-1683
Check # NA - Government
Property

Date of Notification (1) 10/25/12		Name of Building Owner / Operator (2) McGuire Air Force Base	
Agencies Notified	Type Notification	Street Address 2403 Tuskegee Airman Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code McGuire AFB, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Robert Jaques	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) McGuire Air Force Base Building #2101		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 2101 West Arnold Avenue		Square Feet 13,000	# of Floors 2
City (5) Wrightstown	County (6) Burlington	County Code (7)	Bldg. Age 1956
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Blvd.	
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave or Steven Flanigan		Telephone Number 856-848-0800	License Number 00862
Scheduled Start Date (10) 11/7/12	Scheduled Completion Date (11) 1/7/13	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure & Negative Pressure Enclosures |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" 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
South End	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding Panels	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding Panels	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Panel/Circuit Breaker Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Level Laboratory Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Lagging Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breach Stacks-Boiler #5 & #6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Breach Lagging Insulation	5,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (elbows/tees/valves/flanges) assoc. with fiberglass Pipe Insulation	625 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 25	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ		Disposal Date 1/7/13	City, State Morrisville, PA		
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 10/25/12

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CK 004520

Date of Notification (1) 10/12/12		Name of Building Owner/Operator (2) JOSEPH GROSS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 59 MILLS STREET City, State, Zip Code MORRISTOWN, NJ 07960	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact JOSEPH GROSS	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPH GROSS Street Address 59 MILLS STREET City (5) MORRISTOWN County (6) MORRIS County Code (7) (State use only)			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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		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 01169	
Project Manager for Monitoring Firm Phone Number		Start Date (10) 10/29/12		Sched. Completion Date (11) 11/10/12	
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					

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		X		Boiler Insulation	40 SQ FT	X			

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 10/30/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/24/12

D&S Proj. #: MS 12-378

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

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2012 NOV -2 PM 3:39

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/10/12		Name of Building Owner/Operator (2) RESIDENTIAL BUILDING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 412 GLENMARY AVENUE	
Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code LEONARDO, NJ	
		Name of Contact JIM DALLAS	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RESIDENTIAL BUILDING			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 412 GLENMARY AVENUE			Square Feet		
City (5) LEONARDO			County (6) MONMOUTH		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 11/12/12			License Number 01169		
Sched. Completion Date (11) 11/23/12			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	184 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 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/13/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 10/24/12	

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

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

Check # 1716

Page 1 of 1

Date of Notification (1) 10-23-2012		Name of Building Owner/Operator (2) East Orange School District							
Agencies Notified	Type Notification	Street Address 715 Park Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Dr. Morgan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gordon Parks Academy		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 98 Greenwood Avenue		Square Feet 65,000+	# of Floors 3						
City (5) East Orange		Bldg. Age 40+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 116 Tices Lane, Unit B-1		Street Address 140 Hamburg Turnpike							
City, State, Zip Code East Brunswick, NJ, 08816		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 01084						
Start Date (10) 11/7/2012	Scheduled Completion Date (11) 11/17/2012	Name of OSHA Monitor GL Group, Inc							
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 <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Bolier #1 pipe insulation	250 LF	x			
Boiler Room	X			Bolier #1 breaching	60SF	x			
Boiler Room	X			Bolier #1 bricks	2 cu yards	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 10-23-2012			

CK 2731

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/25/2012		Name of Building Owner/Operator (2) Essex County Vocational-Technical School					
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 209 Franklin St City, State, Zip Code Bloomfield, NJ 07003 Name of Contact William Toombs					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Essex County Vocational-Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 620 Passaic Ave		Square Feet 30,000 SF	# of Floors 2				
City (5) West Caldwell		Bldg. Age 70+					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group, Inc.	ASCN No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address 65 Jackson Drive		Street Address 1360 Clifton, Avenue, PMB Suite 218					
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Clifton, NJ 07012					
Project Manager for Monitoring Firm Kevin Burns	Telephone No. 908-497-9103	Telephone No. 973-389-0089	License No. 00693				
Start Date (10) 11/02/2012	Scheduled Completion Date (11) 11/05/2012	Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012					
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"/> Govebag 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			
				Removal	Repair	Encapsulate	Enclosure
Nursery Area	Yes No N/A X	Transite Boards	680 SF	X			
Name of Registered Waste Hauler Service Transport Group	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill				
City, State New Castle DE		Disposal Date 11/05/2012	City, State Waynesburgh OH				
Completed By Krutarth Jagad	Title President	Signature 	Date 10/25/2012				

ASB41

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D&S Proj. #: MS 12-377

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

Fax:

Oct 23 2012 01:44pm P001/001

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Homer
(Signature)
Date: 10/23/12 Time: 1:40PM

Date of Notification (1) 10/23/12		Name of Building Owner/Operator (2) KRISTEN KORIAN	
Agencies Notified	Type Notification	Street Address 19 ELSTON ROAD	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact KRISTEN KORIAN	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (Including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

2012 NOV -2 PM 3:33

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KRISTEN KORIAN			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 19 ELSTON ROAD			Square Foot		
City (5) MONTCLAIR			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior to 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 01169
Start Date (10) 10/25/12	Sched. Completion Date (11) 10/30/12			
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)

<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 or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (#3)	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	90 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/26/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN, JOLDZIC	Title PRESIDENT	Signature	Date 10/23/12

ASB-41

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D&S Proj. #: MS 12-377

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

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Date of Notification (1) 10/12/12		Name of Building Owner/Operator (2) KRISTEN KORIAN		2012 NOV -2 PM 3:33	
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 19 ELSTON ROAD City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact KRISTEN KORIAN				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KRISTEN KORIAN			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 19 ELSTON ROAD			Square Feet # of Floors Bldg. Age		
City (5) MONTCLAIR	County (6) ESSEX	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 01169
Start Date (10) 10/25/12	Sched. Completion Date (11) 10/30/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	90 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 10/26/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/23/12	

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

Date of Notification (1) 10/26/12		Name of Building Owner/Operator (2) PSE + G		RECEIVED 2012 NOV -2 PM 3:32 ASBESTOS CONTROL & LICENSING	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 08060 Name of Contact LAUREN THOMAS Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE + G				Type of Facility (4)	
Street Address 751 CLIFF ROAD				<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) SEWAREN				Square Feet N/A	# of Floors N/A
County (6) MIDDLESEX				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 INC.	
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) 11/10/12		Scheduled Completion Date (11) 11/10/12		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.	
Occupancy Status During Abatement (Check Only One)				Street Address 396 WHITEHEAD AVE.	
<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: OUTDOORS				City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
OUTSIDE SWITCH YARD		X		ACM SOCK	20 LF
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State ELIZABETH, NJ		Disposal Date 11/12/12		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>	Date 10/26/12

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

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Date of Notification (1) <u>10/27/12</u>		Name of Building Owner/Operator (2) <u>MRS SPARKS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>1222 PARK AVE</u>
	City, State, Zip Code <u>HOBOKEN N.J. 07030</u>		ASBESTOS CONTROL & LICENSING
		Name of Contact <u>RYAN</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>MRS SPARKS</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>1222 PARK AVE</u>		Square Feet <u>6500</u>	# of Floors <u>3</u>
City (5) <u>Hoboken</u>		Bldg. Age <u>56</u>	
County (6) <u>Hudson</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RES / ARTS</u>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>
Street Address		Street Address <u>105 Lowell Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>	
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>
Start Date (10) <u>11/5/12</u>		Scheduled Completion Date (11) <u>11/6/12</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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
		Street Address <u>280 Huyler Street</u>	
		City, State, Zip Code <u>Hackensack, NJ 07606</u>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <u>BASEMENT</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			<u>PIPE</u>
			<u>110 LF</u>
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>
City, State <u>Riverdale, New Jersey 07457</u>		Cubic Yards of Waste <u>1</u>	City, State <u>Bethlehem, PA 18015</u>
Disposal Date <u>11/5/12</u>		Signature <u>R McDonald</u>	
Completed by <u>R. McDonald</u>		Title <u>President</u>	Date <u>10/27/12</u>

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

Check # 8012

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>10/27/12</u>		Name of Building Owner/Operator (2) <u>MR TAYLOR</u>	
Agencies Notified	Type Notification	Street Address <u>218 ZABRISKIE PLACE</u>	
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>NEW MILFORD NJ 07647</u>	
		Name of Contact <u>MR TAYLOR</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>TAYLOR</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>218 ZABRISKIE PL</u>		Square Feet <u>1550</u>	# of Floors <u>2</u>
City (5) <u>NEW MILFORD</u>		Bldg. Age <u>5-6</u>	
County (6) <u>BERGEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RES</u>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>	
Street Address		Street Address <u>105 Lowell Road</u>	
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>	
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>
Start Date (10) <u>10/12/12</u>	Scheduled Completion Date (11) <u>11/13/12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>	
		City, State, Zip Code <u>Hackensack, NJ 07606</u>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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>BASEMENT</u>			<u>X</u>	<u>PIPE</u>	<u>125 LF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>Rovic Transport</u>	NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>11/12/12</u>	City, State <u>Bethlehem, PA 18015</u>
Completed by <u>R. McDonald</u>	Title <u>President</u>	Signature <u>[Signature]</u>	Date <u>10/27/12</u>

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/12/12		Name of Building Owner/Operator (2) LAURIE PETERSEN	
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 906 GARDEN STREET		City, State, Zip Code HOBOKEN, NJ 07030	
Name of Contact LAURIE PETERSEN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAURIE PETERSEN			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 906 GARDEN STREET			Square Feet		
City (5) HOBOKEN			County (6) HUDSON		# of Floors
			County Code (7) (State use only)		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	
Start Date (10) 11/02/12		Sched. Completion Date (11) 11/16/12		License Number 01169	
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) <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		<input checked="" type="checkbox"/>		PIPE INSULATION	62 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIMNEY PACKING (REPLACE)		<input checked="" type="checkbox"/>		CHIMNEY PACKING (REPLACE)	1 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/05/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/23/12	

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2012 NOV -2 PM 3:28

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/1/12		Name of Building Owner/Operator (2) EVA RUSSELL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 135 JEWETT AVENUE City, State, Zip Code JERSEY CITY, NJ 07306	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact EVA RUSSELL Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) EVA RUSSELL			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 135 JEWETT AVENUE			Square Feet		
City (5) JERSEY CITY			County (6) HUDSON		County Code (7) (State use only)
			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	
Start Date (10) 10/24/12		Sched. Completion Date (11) 10/31/12		License Number 01169	
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		<input checked="" type="checkbox"/>		PIPE INSULATION	50 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler		<input checked="" type="checkbox"/>		Boiler Insulation	50 SQ FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 10/25/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/19/12	

City (5) JERSEY CITY		County (6) HUDSON		Fax: County Code (7) (State use only)		Oct 23 2012 07:58am P001/002	
Name of Monitoring Firm Hired by Bldg. Owner (8)				ASCM No.		Name of Abatement/Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 2012 NOV -2 PM 3:28 20 California Ave.			
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07603			
Project Manager for Monitoring Firm			Phone Number			Telephone Number 973-345-8020	
Start Date (10) 10/24/12			Sched. Completion Date (11) 10/31/12				
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							
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							
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
		Yes	No				
basement			<input checked="" type="checkbox"/>	PIPE INSULATION	50 L FT	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler			<input checked="" type="checkbox"/>	Boiler Insulation	50 SQ FT	<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 10/25/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/19/12	

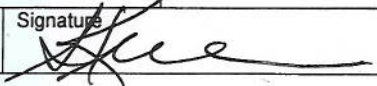
ASB-41

Do not use this form for asbestos licensure exempted activities.

125 Jewett Avenue, Jersey City, NJ
Hudson County.

APPROVED	
NJ Dept. of Health & Senior Services	
<i>Paul C. Hannon</i> (signature)	
Date: 10/23/12	Time: 7:34am

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

Date of Notification (1) October 26, 2012		Name of Building Owner/Operator (2) Eleanor Sabol							
Agencies Notified	Type Notification	Street Address 29 Claremont Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsboro, NJ 08844							
		Name of Contact Roy Taverner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Site of Demolished Home		Type of Facility (4)							
Street Address 1 Gladys Avenue		<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) Manville		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address		Street Address 235 Watchung Avenue							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 10/27/2012		Scheduled Completion Date (11) 10/27/2012	Name of OSHA Monitor N/A						
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: <u>Site of Demolished Home</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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
Site of Demolished Home		x		Transite siding	50sf approx	x			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No. 0034721	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange, NJ		Disposal Date 10/29/2012		City, State Morgantown, PA 19543					
Completed by Slawomir Kielczewski		Title President	Signature 			Date 10/26/2012			

Fax:

D&S Proj. #: MS 12-275

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

APPROVED
NJ Dept of Health & Senior Services
Paul A. Jones
(signature)
Date: 10/23/12 Time: 7:39AM

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2012 NOV -2 PM 3:27
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/12/12		Name of Building Owner/Operator (2) TONI ROBINSON	
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 154 SUMMER STREET		City, State, Zip Code ORANGE, NJ 07051	
Name of Contact TONI ROBINSON		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TONI ROBINSON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 154 SUMMER STREET			Square Feet # of Floors Bldg. Age		
City (5) ORANGE	County (6) ESSEX	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 01169
Start Date (10) 10/23/12		Sched. Completion Date (11) 10/30/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one): <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT AND CRAWL SPACE		X		PIPE INSULATION	125 L FT	X			
BASEMENT		X		BARE HEATING PIPES(RECLEAN)	45 L FT			X	

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Issuer ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/24/12	City, State TULLYTOWN, PA	
Signature of (Print or Type) BORDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/22/12

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

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2012 NOV -2 PM 3:27

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/1/12 12/1/12		Name of Building Owner/Operator (2) TONI ROBINSON	
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 154 SUMMER STREET		City, State, Zip Code ORANGE, NJ 07051	
Name of Contact TONI ROBINSON		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TONI ROBINSON			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 154 SUMMER STREET			Square Feet		
City (5) ORANGE			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			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.)		
City, State, Zip Code			Bldg. Age		
Project Manager for Monitoring Firm			Current Use (Prior if being demolished)		
Phone Number					

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 01169
Name of OSHA Monitor D & S Restoration, Inc.	
Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503	
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	

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 AND CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	125 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES(RECLEAN)	45 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 10/24/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/22/12

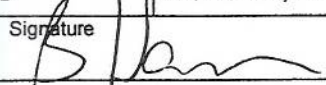
CHECK #
2499

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:130)

RECEIVED
2012 NOV 12
PH. 3:25

Date of Notification (1) <u>10/31/12</u>		Name of Building Owner/Operator (2) <u>FAIRVIEW TECH CONSULTING</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>				
		City, State, Zip Code <u>GREENFIELD, N.J. 07030</u>				
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>908-311-1111</u>			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>60 HADDON AVE.</u>		Square Feet <u>1000</u>	Floor <u>2</u>			
City (5) <u>GIBBSBORO</u>		Blgd. Age <u>40+</u>				
County (6) <u>BURLINGTON</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>			
Start Date (10) <u>11/12/12</u>	Scheduled Completion Date (11) <u>11/19/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>				
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> 23 SF or 23 LL <input checked="" type="checkbox"/> 2160 SF or 2260 LL		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") and Non-Frable Procedure				
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	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) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000#</u>	Abatement Type		
				Removal	Repair	Encapsulation
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>		
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>MOORESVILLE, PA.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>10/31/12</u>			

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

Date of Notification (1) 10/26/12		Name of Building Owner/Operator (2) Kennedy University Hospital							
Agencies Notified	Type Notification	Street Address 435 Hurfville Crosskeys Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Turnersville, NJ 08012							
		Name of Contact Mr. Lou Bergdoll							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital		Type of Facility (4)							
Street Address 435 Hurfville Crosskeys Road		<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) Turnersville, NJ 08012		Square Feet 250,000	# of Floors 5						
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 318 12th Street, LLC		Street Address 2115 Hamilton Ave, Suite 202							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone No. 609-704-8850	Telephone No. 609-977-6159						
License No. 01185									
Start Date (10) 11-5-12	Scheduled Completion Date (11) 11-9-12	Name of OSHA Monitor J&S Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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>2nd Shift 4:30pm to 1:00 am</u>		City, State, Zip Code Union NJ 07083							
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
Laundry Room		X		Floor Tile & Mastic	150 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Brian Haney		Title President		Signature 		Date 10/26/12			

RECEIVED

2012 NOV -2 PM 3:15

Print Form

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

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10-12-2012		Name of Building Owner/Operator (2) Kennedy University Hospital							
Agencies Notified	Type Notification	Street Address 435 Hurville Crosskeys Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Turnersville, NJ 08012							
		Name of Contact Mr. Lou Bergdoll	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University 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 435 Hurville Crosskeys Road		Square Feet 250,000	# of Floors 5						
City (5) Turnersville, NJ 08012		Bldg. Age 11							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 318 12th Street, LLC		Street Address 2115 Hamilton Ave, Suite 202							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone No. 609-704-8850	Telephone No. 609-977-6159						
Start Date (10) 10/23/2012		Scheduled Completion Date (11) 10/24/2012	License No. 01185						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2nd Shift 4:30pm to 1:00 am		Name of OSHA Monitor J&S Environmental Laboratories, LLC							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room		X		Floor Tile & Mastic	150 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Brian Haney		Title President		Signature		Date 10/12/2012			

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

Check # 2785

Date of Notification (1) 10 / 15 / 12		Name of Building Owner / Operator (2) PAULSBORO REFINING COMPANY LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 800 BILLINGSPOORT ROAD		City, State, Zip Code PAULSBORO, NJ	
Name of Contact RAVI JARECHA		Telephone Number 201-278-5115	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PAULSBORO REFINING COMPANY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 800 BILLINGSPOORT ROAD		Square Feet NELA - 7,000 SMRL - 15,750	
City (5) PAULSBORO	County (6) GLOUCESTER	County Code (7)	# Of Floors 2 basement + 2
Building Age 50 years 50 years		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM NO. 98	Name of Abatement Contractor (9) LVI Environmental Services Inc.
Street Address 3 TERRI LANE		Street Address	
City, State, Zip Code BURLINGTON, NJ 08016		462 Getty Avenue	
Project Mngr. For Monitoring Firm JOHN LUTZ		Telephone Number 908-688-7800	City, State, Zip Code Clifton, NJ 07011
Scheduled Start Date (10) 11 / 01 / 12	Sched. Completion Date (11) 02 / 01 / 13	Telephone Number 973-772-3660	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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-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)
	YES NO N/A		
SEE ATTACHED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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 Waste Management, Inc. 1001 Fairview St. Camden, NJ	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)
City, State EAST HANOVER, NJ	Disposal Date 2/1/2013	City, State MORRISVILLE, PA 19067	
Completed by (Print or Type) DAN STABILITO	Title HEALTH & SAFETY OFFICER	Signature <i>Dan Stabilito</i>	Date 10/26/12

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			
						R E M O V E	R E P A I R	E N C A P S U L	E N C L O S U R
	YES	NO	N/A						
NELA- 1st Floor Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Block Pipe Insulation	599 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aircell Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Switch Panels & Lab Table Tops	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Oil Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Wall & Ceiling Panels	752 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrugated Transite Ceiling/Roof Panels	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Lab Hoods	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Red VAT & Black Mastic	955 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Mesh Flashing	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile Glue Dots	1005 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"/>
SMRL- Basement, Crawlspace, 1st Floor, 2nd Floor, Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Block Pipe Insulation	1214 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement & 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	257 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement, 1st & 2nd Fl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Lab Table Tops	746 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Lab Hoods	162 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st & 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Lab Hoods	204 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement Lunch Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12"x12" Green VAT & Black Mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement & 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Green VAT & Black Mastic	368 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 2nd Floor Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Felt Flashing	925 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st Floor Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Mesh Flashing	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Gray VAT & Black Mastic	650 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date of Notification (1) 10 / 15 / 12		Name of Building Owner / Operator (2) PAULSBORO REFINING COMPANY LLC		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED 2012 NOV 2 PM 2:45 OS CONTROL - LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		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 800 BILLINGSPOORT ROAD City, State, Zip Code PAULSBORO, NJ Name of Contact RAVI JARECHA			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PAULSBORO REFINING COMPANY			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)						
Street Address 800 BILLINGSPOORT ROAD			Square Feet NELA - 7,000 SMRL - 15,750 # Of Floors 2 basement + 2 Building Age 50 years 50 years						
City (5) PAULSBORO	County (6) GLOUCESTER	County Code (7)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM NO 98	Name of Abatement Contractor (9) LVI Environmental Services Inc.						
Street Address 3 TERRI LANE		Street Address							
City, State, Zip Code BURLINGTON, NJ 08016		462 Getty Avenue City, State, Zip Code							
Project Mngr. For Monitoring Firm JOHN LUTZ		Telephone Number 908-688-7800	Clifton, NJ 07011						
Scheduled Start Date (10) 10 / 29 / 12		Sched. Completion Date (11) 02 / 01 / 13	Telephone Number 973-772-3660		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>		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
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						
SEE ATTACHED	<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"/>				
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
Name of Registered Waste Hauler Waste Management, Inc. 1001 Fairview St. Camden, NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)					
City, State EAST HANOVER, NJ		Disposal Date 2/1/2013	City, State MORRISVILLE, PA 19067						
Completed by (Print or Type) DAN STABILITO		Title HEALTH & SAFETY OFFICER	Signature <i>Dan Stabilito</i>		Date 10/15/12				

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Block Pipe Insulation	598 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aircell Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Switch Panels & Lab Table Tops	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Wall & Ceiling Panels	752 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Oil Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrugated Transite Ceiling/Roof Panels	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Lab Hoods	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Red VAT & Black Mastic	955 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Mesh Flashing	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile Glue Dots	1005 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement, Crawlspace, 1st Floor, 2nd Floor, Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Block Pipe Insulation	1214 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement & 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	257 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement, 1st & 2nd Fl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Lab Table Tops	746 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Lab Hoods	162 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st & 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Lab Hoods	204 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement Lunch Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12"x12" Green VAT & Black Mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement & 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Green VAT & Black Mastic	368 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 2nd Floor Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Felt Flashing	925 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st Floor Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Mesh Flashing	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Gray VAT & Black Mastic	650 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED

Date of Notification (1) 10/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification Cancellation	Telephone Number ASBESTOS CONTROL & LICENSING	

2012 NOV -2 PM 2:43

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 144 Alexander Street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 144 Alexander Street			Square Feet 10000	# of Floors 2	Bldg. Age 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B		Street Address 98 LaCrue Avenue			
City, State, Zip Code Haddon Heights NJ		City, State, Zip Code Glen Mills, PA 19342			
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 11/07/12 Month/Day/Year		Sched. Completion Date (11) 11/30/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement		<input checked="" type="checkbox"/>		flu packing	2 SF	<input checked="" type="checkbox"/>			
Basement		<input checked="" type="checkbox"/>		metal pan panel	11 SF	<input checked="" type="checkbox"/>			
1st & 2nd fls		<input checked="" type="checkbox"/>		window caulk	345 LF	<input checked="" type="checkbox"/>			
rear garages		<input checked="" type="checkbox"/>		window glazing	92 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GROWS
Horizon Disposal	City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 10-26-12

Date of Notification (1) 10/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 144 Alexander Street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 144 Alexander Street			Square Feet 10000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Bldg. Age 50+		
Street Address 515 Grove Street Suite 1B			Current Use (Prior if being demolished) University		
City, State, Zip Code Haddon Heights NJ			Name of Abatement Contractor (9) Associated Specialty Contracting		
Project Manager of Monitoring Firm Alan Lloyd			Street Address 98 LaCruce Avenue		
Telephone Number 856-547-0505			City, State, Zip Code Glen Mills, PA 19342		
Scheduled Start Date (10) 11/07/12 Month/Day/Year			Telephone Number 610-364-9622		
Sched. Completion Date (11) 11/30/12 Month/Day/Year			Licence Number 1103		
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: 7:00 AM - 3:30 PM Other - Describe:			Name of OSHA Monitor Criterion Labs		
			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini - Enclosure	
<input type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement crawl space		<input checked="" type="checkbox"/>		pipe insulation	33 LF	<input checked="" type="checkbox"/>			
Garage		<input checked="" type="checkbox"/>		cement board siding	160 SF	<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature Mark Goshow	
				Date 10-26-12	

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

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Page 1 of 2

Date of Notification (1) 10/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	<input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - 132-34 Alexander Street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 132-34 Alexander Street			Square Feet 10000		
City (5) Princeton			# of Floors 2		Bldg. Age 50+
County (6)			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		
Street Address 515 Grove Street Suite 1B			Name of Abatement Contractor (9) Associated Specialty Contracting		
City, State, Zip Code Haddon Heights NJ			Street Address 98 LaCruce Avenue		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 11/07/12 Month/Day/Year		Sched. Completion Date (11) 11/30/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L	E N C L O S U R E
1st fl living, dinning, and bedroom		<input checked="" type="checkbox"/>		floor tile and mastic	1052 SF	<input checked="" type="checkbox"/>			
exterior		<input checked="" type="checkbox"/>		window glazing	702 SF	<input checked="" type="checkbox"/>			
1st & 2nd fls		<input checked="" type="checkbox"/>		joint compound	10085 SF	<input checked="" type="checkbox"/>			
1st & 2nd fls		<input checked="" type="checkbox"/>		plaster	12720 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 10/26/12

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

Page 2 of 1

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Date of Notification (1) 10/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	

2012 NOV -2 PM 2:42

ASBESTOS CONTROL
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 132-134 Alexander Street			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 132-134 Alexander Street			Square Feet 10000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 11/07/12 Month/Day/Year		Sched. Completion Date (11) 11/30/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
1st fl kitchen		<input checked="" type="checkbox"/>		mastic	110 SF	<input checked="" type="checkbox"/>			
crawlspace		<input checked="" type="checkbox"/>		pipe insulation	6 SF	<input checked="" type="checkbox"/>			
1st floor kitchen/bathroom		<input checked="" type="checkbox"/>		sheet flooring	112 SF	<input checked="" type="checkbox"/>			
Basement		<input checked="" type="checkbox"/>		flu patch	2 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 80	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA		
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>		Date 10-26-12

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

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Date of Notification (1) 10/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego	
EPA	<input checked="" type="checkbox"/> Initial		
DEP	<input type="checkbox"/> Notification		
DCA	<input type="checkbox"/> Amended		
DOH	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation		

2012 NOV -2 PM 2:41

ASBESTOS CONTROL & LICENSING

Tel: 609-799-6600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 112-116			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 112-116 Alexander Street			Square Feet 10000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 11/07/12 Month/Day/Year		Sched. Completion Date (11) 11/30/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
1st fl living, dinning, and bedroom		<input checked="" type="checkbox"/>		sheet flooring	230 SF	<input checked="" type="checkbox"/>			
exterior		<input checked="" type="checkbox"/>		window glazing	1600 LF	<input checked="" type="checkbox"/>			
exterior		<input checked="" type="checkbox"/>		window caulk	720 LF	<input checked="" type="checkbox"/>			
1st & 2nd fls		<input checked="" type="checkbox"/>		joint compound	2301 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS
Horizon Disposal				
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i> Date 10-26-12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120.7)

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Page 2 of 2

Date of Notification (1) 10/26/12		Name of Building Owner/Operator (2) Princeton University	
Month/Day/Year		2012 NOV -2 PM 2:41	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 112-116 Alexander Street			Type of Facility (4)		
Street Address			School (K12)		
112-116 Alexander Street			Subchapter 8 (Other than K12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Princeton			County (6)		
County Code (7) (STATE USE ONLY)			Square Feet		
			10000		
			# of Floors		
			2		
			Bldg. Age		
			50+		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address			Street Address		
515 Grove Street Suite 1B			98 LaCruce Avenue		
City, State, Zip Code			City, State, Zip Code		
Haddon Heights NJ			Glen Mills, PA 19342		
Project Manager of Monitoring Firm			Telephone Number		
Alan Lloyd			856-547-0505		
Scheduled Start Date (10)			Licence Number		
11/07/12			1103		
Month/Day/Year			Name of OSHA Monitor		
			Criterion Labs		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			3370 Progressive Drive		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility			City, State, Zip Code		
Hours - Describe: 7:00 AM - 3:30 PM			Bensalem PA 19020		
Other - Describe:					

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
1st & 2nd floor		<input checked="" type="checkbox"/>		plaster	3700 SF	<input checked="" type="checkbox"/>			
1st floor		<input checked="" type="checkbox"/>		floor tile	80 SF	<input checked="" type="checkbox"/>			
1st floor hall closet		<input checked="" type="checkbox"/>		pipe insulation	6 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Horizon Disposal			80	GROWS	
City, State		Disposal Date		City, State	
Trenton NJ		As needed		Morrisville PA	
Completed By (Print or Type)		Title	Signature	Date	
Mark Goshow		Project Manager	<i>Mark Goshow</i>	10-26-12	

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

No check

Date of Notification (1) 10/02/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	<input checked="" type="checkbox"/> Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	
	Cancellation	Robert Otego	

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2012 NOV -2 PM 2:44
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 87 Prospect -Room 107			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Main Campus			Square Feet # of Floors Bldg. Age 20000 4 50+		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 10/18/12 Month/Day/Year		Sched. Completion Date (11) 12/14/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 7:00 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Room 107		<input checked="" type="checkbox"/>		floor mastic	576 SF	<input checked="" type="checkbox"/>			
Room 107		<input checked="" type="checkbox"/>		fireproofing	24 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 10-26-12

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

Date of Notification (1) 10 / 15 / 12		Name of Building Owner / Operator (2) PAULSBORO REFINING COMPANY LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 800 BILLINGSPOORT ROAD City, State, Zip Code PAULSBORO, NJ Name of Contact RAVI JARECHA	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		2012 NOV -2 PM 2:38 ASBESTOS & ROL	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PAULSBORO REFINING COMPANY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 800 BILLINGSPOORT ROAD		Square Feet NELA - 7,000 SMRL - 15,750	
City (5) PAULSBORO	County (6) GLOUCESTER	County Code (7)	# Of Floors 2 basement + 2
Building Age 50 years 50 years		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM NO 98	Name of Abatement Contractor (9) LVI Environmental Services Inc.
Street Address 3 TERRI LANE		Street Address 462 Getty Avenue	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm JOHN LUTZ		Telephone Number 908-688-7800	
Scheduled Start Date (10) 11 / 01 / 12	Sched. Completion Date (11) 02 / 01 / 13	Telephone Number 973-772-3660	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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-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)
SEE ATTACHED	<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		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler Waste Management, Inc. 1001 Fairview St. Camden, NJ	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL (Non-Friable) Gloucester County Solid Waste Complex (Friable)
City, State EAST HANOVER, NJ	Disposal Date 2/1/2013	City, State MORRISVILLE, PA 19067	
Completed by (Print or Type) DAN STABILITO	Title HEALTH & SAFETY OFFICER	Signature <i>Dan Stabilito</i>	Date 10/26/12

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
NELA- 1st Floor Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Block Pipe Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aircell Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Switch Panels & Lab Table Tops	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Oil Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Wall & Ceiling Panels	752 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrugated Transite Ceiling/Roof Panels	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Lab Hoods	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Red VAT & Black Mastic	955 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st & 2nd Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Mesh Flashing	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NELA- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile Glue Dots	1005 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement, Crawlspace, 1st Floor, 2nd Floor, Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Block Pipe Insulation	1214 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement & 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	257 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement, 1st & 2nd Fl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Lab Table Tops	746 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ebony Board Lab Hoods	162 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st & 2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Lab Hoods	204 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement Lunch Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12"x12" Green VAT & Black Mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- Basement & 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Green VAT & Black Mastic	368 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 2nd Floor Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Felt Flashing	925 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st Floor Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tar & Mesh Flashing	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMRL- 1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"x9" Gray VAT & Black Mastic	650 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

RECEIVED

2012 NOV -2 PM 2:32

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/31/2012		Name of Building Owner/Operator (2) IMTT - Bayonne							
Agencies Notified	Type Notification	Street Address 250 East 22nd Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, New Jersey 07002							
		Name of Contact Aubrey Hotard							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		Type of Facility (4)							
Street Address 250 East 22nd Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne, New Jersey 07002		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Insulations, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 504-733-5033						
Start Date (10) 9/24/2012		Scheduled Completion Date (11) 10/19/2012	License No. 01120						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, Inc.							
<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: Area unoccupied		Street Address 20-21 Wagaraw Road, Bldg. 34A							
		City, State, Zip Code Fair Lawn, New Jersey 07410							
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 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
Tank 4001		X		Surface Mastic	41,233 sf	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste 127	Name of Registered Landfill IESI					
City, State Dunmore, PA		Disposal Date 12/31/2012		City, State Bethlehem, PA					
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature Aubrey Hotard		Date 10-31-12				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) 10/31/2012		Name of Building Owner/Operator (2) IMTT - Bayonne							
Agencies Notified	Type Notification	Street Address 250 East 22nd Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, New Jersey 07002							
		Name of Contact Aubrey Hotard	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		Type of Facility (4)							
Street Address 250 East 22nd Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne, New Jersey 07002		Square Feet	# of Floors 30+						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Insulations, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 504-733-5033						
Start Date (10) 11/12/2012	Scheduled Completion Date (11) 12/07/2012	License No. 01120							
Name of OSHA Monitor Envirovision Consultants, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg. 34A							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>Area unoccupied</u>		City, State, Zip Code Fair Lawn, New Jersey 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Tank 4006		X		Surface Mastic	41,233 sf	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste 127	Name of Registered Landfill IESI					
City, State Dunmore, PA		Disposal Date 12/31/2012		City, State Bethlehem, PA					
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature <i>Aubrey Hotard</i>	Date 10-31-12					