

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

Check # 2505

Date of Notification (1) 11 / 16 / 11		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 111 S. Independence Mall East		City, State, Zip Code Philadelphia, PA 19106	
Name of Contact John Luxford		Telephone Number [REDACTED]	

RECEIVED NOV 17 2011

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bank of America			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 975 NORTH MAIN STREET			Building Age 40+		
City (5) VINELAND	County (6) CUMBERLAND	County Code (7)	Square Feet 12,000	# Of Floors 1	Current Use (Prior if being demolished) Banking Center
Name of Monitoring Firm Hired by Bldg. Owner (8) ARCADIS		ASCM NO.	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 655 THIRD AVE, 12TH FLOOR		Street Address 462 Getty Avenue			
City, State, Zip Code NEW YORK, NY 10017		City, State, Zip Code Clifton, NJ 07011			
Project Mngr. For Monitoring Firm DINO NAPPI		Telephone Number 212-682-9271	Telephone Number 973-772-3660		License Number 00117
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI 8:00AM-4:00PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> >3sf or >3lf		<input type="checkbox"/> Mini - Enclosure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
MENS/LADIES BATHROOM	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	WALL TILE MASTIC	320 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"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste	Name of Registered Landfill IESI	
City, State 491 Raymond Blvd Newark, NJ		Disposal Date 9/23/2011	City, State 2335 Applebutter Road Bethlehem, PA		
Completed by (Print or Type) Ralph Barnhardt		Title Operations Manager	Signature <i>Ralph Barnhardt</i>		Date 11/16/11

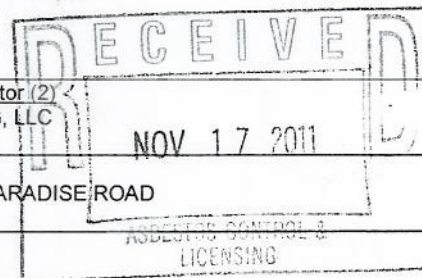
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ck 7653

Date of Notification (1) 11/14/2011		Name of Building Owner/Operator (2) Rutgers, The State University Environmental Health & Safety							
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 27 Road 1		City, State, Zip Code Piscataway, NJ 08854							
Name of Contact Michael Smith		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rutgers @ Newark - Dana Library cooling tower		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 185 University Avenue		Square Feet na							
City (5) Newark		# of Floors na							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) cooling tower							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCN No.							
Street Address 3 Terri Lane		Name of Abatement Contractor (9) Pow/R/Save Inc.							
City, State, Zip Code Burlington, NJ 08016		Street Address 27 West Street							
Project Manager for Monitoring Firm Brian Kearney		City, State, Zip Code Bloomfield, NJ 07003							
Telephone No. 609-386-8800		Telephone No. 973-680-0088							
License No. 357		Name of OSHA Monitor							
Start Date (10) 11/25/2011		Scheduled Completion Date (11) 11/26/2011							
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 <input 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 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
dana library cooling tower	x			transite panels	2800 sf	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 304597		Cubic Yards of Waste		Name of Registered Landfill Grows/Tullytown			
City, State Ewing, NJ		Disposal Date 11/28/2011		City, State Morrisville, PA					
Completed by Sharon Hendee		Title owner		Signature <i>S/Hendee</i>		Date 11/14/2011			

OK
367045

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



Date of Notification (1) 14 NOVEMBER 2011		Name of Building Owner/Operator (2) NUSTAR ASPHALT REFINING, LLC	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Street Address PAULSBORO REFINERY, 4 PARADISE ROAD		City, State, Zip Code PAULSBORO, NJ 08066	
Name of Contact GILBERTO DIAZ		Tel. Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NUSTAR ASPHALT REFINING, LLC - PAULSBORO		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 4 PARADISE ROAD		Sq. Feet N/A # of Floors N/A	
City (5) PAULSBORO	County (6) GLOUCESTER	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	
Street Address N/A		Street Address 2217 SPILLMAN DRIVE	
City, State, Zip Code N/A		City, State, Zip Code BETHLEHEM, PA 18015	
Project Manager for Monitoring Firm N/A		Telephone Number N/A	License Number 00721
Scheduled Start Date (10) 28 NOVEMBER 2011		Scheduled Completion Date (11) 16 DECEMBER 2011	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Describe - DEMOLITION OF ABANDONED TANKS AND PIPING () Other - Describe - WORK HOURS, MON-FRI, 07:00 - 15:30		Street Address N/A	
		City, State, Zip Code N/A	
Source of Work (Check all that apply) (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10<260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Abatement Type			
Rem. Rep. Encap. Enclose			
NONE			
Name of Reg. Waste Hauler N/A	NJDEP Waste Hauler ID # N/A	Cubic Yards of Waste N/A	Name of Reg. Landfill N/A
City, State N/A	Disp. Date N/A	City, State N/A	
Completed by (Print or Type) Jennifer Strobel	Title Contract Administrator	Signature 	Date 14 NOVEMBER 2011

Mail to: NJDEP-DSHW-BRRTD
401 E. State St., PO 414
Trenton, NJ 08625-0414


Telephone 609-984-6620

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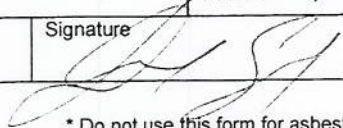
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

Check #1433

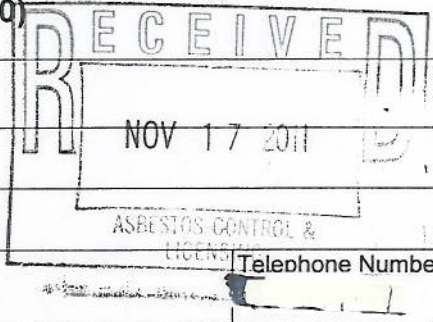
Date of Notification (1) 11/14/2011		Name of Building Owner/Operator (2) Steve Killebrew						
Agencies Notified	Type Notification	Street Address 445 Overbrook Road	<div style="border: 1px solid black; padding: 5px;"> RECEIVED NOV 17 2011 ASBESTOS CONTROL & LICENSING Telephone Number </div>					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450						
		Name of Contact Steve Killebrew						
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 445 Overbrook Road		Square Feet 2,200	# of Floors 2					
City (5) Ridgewood		Bldg. Age 50+						
County (6) Bergen	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) GL Group, Inc					
Street Address		Street Address 140 Hamburg Tpke						
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm		Telephone No. (201)710-9725	License No. 01084					
Start Date (10) 11/26/2011	Scheduled Completion Date (11) 11/28/2011	Name of OSHA Monitor GL Group, Inc						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Private Residence Sat Work		Street Address 140 Hamburg Tpke						
		City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Basement		X		19 LF	X			
Crawlspace		X		23 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill				
City, State Bloomingdale, NJ			Disposal Date 11//2811	City, State Newburg, Pa				
Completed by Michael B Solakov		Title P.M.	Signature 		Date 11/14/2011			

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

Date of Notification (1) 11/10/2011		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center							
Agencies Notified <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 716 Main Street							
		City, State, Zip Code Paterson, NJ							
		Name of Contact Edward Curry							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 226 Hamburg Turnpike		Square Feet 2500	# of Floors 2						
City (5) Wayne, NJ		Bldg. Age 70							
County (6) Passaic	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) Pyramid Contracting Corp.						
Street Address		Street Address 78 Fenner Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 11/20/2011	Scheduled Completion Date (11) 11/22/2011	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: 8:00am - 4:00pm		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 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	Encapsulate	Enclosure
Roof		x		Pitch Pocket Material	45 LF	x			
Roof		x		Edge Flashing	130 LF	x			
Roof		x		Skylight Flashing	20 LF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 8	Name of Registered Landfill GROWS					
City, State Clifton, NJ 07013		Disposal Date		City, State Morrisville, PA					
Completed by Dimo Golcev		Title V. President		Signature 		Date 11/10/2011			

Check # 1245
Amount \$200

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



Date of Notification (1) 11/8/2011		Name of Building Owner / Operator (2) NME	
Agencies Notified	Type Notification	Street Address 157 Harding Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Pedro Gonzalez	
<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) 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 3091 Rt 206			Square Feet 3000	# of Floors 2	Bldg. Age 80
City (5) Lawrenceville	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL		
Street Address			Street Address 2129 Rt 33		
City, State & Zip Code			City, State & Zip Code Hamilton, NJ		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-295-1004	License Number 01091	
Scheduled Start Date (10) 11/19/2011		Scheduled Completion Date (11) 11/21/2011		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Avenue		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

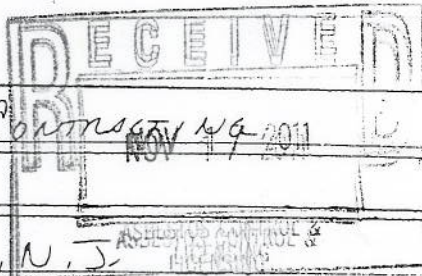
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Risers Main FGloor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	165lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330		Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Hamilton, NJ				Disposal Date	City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson			Title PM	Signature <i>Rod Richardson</i>		Date 11/8/11

CHECK#
2119

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



Date of Notification (1) <u>11/15/11</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J.</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u></u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>3017 BAYLAND AVE.</u>		Square Feet <u></u>	
City, State, Zip Code <u>OLEON CITY</u>		# of Floors <u></u>	
County (6) <u>CAPE MAY</u>		Bldg. Age <u></u>	
County Code (7) (STATE USE ONLY) <u></u>		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMM CO INC.</u>	
Street Address <u></u>		Street Address <u>369 S. SPRUCE LANE</u>	
City, State, Zip Code <u></u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/28/11</u>	Scheduled Completion Date (11) <u>12/5/11</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		Street Address <u>369 S. SPRUCE LANE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

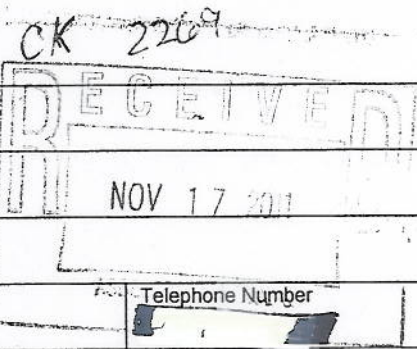
Mode of Abatement (Check all that apply)

<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Renovation
<input type="checkbox"/> Mini-Enclosure	<input checked="" type="checkbox"/> Demolition
<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	Encapsulation	Other
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 LF</u>	<u>X</u>			

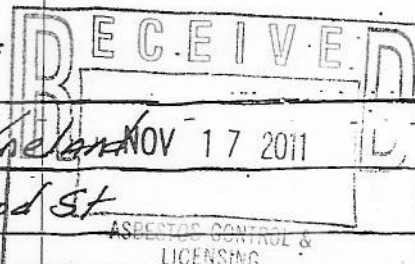
Name of Registered Waste Hauler <u>KLEMM CO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u></u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State, Zip Code <u>MAPLE SHADE, N.J.</u>		Disposal Date <u></u>	City, State, Zip Code <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/15/11</u>

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



Date of Notification (1) 11/15/11		Name of Building Owner/Operator (2) Richard Snyder / Residence							
Agencies Notified	Type Notification	Street Address 107 East Boat Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Richerd							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richard Snyder / 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 107 East Boat Drive		Square Feet 1000	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 11/29/11	Scheduled Completion Date (11) 12/6/11	Name of OSHA Monitor Pernaco 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 PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
Exterior Siding			x	Exterior Siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 12/6/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 11/15.11			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

NO check sent
12-13-11
10-28-11

Date of Notification (1)		Name of Building Owner/Operator (2)	
10-28-11		City of Vineland	
Agency Notified:	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (requiring justification) <input type="checkbox"/> Cancellation	640 E Wood St	
		City, State, Zip Code	
		Vineland NJ	
		Name of Contact	Telephone Number
		Bernard S.	

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
1,623 st. former mercantile bldg 5,852 sq ft - 0-11 ft		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address		Square Feet	# of Floors
1255 W. Landis Ave			
City (5)		Bldg. Age	
Vineland NJ			
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Cumberland			

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		Ami-Joe LLC
Street Address		Street Address
		1212 Burlington Ave
City, State, Zip Code		City, State, Zip Code
		DELANCO NJ 08075
Project Manager for Monitoring Firm	Telephone No.	Telephone No.
		856 824 0971
Start Date (10)	Scheduled Completion Date (11)	License No.
11-4-11	11-30-11	01070

Occupancy Status During Abatement (Check only one)	Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	
	City, State, Zip Code


Scope of Work (Check all that apply)	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure
<input type="checkbox"/> ≥ 5 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
SM OFFICE				FLOOR TILE (ACM)	1200 SF	✓		
ROOF				TAL Matte Roof	7000 SF	✓		
DRAIN PILE GRACE				Debris	240	✓		
DRILL PILE Center of Mass				Debris	160	✓		

Name of Registered Waste Hauler	NJ DEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
J Robinson	18387		WM of PA.
City, State	Disposal Date	City, State	
Bellmawr NJ		Tullytown PA	
Completed by	Title	Signature	Date
J Ali	VP		10-28-11

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

RECEIVED
NOV 17 2011

Date of Notification (1) 11/14/11		Name of Building Owner/Operator (2) John Obrien /Residence							
Agencies Notified	Type Notification	Street Address 114 Roberts Ave							
<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 Haddonfield NJ 08033							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Obrien /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 114 Roberts Ave		Square Feet 1000 +	# of Floors 2						
City (5) Haddonfield NJ 08033		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/30/11	Scheduled Completion Date (11) 12/4/11	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Home owners will be home</u>		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	Boiler insulation	20 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/5/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/14/11		

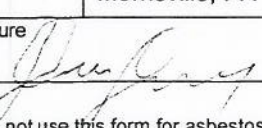
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/10/2011		Name of Building Owner/Operator (2) SAAR, LLC.	
Agencies Notified <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Garfield St	
		City, State, Zip Code Passaic, NJ 07055	
		Name of Contact Wayne Alston	Telephone Number _____

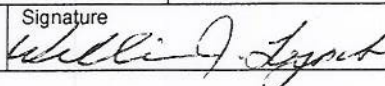
RECEIVED
NOV 17 2011
ASBESTOS DIVISION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private 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 439 Harrison Street		Square Feet 2500	# of Floors 2
City (5) Passaic, NJ		Bldg. Age 70	
County (6) Passaic County	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) Pyramid Contracting Corp.
Street Address		Street Address 78 Fenner Ave	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-689-6281
			License No. 01099
Start Date (10) 11/21/2011	Scheduled Completion Date (11) 11/22/2011	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: 8:00am - 4:00pm		Street Address	
		City, State, Zip Code	
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		Duct Insulation	10 LF	x			
1st Floor		x		Duct Insulation	40 LF	x			
2nd Floor		x		Duct Insulation	40 LF	x			

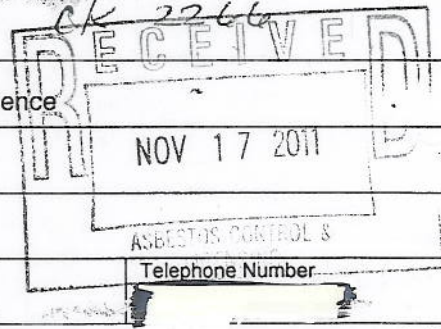
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Clifton, NJ 07013			Disposal Date	City, State Morrisville, PA	
Completed by Dimo Golcev		Title V. President	Signature 	Date 11/10/2011	

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

Date of Notification (1) November 14, 2011		Name of Building Owner/Operator (2) Jasper Crawford		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED Check # 4137 NOV 17 2011 ASB </div>					
Agencies Notified		Type Notification				Street Address 426 Bradford 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 type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Haddon Township, NJ 08108			
						Name of Contact Jasper Crawford			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 426 Bradford 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) Haddon Township				Square Feet 2100	# of Floors 2				
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 50				
Name of Monitoring Firm Hired by Building Owner (8) National Monitoring Labs			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 811 Church Road			Street Address 47 S. Lippincott Ave						
City, State, Zip Code Cherry Hill, NJ 08002			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Ronen Bakshi			Telephone No. 856-663-9077	Telephone No. 856-755-0099	License No. 00842				
Start Date (10) November 26, 2011		Scheduled Completion Date (11) November 30, 2011		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave					
<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 Westmont, New Jersey 08108					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			xxx	Duct Insulation	60 SF	xxx			
Name of Registered Waste Hauler Eastern Waste			NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date	City, State Tullytown, PA.				
Completed by William Lynch			Title Owner	Signature 	Date November 14, 2011				

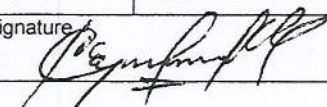
** Emergency **

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



Date of Notification (1) 11/14/11		Name of Building Owner/Operator (2) Frank & Angelique Aeillo / Residence							
Agencies Notified	Type Notification	Street Address 502 Lilac Lane							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ 08002							
		Name of Contact Frank							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frank & Angelique Aeillo / 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 502 Lilac Lane									
City (5) Cherry Hill, NJ 08002		Square Feet 1000 +	# of Floors 2						
		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 11/15/11	Scheduled Completion Date (11) 11/18/11	Name of OSHA Monitor. Pernaco 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: Home owners will be home		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
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
through out lower level			x	Floor Tile Only	800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/18/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		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) 11-11-2011		Name of Building Owner/Operator (2) PRESBYTERIAN CHURCH OF BOUND BROOK NJ.							
Agencies Notified	Type Notification	Street Address	NOV 17 2011						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	409 MOUNTAIN AVE							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BOUND BROOK NJ. 08805	ASBESTOS CONTROL & LICENSING						
		Name of Contact JACKELYN DERMAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 600 MOUNTAIN 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) BOUND BROOK NJ. 08805		Square Feet 2100	# of Floors 2						
		Bldg. Age 100 YEAR							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 11-21-2011	Scheduled Completion Date (11) 11-22-2011	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 RT- 22 WEST							
<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 UNION 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 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 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
KITCHEN AND LIVING ROOM		X		VAT FLOOR TILE	380 SF	X			
WINDOWS		X		WINDOW GLAZE/PUTTY	100 SF	X			
BASEMANT		X		PIPE ELBOW JOINT	8 LF	X			
Name of Registered Waste Hauler DJM TRANSPORT INC.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State KEARNY N J.			Disposal Date 11-23-2011	City, State NEWBURG PA. 17242					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 	Date 11-11-2011					

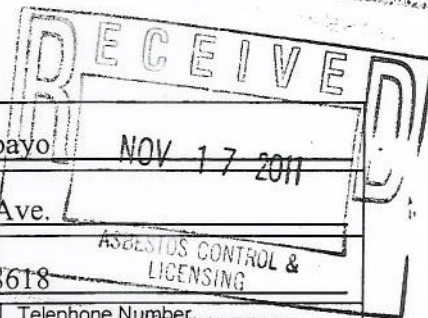
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

SERVICES, INC.
CHECK # 24534
RECEIVED
NOV 17 2011
ASBESTOS CONTROL

Date of Notification (1) <u>11/3/11</u>		Name of Building Owner/Operator (2) <u>Hakeem Adebayo</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>941 Berkeley Ave.</u> City, State, Zip Code <u>Trenton, NJ 08618</u>	
		Name of Contact <u>Hakem Adebayo</u>	Telephone Number <u></u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>941 Berkeley Ave.</u>		Square Feet	# of Floors
City (5) <u>Trenton</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>11/14/11</u>	Scheduled Completion Date (11) <u>11/15/11</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>basement</u>		<input checked="" type="checkbox"/>	<u>pipe insulation</u>
			<u>30 LF</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/15/11</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>11/3/11</u>

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

No check



Date of Notification (1) <u>11/3/11</u>		Name of Building Owner/Operator (2) <u>Hakeem Adebayo</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>941 Berkeley Ave.</u>	
		City, State, Zip Code <u>Trenton, NJ 08618</u>	
		Name of Contact <u>Hakem Adebayo</u>	Telephone Number <u>[REDACTED]</u>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>941 Berkeley Ave.</u>		Square Feet	# of Floors
City (5) <u>Trenton</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>11/14/11</u>	Scheduled Completion Date (11) <u>11/18/11</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>basement</u>			<input checked="" type="checkbox"/>	<u>pipe insulation</u>	<u>30 LF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/18/11</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>11/14/11</u>

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

Nov 14 2011 08:26am P001/001
APPROVED
NJ Dept. of Health & Senior Services
Print Form

No check sent

Date of Notification (1) 11/11/11 Ck: 1623		\$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1000 River Road	
				City, State, Zip Code Teaneck, New Jersey 07666	
				Name of Contact Tom Pruno	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Giovatto Library				Type of Facility (4)	
Street Address 1000 River Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Teaneck, New Jersey 07666				Square Feet 20,000	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 55+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 Kings Avenue Suite 101			Street Address 606 McBride Avenue		
City, State, Zip Code Pennsauken, New Jersey 08109			City, State, Zip Code Woodland Park, New Jersey 07424		
Project Manager for Monitoring Firm Tom			Telephone No. 973-225-8400	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 11/15/11		Scheduled Completion Date (11) 11/16/11		Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5pm				2	
				City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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)	
		Yes No N/A			
Boiler Room		X		TSI Wet Wrap & Cut	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 11/17/11		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>	Date 11/11/11