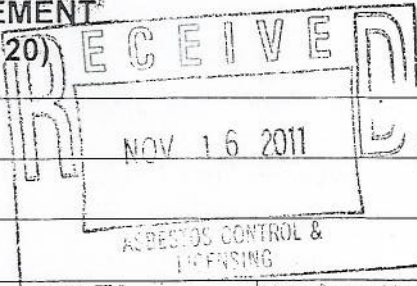


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1103-4272



Date of Notification (1) 11/14/11		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital	
Agencies Notified	Type Notification	Street Address One Robert Wood Johnson Place	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code New Brunswick, NJ 08901	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #9	Name of Contact Geiser Fajardo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address One Robert Wood Johnson Place			Square Feet		
City (5) New Brunswick			County (6) Middlesex		County Code (7)
Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No.		
Street Address 280 Huyler Street			Name of Abatement Contractor (9) AbateTech, Inc.		
City, State & Zip Code South Hackensack, NJ 07606			Street Address PO Box 25		
Project Manager for Monitoring Firm Geiser Fajardo			Telephone Number 201-489-8400		License Number 00529
Scheduled Start Date (10) 4/12/11		Scheduled Completion Date (11) 12/30/11		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 5 PM – 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 18108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Central Sterile Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vinyl Flooring containing asbestos	286 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Sterile Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,723 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 12/30/11		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 11/14/11

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

1111-4414 SUB
Check #3505

RECEIVED

NOV 16 2011

Date of Notification (1) 11/14/11		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Trustees of Princeton University E.A. MacMillan Bldg.	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Princeton, NJ 08544	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		Robert Ortego, P.E.	

FACILITY INFORMATION

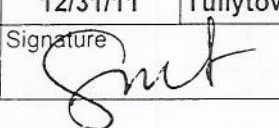
Name of Facility Where Abatement is Taking Place (3) Princeton University – Jadwin Hall			Type of Facility (4)
Street Address			<input type="checkbox"/> School (K-12)
Washington Road			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)
Princeton University Main Campus			<input type="checkbox"/>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

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address		
Bromley Corporate Center 3 Terri Lane, Suite 12		PO Box 25		
City, State & Zip Code		City, State & Zip Code		
Burlington, NJ 08016		Lumberton, NJ 08048		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number	
Mike Keehn	609-386-8800	609-265-2107	00529	

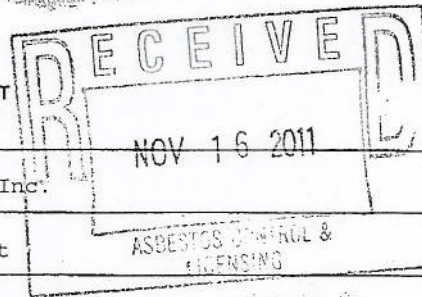
Scheduled Start Date (10) 11/28/11	Scheduled Completion Date (11) 12/31/11	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		108 Haddon Ave.	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours		City, State & Zip Code	
Describe:		Westmont, NJ 08108	
<input checked="" type="checkbox"/> Facility Occupied During Abatement			

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 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"/>

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 12/31/11	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 	Date 11/14/11	

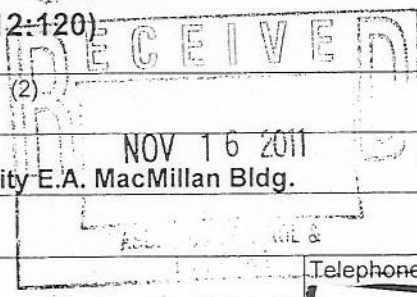
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/14/2011		Name of Building Owner/Operator (2) Zufall Health Center, Inc.							
Agencies Notified	Type Notification	Street Address 17 South Warren Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dover, NJ 07801							
		Name of Contact John Laracca	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Zufall Health Center		Type of Facility (4)							
Street Address 18 West Blackwell Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Dover, NJ 07801		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Environmental Contractors, Inc						
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mt. Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-769-6946	License No. 00559						
Start Date (10) 11/23/11	Scheduled Completion Date (11) 11/29/11	Name of OSHA Monitor Long Island Analytical							
Occupancy Status During Abatement (Check Only One)		Street Address 110 Colin Drive							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>work hours: 7:00am-3:30pm</u>		City, State, Zip Code Holbrook, NY 11741							
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 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
North West Room & SW Room			x	Pipe insulation	166 lf	x			
NW & SW Room under carpet			x	VAT & Mastic	630 sf	x			
Upper Main Roof			x	Caulk	200 lf	x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Linden, NJ		Disposal Date		City, State Tullytown/ Morrisville, PA					
Completed by Slawomir Kielczewski		Title President	Signature		Date 11/14/11				

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

1111-4414 NF
Check #3537



Date of Notification (1) 11/14/11		Name of Building Owner / Operator (2) Princeton University	
Agenies Notified	Type Notification	Street Address Trustees of Princeton University E.A. MacMillan Bldg.	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Princeton, NJ 08544	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Robert Ortego, P.E.	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Jadwin Hall			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 Washington Road Princeton University Main Campus			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25			
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 1/16/12	Scheduled Completion Date (11) 2/12/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #NF1 (Stair 1) 1 st thru 4 th Fl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/Glazing	106 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #NF2 (Stair 2) 4 th Fl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/Glazing	34 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #NF3 (Stair 3) 4 th Fl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/Glazing	34 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 8	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 2/12/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 11/14/11

State of New Jersey 1108-4358
NOTIFICATION OF ASBESTOS ABATEMENT Check # 3538
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 11/14/11		Name of Building Owner / Operator (2) AtlantiCare Health Systems	
Agencies Notified	Type Notification	Street Address 1925 Pacific Ave.	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Atlantic City, NJ 08401	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Patrick Walsh	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 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
City (5) Atlantic City	County (6) Atlantic	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Medical Center	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1253 North Church Street		Street Address PO Box 25	
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Guilardi	Telephone Number 856-840-8800	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 12/2/11	Scheduled Completion Date (11) 12/7/11	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)

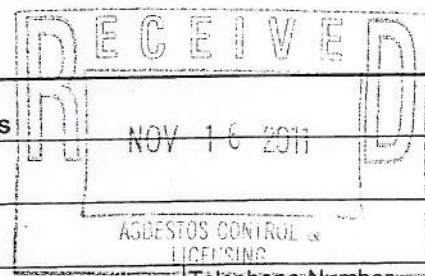
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Operating Room Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	400 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 12/7/11	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 11/14/11

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

CK 4722



Date of Notification (1) 11/10/11 Type Notification		Name of Building Owner / Operator (2) RRI-Energy Mid-Atlantic Power Holdings	
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	Emergency Notification	Street Address PO Box 3795	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Houston, TX 77253	
	Amended Notification	Name of Contact Frank Meichur	
	Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Storage Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 315 Riegelsville Rd			Square Feet 500	# of Floors 1	Bldg. Age 60
City (5) Riegelsville	County (6) Warren	County Code (7)	Current Use (Prior if being demolished) Storage Shed		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 11/21/11	Scheduled Completion Date (11) 11/24/11		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-Friable		
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Storage Bldg windows	N/A	Caulking	100 LF	Removal
Storage Bldg	N/A	Transite debris	10 SF	Clean up
Name of Registered Waste Hauler Global Abatement Services, LLC		NJDEP Waste Hauler ID # S32401	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Monroe Twp, NJ 08831		Disposal Date 11/24/11	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature <i>Dominick Tringali</i>		Date 11/10/11

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

6144721

Date of Notification (1) 11/13/11 Type Notification		Name of Building Owner / Operator (2) Jensen & Mitchell Inc.		
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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		Street Address 477 Straight Street	
			City, State & Zip Code Paterson, NJ 07501	
			Name of Contact Gregory Hoffman	
			Telephone Number 	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Jensen & Mitchell Inc.			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 55 Branford Street			Square Feet 2000	# of Floors 1
City (5) Newark			County (6) Essex	County Code (7)
			Bldg. Age 60+	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.			ASCM No. 	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 11/28/11	Scheduled Completion Date (11) 11/29/11		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road	
			City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-Friable				
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 Square Feet or Linear Feet)	
Boiler Shed	N/A	TSI Boiler	150 sf	Removal
Name of Registered Waste Hauler Global Abatement Svcs		NJDEP Waste Hauler ID # S32401	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Trenton, NJ		Disposal Date 11/29/11	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature		Date 11/14/11

8593

Print Form

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

RECEIVED
NOV 16 2011

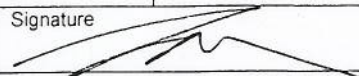
Date of Notification (1) 11/14/2011		Name of Building Owner/Operator (2) Hoboken-North Hudson YMCA&MBS Housing	
Agencies Notified	Type Notification	Street Address 1301 Washington Av	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hoboken, NJ 07030	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mark Wilson	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MBS Housing		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 1301 Washington St		Square Feet	# of Floors
City (5) Hoboken		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Abe Environmental Testing & Consulting		ASCM No. 35613	Name of Abatement Contractor (9) Faith Environmental Inc
Street Address 84 Vermont Av		Street Address 128 Stanley St	
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code East Rutherford, NJ 07073	
Project Manager for Monitoring Firm Don Anigbogu	Telephone No. 732-422-0733	Telephone No. 201-438-1188	License No. 00854
Start Date (10) 11/24/11	Scheduled Completion Date (11) 12/9/11	Name of OSHA Monitor Boro Atanasoski	
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 333 Paterson Plank Rd	
		City, State, Zip Code Carlstadt NJ 07072	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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
Roof		X		Pipe Lagging	32 LF	X			
4th Floor		X		Pipe Lagging	840 LF	X			
3rd Floor		X		Pipe Lagging	28 LF	X			
2nd Floor		X		Pipe Lagging	20 LF	X			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State Newark, NJ	Disposal Date 12/9/11	City, State Bethlehem, PA	
Completed by Boro Atanasoski	Title President	Signature 	Date 11/14/2011