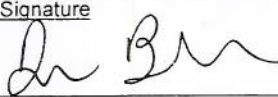


3800

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

Date of Notification (1) <p align="center">11/10/2011</p>			Name of Building Owner/Operator (2) <p align="center">Hercules</p>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <p>500 Hercules Road</p> City, State, Zip Code <p>Wilmington, DE, 19808</p>	
		Name of Contact <p>Joe Keller</p>		Tel. Number <p>[REDACTED]</p>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <p>Hercules Former Facility</p>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address <p>145 oakdale road</p>			Sq. Feet _____ # of Floors <u>3</u>		
City (5) <p>CHESTER</p>	County (6) <p>MORRIS</p>	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>RESIDENCES</u>		
Name of Monitoring Firm <p>EHS INC</p>		ASCM No.		Name of Contractor (9) <p>Alliance Environmental Systems</p>	
Street Address <p>9 MAIN STREET</p>		Street Address <p>550 East Union Street</p>			
City, State, Zip Code <p>MULLICA HILL, NJ</p>		City, State, Zip Code <p>West Chester, PA 19382</p>			
Project Manager for Monitoring Firm <p>JACK CARNEY</p>		Telephone Number <p>8562230080</p>		License Number <p>00508</p>	
Scheduled Start Date (10) <p>11/28/2011</p>		Scheduled Completion Date (11) <p>1/27/2012</p>		Name of OSHA Monitor <p>EHS, INC</p>	
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 -			Street Address <p>9 MAIN STREET</p>		
Describe _____ Other -			City, State, Zip Code <p>MULLICA HILL, NJ</p>		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
ROOF		X	Roofing	57185sf	X
1 ST FLOOR		X	Vat & mastic	39855sf	X
1 ST FLOOR		X	TRANSITE	60SF	X
		X	WINDOW CAULK	8lf	X
		X	Duct tar paper	845SF	X
1 ST FLOOR		X	JUMPER WIRE	600LF	X
		X	PIPE INSULATION	1435LF	X
		X	SEAM TAR	40LF	X
Name of Reg. Waste Hauler <p>N.E.T.S. / Miners</p>		NJDEP Waste Hauler ID # <p>17235</p>		Cubic Yards of Waste <p>Approx. 100</p>	
City, State <p>Hazleton, PA</p>		Disp. Date <p>TBD</p>		Name of Reg. Landfill <p>BFI Imperial</p>	
Completed by (Print or Type) <p>DEVIN BLOM</p>		Title <p>Estimator</p>		Signature 	
				Date <p>11/10/2011</p>	

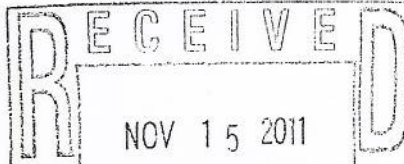
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

520124

RECEIVED

NOV 15 2011

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 935 Means Road	
		City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	Tel. Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building A		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 506 Peach Street		Sq. Feet 8200 # of Floors 2	
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC Environmental Corp.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street		Street Address 404 N. Berry Street	
City, State, Zip Code Millburn, NJ 07041		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 12/30/2011	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Vacant Bldg. To Be Demolished Manufacturing/Storage with Office Space		City, State, Zip Code Westmont, NJ 08108	
Other - Describe			
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Abatement Type			
			Rem. Rep. Encap. Enclose
Windows/ Doors	X	Caulk	735 LF
Roof	X	Roofing	8800 SF
1 st Floor Storage	X	Transite	2000 SF
Basement	X	Pipe Insulation	250 LF
Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 60	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State New Castle, DE	Disp. Date 12/30/2011	City, State Morrisville, PA	
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature <i>Mark Griffin</i>	Date 11/10/2011



Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: ~~Removal of VAT, mastic, pipe insulation, caulking, transite, and roofing. Regulated work area, hepa filtration equipment, wet material, and double bag.~~ ^{LICENSING}

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle

County: Newcastle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville

County: Bucks

State: PA

Zip: 19067

Contact: Jarod Freese

Telephone: 215-428-4391

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Mark D Griffin

(Signature of Owner/Operator)

(Date) 11/10/11

XVIII. I Certify that the Above Information is Correct

Mark D Griffin

(Signature of Owner/Operator)

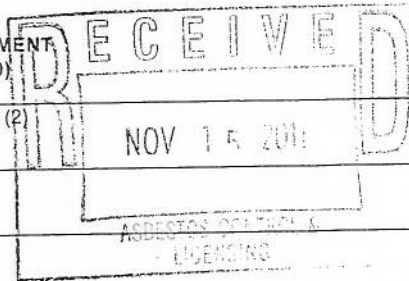
(Date) 11/10/11

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

Check # 1213

Date of Notification (1) 10/3/2011		Name of Building Owner/Operator (2) Town of Morristown							
Agencies Notified	Type Notification	Street Address 200 South Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3	City, State, Zip Code Morristown, NJ 07960							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John Bayonne							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ATCT Morristown Municipal Airport		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 4 Airport Road		Square Feet 6000	# of Floors 5						
City (5) Morristown, NJ		Bldg. Age +50							
County (6) Morris County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mc Cabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) First Phase Group Inc.						
Street Address 464 Valley Brook Ave		Street Address 567 52nd Street Suite # 16							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm John Chiquiello		Telephone No. 201-438-4839	Telephone No. 201-758-7158						
Start Date (10) 11-07-2011		Scheduled Completion Date (11) 6/30/2012	License No. 001144						
Name of OSHA Monitor J & S Environmental Laboratories LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 250 sf or 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attachment		x		See attachment		x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 100945	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill					
City, State 109-113 Jacobus Ave Kearny NJ		Disposal Date		City, State 142 Vaughn Rd Shippensburg PA					
Completed by Edwin Precilla		Title Project Manager		Signature Edwin Precilla		Date 10/14/2011			

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

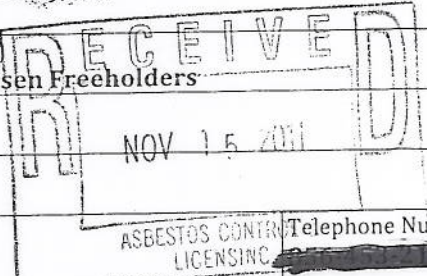


Date of Notification (1) 11-11-11		Name of Building Owner/Operator (2) Cheryl Dickson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2 Essex Road		City, State, Zip Code Maplewood NJ 07040							
Name of Contact Cheryl Dickson		Telephone Number [REDACTED]							
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 2 Essex Road		Square Feet 2500	# of Floors 2						
City (5) Maplewood		Bldg. Age 50							
County (6) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 11-28-11	Scheduled Completion Date (11) 12-28-11	Name of OSHA Monitor							
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: _____		Street Address							
		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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	400 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County					
City, State Newark NJ		Disposal Date TBD		City, State Newburgh PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 11-11-11		

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

1105-4297 Non Sub-8
Check #3504

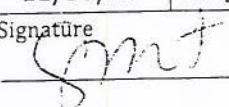
Date of Notification (1) 11/10/11		Name of Building Owner / Operator (2) Cumberland County Board of Chosen Freeholders	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 790 East Commerce Street		City, State & Zip Code Bridgeton, NJ 08302	
Name of Contact David A. Mulford, Jr.		Telephone Number [REDACTED]	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Old Vine Street School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 105 Vine Street		Square Feet	# of Floors
City (5) Bridgeton	County (6) CMB	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 344 West State Street		Street Address 30 Maple Ave	
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm William Weisgarber		Telephone Number 609-656-8101	License Number 00529
Scheduled Start Date (10) 11/21/11	Scheduled Completion Date (11) 11/30/11	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 Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

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

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
Existing Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	772 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,127 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/30/11		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 11/10/11

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check # 3503
(Pursuant to N.J.A.C. 8:60 and 12:420)

1108-4358

Date of Notification (1) 11/10/11		Name of Building Owner / Operator (2) AtlantiCare Health Systems		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 15 2011 ASBESTOS CONTROL LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1925 Pacific Ave.							
<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 # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Atlantic City, NJ 08401							
		Name of Contact Patrick Walsh							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center			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 1925 Pacific Ave.			Square Feet	# of Floors	Bldg. Age				
City (5) Atlantic City	County (6) Atlantic	County Code (7)	Current Use (Prior if being demolished) Medical Center						
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 609-265-2107	License Number 00529					
Scheduled Start Date (10) 11/18/11	Scheduled Completion Date (11) 11/21/11		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 – Describe: <input checked="" 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Operating Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	300 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 12	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 11/21/11		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature <i>Gwen</i>		Date 11/10/11			



Since 1918 • Building Contractors • Construction Managers

November 9, 2011

Mr. Tom Voorhees
New Jersey Department Labor
Asbestos Control & Licensing
1 John Fitch Plaza, 3rd floor
Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification

Dear Mr. Voorhees:

While undergoing renovations at the Atlanticare Regional Medical Center, 1925 Pacific Avenue, Atlantic City, NJ, asbestos mastic was discovered under the vinyl tile in the main corridor that services five (5) of the seven (7) active operating rooms. I am asking for a waiver of the 10 day notification to allow us to remove the asbestos mastic on Friday, 11/18/11, when there a limited number of minor scheduled surgeries at the facility. By performing the Work on this day, Atlanticare Regional Medical Center will be able to resumption their normal, daily activities in the operating room, in a timely fashion with limited interruption to patient care.

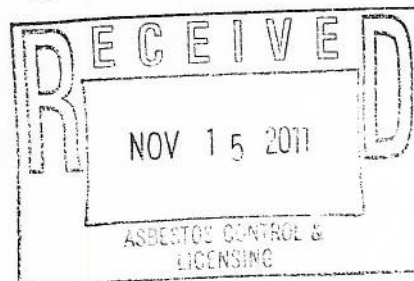
Thank you for your assistance in this matter and do not hesitate to call me at [REDACTED] if you have any questions.

Respectfully submitted,

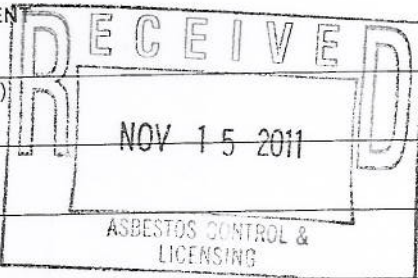
P. AGNES, INC.

Scott P. Burnham
Scott P. Burnham
Project Manager

CC: Abatetech, GAI Consultants



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



No check

Date of Notification (1) 11/9/11		Name of Building Owner/Operator (2) GBR MIDDLESEX LLC							
Agencies Notified	Type Notification	Street Address 150 WHITE PLAINS RD.							
<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 TARRYTOWN, NY 10591							
		Name of Contact MARCUS E. O'ROURKE	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OFFICE 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 (i.e. private & commercial buildings, homes, etc.)							
Street Address 6801 HADLEY RD.		Square Feet	# of Floors						
City (5) SOUTH PLAINFIELD		Bldg. Age							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No. 00079	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 20-21 WAGARAW RD.		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-636-9145	Telephone No. 973-956-8700						
		License No. 00494							
Start Date (10) 11/2/11	Scheduled Completion Date (11) 12/2/11		Name of OSHA Monitor SAME AS (9) ABOVE						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED			Street Address						
			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 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
OPEN STORE AREA		X		VAT & MASTIC	89,252 SF	X			
W/SOME OFFICES									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ		Disposal Date 12/2/11		City, State MORRISVILLE, PA					
Completed by NENA ROSIC		Title SECRETARY		Signature <i>[Signature]</i>		Date 11/9/11			

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

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

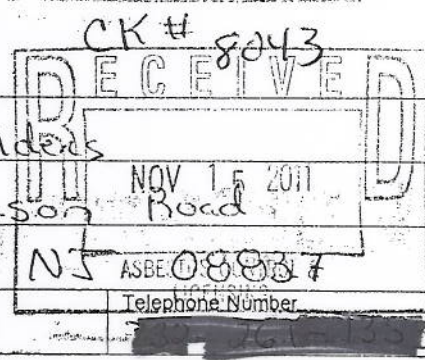
Page 1 of 2

Date of Notification (1) November / 11 / 2011		Name of Building Owner/Operator (2) Stephen Ay		Check #4136					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 E. Gloucester Pike City, State, Zip Code Barrington, NJ 08007 Name of Contact Stephen Ay					
FACILITY INFORMATION									
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.)					
Street Address 69 E. Gloucester Pike				Square Feet 2300					
City (5) Barrington				# of Floors 2					
County (6) Camden				Bldg. Age 75					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1000 Maplewood Drive Suite 207		Street Address 47 S. Lippincott Ave.							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300		License No. 00842					
Start Date (10) November / 12 / 2011		Scheduled Completion Date (11) November / 28 / 2011		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108					
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
Garage Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Siding	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Shingles	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Sealant Flashing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	640 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, NJ 08060				Disposal Date	City, State Tullytown, PA				
Completed By (Print or Type) William Lynch		Title Vice President		Signature <i>William J. Lynch</i>		Date Nov. 11, 2011			

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

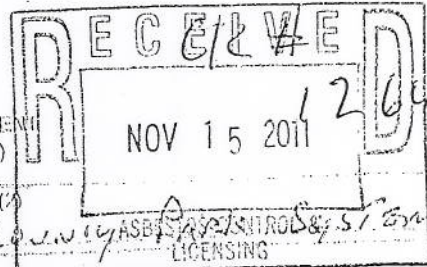
Date of Notification (1) November / 01 / 2011		Name of Building Owner/Operator (2) Stephen Ay		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED Check #4115 NOV 15 2011 ASBESTOS CONTAINMENT Telephone Number </div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 69 E. Gloucester Pike				
		City, State, Zip Code Barrington, NJ 08007				Name of Contact Stephen Ay				
						Telephone Number [REDACTED]				
FACILITY INFORMATION										
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.)						
Street Address 69 E. Gloucester Pike				Square Feet 2300						
City (5) Barrington				# of Floors 2						
County (6) Camden				Bldg. Age 75						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental			ASCM No.							
Name of Abatement Contractor (9) Shade Environmental, LLC			Street Address 47 S. Lippincott Ave.							
Street Address 1000 Maplewood Drive Suite 207			City, State, Zip Code Maple Shade, NJ 08052							
City, State, Zip Code Maple Shade, NJ 08052			Telephone No. 856-755-0099							
Project Manager for Monitoring Firm Tony Esposito			License No. 00842							
Start Date (10) November / 12 / 2011			Scheduled Completion Date (11) November / 14 / 2011							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Name of OSHA Monitor EMSL							
			Street Address 107 Haddon Ave							
			City, State, Zip Code Westmont, New Jersey 08108							
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	
Garage Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Siding	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 22253			Cubic Yards of Waste			Name of Registered Landfill Grows Landfill	
City, State Mount Holly, NJ 08060			Disposal Date			City, State Tullytown, PA			Date Nov. 1, 2011	
Completed By (Print or Type) William Lynch			Title Vice President			Signature <i>William Lynch</i>				

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



Date of Notification (1) 11-11-11		Name of Building Owner/Operator (2) Anda Builders							
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 228 Pierson Road City, State, Zip Code Edison NJ 08817							
		Name of Contact Ray Annun Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 615 Kenneth Ave		Square Feet 2							
City (5) South Plainfield		# of Floors 2							
County (6) Middlesex		Bldg. Age 60+-							
County Code (7) (STATE USE ONLY) ---		Current Use (Prior if being demolished) Single Family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A							
Street Address P.O. BOX 337		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC							
City, State, Zip Code NEW EGYPT, NJ 08533		Street Address P.O. BOX 337							
Project Manager for Monitoring Firm STEVE SCHENKER		City, State, Zip Code NEW EGYPT, NJ 08533							
Telephone No. 609-758-3365		Telephone No. 609-758-3365							
Start Date (10) 11-22-11		License No. 00394							
Scheduled Completion Date (11) 11-23-11		Name of OSHA Monitor EPC TECHNOLOGIES, 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 P.O. BOX 337							
		City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" 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 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) 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
Extension wall			x	Siding Shingles	1000 SF	x			
Basement	x			Pipe Insulation	15 LF	x			
Kitchen		x		Floor Tiles	450 SF	x			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 6	Name of Registered Landfill WASTE MANAGEMENT OF PA				
City, State NEW EGYPT, NJ 08533				Disposal Date 11-23-11	City, State MORRISVILLE, PA				
Completed by STEVE SCHENKER		Title PRESIDENT		Signature Steve Schenker	Date 11-11-11				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)



Date of Notification (1) **11-7-11**

Name of Building Owner/Operator (2) **Monmouth County Park System**

Street Address **805 NEWMAN SPRINGS RD**

City, State, Zip Code **LINCOLN NJ 07738**

Name of Contact **Donna L. Smith**

Telephone Number **[REDACTED]**

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOI	<input type="checkbox"/> Amendment #
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Monmouth County Park System**

Street Address **321 FAIRFIELD RD**

City (5) **Howell**

County (6) **Monmouth**

County Code (7) (STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input checked="" type="checkbox"/> Subchapter B (Other than K-12)
<input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)

Square Feet **1900** # of Floors **2** Bldg. Age **60**

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

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9)

Street Address **95 MONTROSE RD**

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

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

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

Street Address **95 MONTROSE RD**

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

Start Date (10) **11-22-11** Scheduled Completion Date (11) **11-29-11**

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe: **7am - 7pm**

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf

☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	In Place	Enclose
				Pipe	20 LF				
				Floor Tile	100 SF				

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

City, State **COLTS NECK NJ 07722**

Completed By **Sacks Gail** Title **OPS MGR**

NJDEP Waste Hauler ID No. **12086**

Cubic Yards of Waste **1**

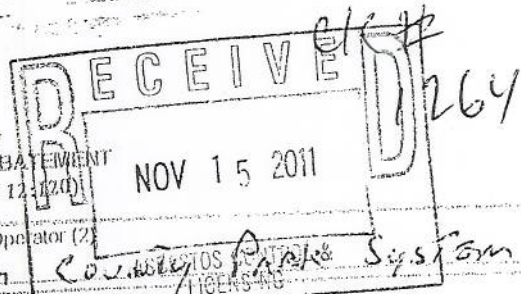
Disposal Date **12-1-11**

Name of Registered Landfill **GROWS**

City, State **FULLY TOWN PA**

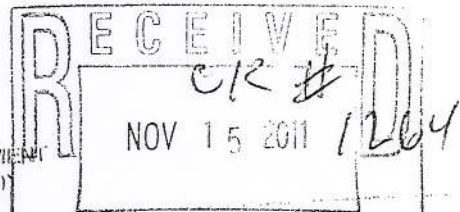
Signature **Jack Gail** Date **11-7-11**

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:26)



Date of Notification (1) 11-7-11		Name of Building Owner/Operator (2) Monmouth County Park System						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 805 NEWMAN SPRINGS RD		City, State, Zip Code LINCOLN NJ 07738						
Name of Contact DOUG LORIEL		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Monmouth County Park System		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 293 MERRICK RD		Square Feet 1700	Bldg. Age 60					
City (5) Howell		Current Use (Prior if being demolished) HOUSE						
County (6) Monmouth		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC						
Street Address		Street Address 95 MONTROSE RD						
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722						
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029					
Start Date (10) 11-23-11		Scheduled Completion Date (11) 11-30-11						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Name of OSHA Monitor ACE INSULATION CO INC						
Street Address		Street Address 95 MONTROSE RD						
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722						
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 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) CORRUGATED IRON	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) TRANSIT SIGN LINOLEUM	Amount (Specify SF or LF) 530 SF 165 SF	Abatement Type			
					Remove	Repair	Enclosures	Enclosures
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill GROWS				
City, State COLTS NECK NJ 07722		Disposal Date 12-1-11	City, State FULLY TOWN PA					
Completed By Jack Hall		Title OPS MGR	Signature Jack Hall	Date 11-7-11				

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



Date of Notification (1) 11-7-11		Name of Building Owner/Operator (2) Monmouth County Park System		ASBESTOS CONTROL SYSTEM ASBESTOS CONTROL SYSTEM	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 805 NEWMAN SPRINGS RD	
		City, State, Zip Code LINCOLN NJ 07738		Telephone Number [REDACTED]	
		Name of Contact DOUG LORTCH			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MONMOUTH COUNTY PARK SYSTEM			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 274 CASINO DRIVE			Square Feet 1800		# of Floors 2
City (5) HOWELL			Bldg. Age 85		
County (6) MONMOUTH			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address				Street Address 95 MONTROSE RD	
City, State, Zip Code				City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-294-1757	
Start Date (10) 11-21-11		Scheduled Completion Date (11) 11-26-11		License No. 00029	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm			Name of OSHA Monitor ACE INSULATION CO INC		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≤ 3 sf or ≤ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft			Street Address 95 MONTROSE RD		
			City, State, Zip Code COLTS NECK NJ 07722		
			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) 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)	
				SIDING	
				Amount (Specify SF or LF) 360 SF	
				Abatement Type Remove Repair Enclose Enclose	
Name of Registered Waste Handler ACE INSULATION CO		NJDEP Waste Handler ID No. 12086		Cubic Yards of Waste 1	
City, State COLTS NECK NJ 07722		Disposal Date 12-1-11		Name of Registered Landfill GROWS	
Completed by Sack Gail		Title OPS MGR		City, State WILLYTOWN PA	
		Signature [Signature]		Date 11-7-11	

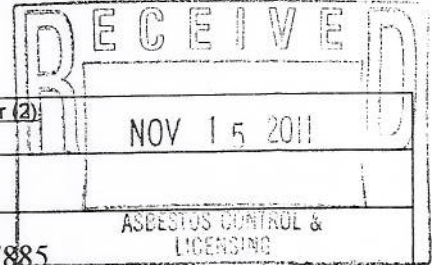
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
NOV 15 2011

Date of Notification (1) 11-11-11		Name of Building Owner/Operator (2) 200 MILIK ST LLL						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 83 SOUTH STREET		City, State, Zip Code MORRISTOWN NJ 07908						
Name of Contact MAZZA		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 200 MILIK STREET LLL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 200 MILIK STREET		Square Feet 25000	# of Floors 2					
City (5) CARTERET		Bldg. Age 45						
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) OFFICE BLDG						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC						
Street Address		Street Address 95 MONTROSE RD						
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722						
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029					
Start Date (10) 11-28-11	Scheduled Completion Date (11) 12-30-11	Name of OSHA Monitor ACE INSULATION CO INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM		Street Address 95 MONTROSE RD						
		City, State, Zip Code COLTS NECK NJ 07722						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> < 160 sf or < 3 ft <input type="checkbox"/> > 160 sf or > 3 ft		<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 (*) 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	Enclosure
			Rec'd Plaster	3300 LF	<input checked="" type="checkbox"/>			
			FLOOR TILE	1900 SF	<input checked="" type="checkbox"/>			
			Window Glass	3600 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill GROWS				
City, State COLTS NECK NJ 07722		Disposal Date		City, State FULLYTOWN PA				
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL	Date 11-11-11				

State of New Jersey - Notification of Asbestos Abatement

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

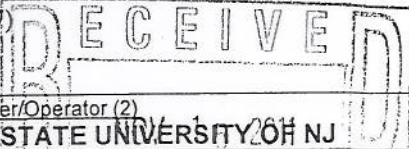


Date of Notification (1) November 14, 2011			Name of Building Owner/Operator (2) Tilcon New York Inc.		
Agencies Notified x EPA DCA X DOL X DEP X DOH			Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
Street Address 625 Mount Hope Road			City, State, Zip Code Wharton, New Jersey 07885		
Name of Contact Mr. Richard Trynoski			Telephone Number [REDACTED]		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Tilcon New York - Mount Hope Quarry			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 625 Mount Hope Road			Sq. Feet: Unknown # of Floors: Bldg. Age: years		
City (5) Wharton	County (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being demolished):		
Name of Monitoring Firm Hired by Bldg. Owner (8) S & S Environmental inc.			Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 98 Sand Park Road			Street Address 268 MAIN STREET		
City, State, Zip Code Cedar Grove, NJ 07009			City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm Kamil Sor, Ph.D.		Telephone Number 973-636-9145	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) December 1, 2011		Scheduled Completion Date (11) December 31, 2011		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, NJ 08854		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Silo Building	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Transite Panels TSI	Amount (Specify SF or LF) 10,000sf 10lf	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 80	Name of Registered Landfill Meadowfill Landfill		
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561			Disposal Date December 31, 2011		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting Inc., Newark, NJ 04509, NJ DEP # 19551					
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date November 14, 2011		

GAC # 2011-300

State of New Jersey - Notification of Asbestos Abatement

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

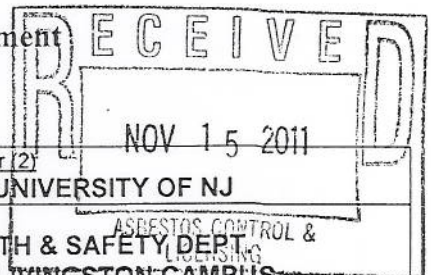


GAC Project # 060-11

Client Project #

Date of Notification (1) November 1, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY 201 NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number 732-448-2553
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BRADLEY HALL, BLDG# 7230		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 NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 5 Bldg. Age: 80+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 11/11/11	Scheduled Completion Date (11) 11/14/11	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5 PM TO MON 5 AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 380 SF
4th Floor Ladies Room	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 11/14/2011	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date November 1, 2011

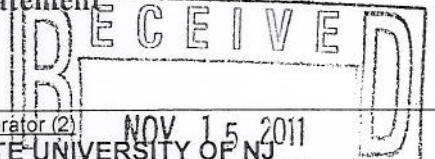
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



GAC Project # 060-11
Client Project #

Date of Notification (1) November 11, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – new start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY Telephone Number 908-485-2550
	Name of Facility Where Abatement is Taking Place (3) BRADLEY HALL, BLDG# 7230 Street Address NEWARK CAMPUS City (5) NEWARK County (6) ESSEX 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 (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: 80+ years Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES Street Address 3 TERRI LANE City, State, Zip Code BURLINGTON, NJ 08016		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY Telephone Number 609-386-8800		Telephone Number 973-492-0477 License Number 00840	
Scheduled Start Date (10) 11/18/11 Scheduled Completion Date (11) 11/21/11		Name of OSHA Monitor 1 ENVIROVISION, INC. Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
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: 5 PM TO MON 5 AM			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) 4th Floor Ladies Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 380 SF Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 11/21/2011	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date November 11, 2011

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



GAC Project # 060-11
Client Project #

Date of Notification (1) November 11, 2011		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 732-445-2350	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TILLET HALL, BLDG# 4146		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
Street Address LIVINGSTON CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 11/25/11		Scheduled Completion Date (11) 11/28/11	
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: 5 PM FRI TO MON 5 AM (24HR ACCESS AS NECESSARY)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <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) in Facility (13) 201 SUITE	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1000 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 11/28/2011	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date November 11, 2011

NO HEAT

REMEMBER

MAIL IN HARD COPY

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

RECEIVED
Check # 3175
NOV 15 10:00 AM

Date of Notification (1) 11-7-11		Name of Building Owner/Operator (2) L. JUSTINIANO							
Type of Notification <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 56 CHEEVER AVENUE City, State, Zip Code CLIFTON, NJ 07011 Name of Contact L. JUSTINIANO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) L. JUSTINIANO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter C (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 56 CHEEVER AVENUE		Square Foot 2000	# of Floors 2						
City (5) CLIFTON		Bldg. Age 68 YRS							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code		Street Address 450 South River St							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 11-9-2011	Scheduled Completion Date (11) 11-10-2011	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM 5 PM		Street Address 280 Huyler St							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≤ 3 sf or ≤ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, N.J. 07606							
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
BASMENT			X	THERMAL INSULATION	32 LF	X			
BASMENT			X	THERMAL INSULATION	52 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NUDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 140	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 11-10-2011	City, State Newburgh PA, 17242						
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran		Date 11-7-11				

Check # 1224

Date of Notification (1)

11/08/2011

Agency Notified

☒ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Paul Jervis

Street Address

55 S. Mountain Avenue

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Paul Jervis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

55 S. Mountain Avenue

City (4)

Montclair, NJ 07042

County (5)

Essex

Name of Monitoring Firm Hired by Building Owner(8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No

Start Date (10)

11/09/2011

Scheduled Completion Date (11)

11/10/2011

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >200 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Basement			X	Pipe insulation	150 LF	X		
Basement			X	Duct insulation	3 SF	X		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N.Jervis
AEP-41

NJDEP Waste Hauler ID No

0033785

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

T.R.R.F., Inc

City, State

Tullytown, PA

Signature

Date

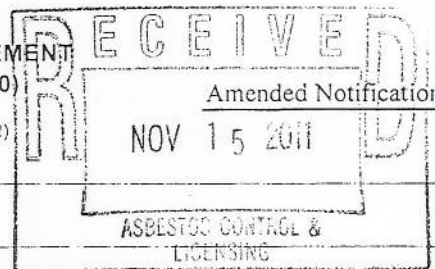
11/08/2011

Do not use this form for asbestos abatement exempted activities

REMEMBER - MAIL IN HARD COPY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
DOL - 10 DAY
NOV 9 2011
ASBESTOS CONTROL & REMEDIATION
WAIVER APPROVED

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



Amended Notification

Check # 1225

Date of Notification (1)

11/09/2011

Name of Building Owner/Operator (2)

Paul Jervis

Agency Notified

☒ EPA
☐ DEP
☒ DOL

Type Notification

☐ Initial
☒ Amended
Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address

55 S. Mountain Avenue

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Paul Jervis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

55 S. Mountain Avenue

City (5)

Montclair, NJ 07042

County (6)

Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

11/09/2011

Scheduled Completion Date (11)

11/10/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ ≥160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			X	Pipe insulation	150 LF	X		
Basement			X	Duct insulation	3 SF	X		
Basement			X	Duct insulation	120 SF			X
Basement			X	Duct insulation	10 SF	X		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Name of Registered Landfill

T.R.R.F. Inc

Gr Tech LLC

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N.Jevtic
ASB-41

Owner

11/09/2011

* 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) 11/10/11		Name of Building Owner/Operator (2) MR. CALI						
Agencies Notified	Type Notification	Street Address	City, State, Zip Code					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> COL <input checked="" 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	205 MIDLAND AVE	MONTCLAIR, NJ					
		Name of Contact	Telephone Number					
		PHIL						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. CALI		Type of Facility (4)						
Street Address 205 MIDLAND AVE.		<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) MONTCLAIR	Square Feet 2400	# of Floors 3	Bldg. Age 56					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		A. Mac Contracting Inc.						
City, State, Zip Code		Street Address 105 Lowell Road						
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452						
Telephone No.		Telephone No. 201-262-5841	License No. 00155 A					
Start Date (10) 11/17/11	Scheduled Completion Date (11) 11/17/11	Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street						
<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:		City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
BASEMENT			X	PIPE	380 LF	X		
Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill				
City, State Keamy, New Jersey		Disposal Date 11/17/11		City, State Newburg, PA 17242				
Completed by R. McDonald		Title President		Signature R. McDonald		Date 11/10/11		

11/10/11

MR. PAUL C. HORNER

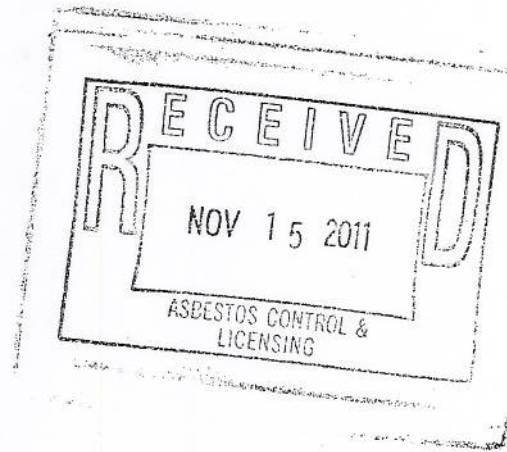
N. J. D.O.H.
PO BOX 369
TRENTON, NJ 08625

DEAR MR. HORNER;

WE REQUEST THAT THE TEN DAY NOTIFICATION FOR ASBESTOS REMOVAL BE WAIVED. WE NEED A. MAC CONTRACTING TO REMOVE SUSPECT ASBESTOS ON HEATING PIPES IN BASEMENT. WE ARE IN THE MIDDLE OF A RENOVATION PROJECT AND THE CONTRACTOR WILL BE AT A STAND STILL IF THIS IS NOT ADDRESSED. WE HAVE A LOT OF WORK AND INSPECTIONS BEFORE THE COMPLETION OF THE RENOVATION.

SINCERELY;
Christopher Cali
205 Midland Ave.
Montclair, NJ 07042

Please contact Randy from A Mac with decision at [REDACTED] 1



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

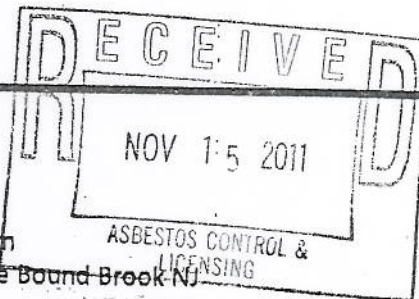
Check # 7750

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) MR & MRS OULTHEUSEN		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 11/10/11 Time: 10:20 AM	
Agencies Notified		Type Notification		Street Address 597 MOUNTAIN AVE City, State, Zip Code BOWEN BRICK NJ 08805 Name of Contact JEANNE Telephone Number [REDACTED]	
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) OULTHEUSEN				Type of Facility (4)	
Street Address 597 MOUNTAIN AVE.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bowen Brick		Square Feet 1550		# of Floors 2	
County (6) Somerset		County Code (7) (STATE USE ONLY)		Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowe Road		City, State, Zip Code Glen Rock, NJ 07452	
City, State, Zip Code		Telephone No. 201-262-5641		License No. 00155 A	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 11/11/11		Scheduled Completion Date (11) 11/14/11		Street Address 280 Huyler Street	
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code Hackensack, NJ 07606	
<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:					
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Geyobag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Filable 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)	
Basement		Yes No N/A X		Pipe 170 x 2 X	
Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681		Cubic Yards of Waste 1	
City, State Kearny, New Jersey		Disposal Date 11/11/11		Name of Registered Landfill Cumberland County Landfill	
City, State Newburg, PA 17242		Completed by R. McDonald		Title President	
Signature [Signature]		Date 11/10/11			

Could not for approval because no for 4r

Therese Hough

From: Therese Hough <though@mlcolaw.com>
Sent: Wednesday, November 09, 2011 4:09 PM
To: 'amacasbestos@yahoo.com'
Cc: Jeannep53@comcast.net; janskakum@msn.com
Subject: RE: asbestos removal for 597 Mountain avenue Bound Brook NJ
Attachments: Commitment.pdf



To whom it may concern. We are asking for a waiver from the Department of Health from the ten (10) day requirement for permit issuance due to emergency conditions. The property is under contract for sale. The property is scheduled to close title 11-18-11.

Attached is the commitment from the Buyers lender. One of the conditions in the commitment is that the asbestos at the property be removed prior to closing. This was not revealed to us until this week.

Please waive your requirements due to these unforeseen circumstances

Therese M. Hough, Esq.
Maloof, Lebowitz, Connahan & Oleske, P.A.
127 Main Street
Chatham, New Jersey 07928
Phone - 908-635-9200 ext 133
Fax - 908-635-2270
though@mlcolaw.com
<http://www.mlcolaw.com>

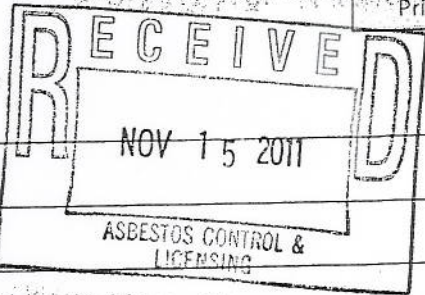
Maloof, Lebowitz, Connahan & Oleske, P.A.
Chatham, NJ/Toms River, NJ/New York, NY

From: jeannep53@comcast.net [<mailto:jeannep53@comcast.net>]
Sent: Tuesday, November 08, 2011 12:40 PM
To: amacasbestos@yahoo.com; Janet Skakum
Cc: Though@mlcolaw.com
Subject: asbestos removal for 597 Mountain avenue Bound Brook NJ

This is to confirm our conversation regarding removal of the asbestos from the pipes at 597 mountain avenue Bound Brook NJ 08805 the buyer Janet Skakum will be paying for the removal of the asbestos and the payment will be made upon closing of her property in chatham which is scheduled to close on Nov. 17, 2011...the sellers of the property are Herbert & Mary Lynn Oudheusden

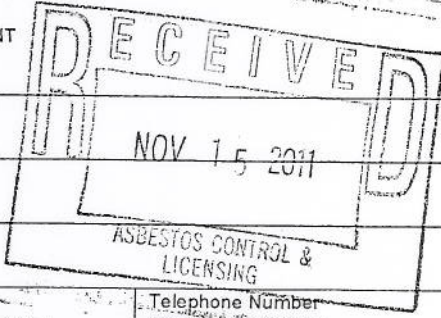
ERA E.A. Boniakowski Agency
732-529-0304 DIRECT
908-705-1317 CELL
JEANNE PISCIOTTA

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



Date of Notification (1) 11/08/11		Name of Building Owner/Operator (2) South River BOE							
Agencies Notified	Type Notification	Street Address 15 Montgomery Street	City, State, Zip Code South River, NJ 08882						
<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	Name of Contact Ed Biemaki	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South River High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 Montgomery Street		Square Feet 90,000	# of Floors 2						
City (5) South River		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc		ASCM No. 00090	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address 401 ST. James Avenue		Street Address PO Box 603							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908.454.6316	Telephone No. 973.893.7005						
Start Date (10) 11/25/11		Scheduled Completion Date (11) 05/25/12	License No. 01097						
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 checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Angel Ramov							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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) <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
Throughout the school		X		VAT	9,606	X			
Exterior Perimeter		X		Window caulking and glazing	410 windows	X			
Name of Registered Waste Hauler ATLANTIC CARTING LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40+	Name of Registered Landfill W.M.G.O.W.S North Landfield					
City, State 1141 Route 23 Wayne, NJ			Disposal Date	City, State Morrdville, PA					
Completed by Uros Spasic		Title PM	Signature 			Date 11/08/11			

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



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified	Type Notification	Street Address 1 West State Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Bruce Lieblich							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank Building		Type of Facility (4)							
Street Address 391 MLK Drive		<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) Jersey City, NJ 07305		Square Feet 4500 +	# of Floors 1						
County (6) Hudson		Bldg. Age 55 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address 64 Broad Street		Street Address PO Box 603							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732.290.2217	Telephone No. 973.893.7005						
License No. 01097									
Start Date (10) 11/21/11	Scheduled Completion Date (11) 12/12/11		Name of OSHA Monitor Angel Ramov						
Occupancy Status During Abatement (Check Only One)		Street Address 428 McBride Avenue							
<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: _____		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor		X		Filler paper	200SF	X			
Mezzanine/combine area		X		VAT	4235SF	X			
Main Floor		X		Ceiling and wall plaster	9900SF	X			
Roof		X		Roofing material	4000SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40+	Name of Registered Landfill IESI Bethlehem Landfill					
City, State 1141 Rout 23, Wayne NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Uros Spasic		Title GM	Signature 	Date 11/10/11					

ALKAT CONSTRUCTION LLC

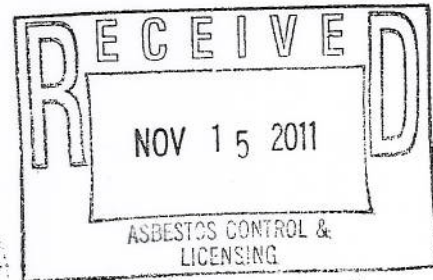
Demolition
Asbestos Abatement
Mold Remediation
Fire proofing Re-spray

Interior Renovation
Painting
HVAC Cleaning
Cleanouts

November 10, 2011

NJ DOL & Workforce Development
Mr. Thomas Voorhees
Asbestos Control & Licensing Section
1 John Fitch Plaza, 3rd Floor
PO Box 949
Trenton, NJ 08625

RE: Asbestos Abatement at
South River High School
11 Montgomery Street
South River, NJ 08882



NOTICE

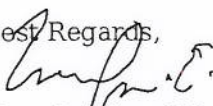
Dear Mr. Voorhees,

As per our yesterday telephone conversation and agreement, beside the ten day notification I am sending you information, that this project is phase (multi)project and outside the normal working hours. Because of the nature of the work, we ALKAT Construction LLC will send you a notice letter every time when will be on the job site, as well the period when will not perform any work instead the notification. This notification is good for the next six months period of time.

This time we will start the project on November 25th in Media classroom(classroom is under construction) Removing approximately 750 SF of VAT (heat method).

Mr. Voorhees, please if you have any questions or a comments do not hesitate to contact us at your convenience.
Thank you.

Best Regards,


Uros Spasic - GM

P.O. Box 603 Woodland Park, NJ 07424 Phone: [REDACTED] Fax: 908-41126

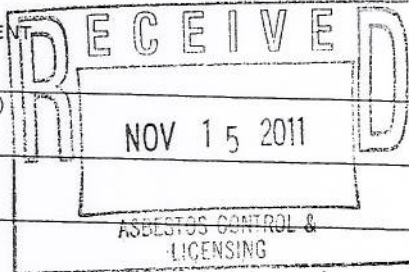
alkatconstruction@hotmail.com

NJ Asbestos License # 01097 - CT Asbestos License # 000632 - NJ Home Improvement # 13VH05573200

NO
check

Print Form

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



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified	Type Notification	Street Address 1 West State Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Bruce Lieblich	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Train Station		Type of Facility (4)							
Street Address 395-397 MLK Drive		<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) Jersey City, NJ 07305		Square Feet 3500 +	# of Floors 1						
County (6) Hudson		Bldg. Age 55 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address 64 Broad Street		Street Address PO Box 603							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732.290.2217	Telephone No. 973.893.7005						
Start Date (10) 11/21/11		Scheduled Completion Date (11) 12/12/11	License No. 01097						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Angel Ramov							
<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 428 McBride Avenue							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input checked="" 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Main Floor		X		VAT	2700SF	X			
Basement, crawl spaces		X		Pipe insulation	270LF	X			
Main Floor		X		Ceiling and wall plaster	2950SF	X			
Roof		X		Roofing material	2400SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40+	Name of Registered Landfill IESI Bethlehem Landfield					
City, State 1141 Rout 23, Wayne NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Uros Spasic		Title GM	Signature 			Date 11/10/11			

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

DEC 11 2011
3181

Date of Notification (1) 11-9-2011		Name of Building Owner/Operator (2) V. DAMICO							
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 420 BROOK AVENUE City, State, Zip Code PASSAIC, NJ 07055							
		Name of Contact V. DAMICO	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) V. DAMICO		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 420 BROOK AVENUE									
City (5) PASSAIC		Square Feet 1950	# of Floors 2						
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Bldg. Age 100 YRS						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code		Street Address 450 South River St							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 11-22-2011	Scheduled Completion Date (11) 11-23-2011	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	132 LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 YD	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 11-23-11		City, State Newburgh PA, 17242					
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran			Date 11-9-2011			

REMEMBER - MAINTENANCE COPY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

DOL - 10 DAY

Emergency Notification

Check # 1224

Date of Notification (1)

11/08/2011

Agency Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Paul Jervis

Street Address

55 S. Mountain Avenue

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Paul Jervis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

55 S. Mountain Avenue

City (2)

Montclair, NJ 07042

County (4)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter s (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Fibers

Blog Age

Current Use (Prior to being demolished)

Essex

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No

Telephone No

License No

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

11/09/2011

11/10/2011

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ <160 sf or <200 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frable 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	Encapsulate	Entire
Basement			X	Pipe insulation	150 LF	X		
Basement			X	Duct insulation	3 SF	X		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

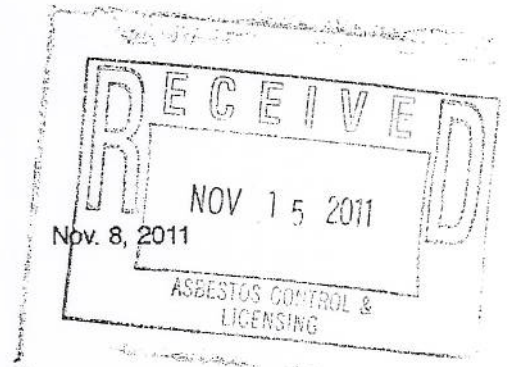
N.Jervis
ASB-41

Owner

11-08/2011

Do not use this form for asbestos abatement exempted activities

PAUL JERVIS



To whom it may concern:

I presently have to remove asbestos from my basement which has been described as an emergency situation. The asbestos is presently a threat to invade my forced air heating system. Therefore I am requesting a waiver of the 10 day notification rule.

Thank you,

Handwritten signature of Paul Jervis.

Paul Jervis
55 South Mountain Ave.
Montclair, NJ 07042

[REDACTED]

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



Date of Notification (1) 11 / 09 / 11		Name of Building Owner/Operator (2) United Methodist Church of Linden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <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 1638 Westover Road							
		City, State, Zip Code Linden, NJ 07036							
		Name of Contact Don Holstein							
Telephone Number <div style="background-color: black; width: 100px; height: 20px;"></div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) United Methodist Church of Linden		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 1638 Westover Road		Square Feet 2000	# of Floors 3						
City (5) Linden		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant House							
Name of Monitoring Firm Hired by Building Owner (8) EHS		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 9 South Main Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Mullica Hill, NJ		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-223-0080	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 11 / 24 / 11	Scheduled Completion Date (11) 11 / 30 / 11	Name of OSHA Monitor SAME AS ABOVE							
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: 7AM-4PM / ____ PM - ____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler insulation	52SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rib Gaskets	52LF	<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 Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 3 cy	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124			Disposal Date 11/30/11	City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature 		Date 11/09/11			