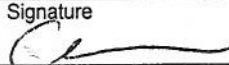


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 11/24/12		Name of Building Owner/Operator (2) Carlton Hill Fire Station							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 107 Carlton Avenue		City, State, Zip Code East Rutherford NJ 07073							
Name of Contact Thomas Lemanowicz		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Carlton Hill Fire Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 107 Carlton Avenue		Square Feet 1000+	# of Floors 2						
City (5) East Rutherford NJ 07073		Bldg. Age 35 +							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No. 00079	Name of Abatement Contractor (9) Pernaco Inc						
Street Address 20-21 Wagaraw Rd Bldg 34A		Street Address PO Box 329							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. 973-636-9145	License No. 00727						
Start Date (10) 12/10/12	Scheduled Completion Date (11) 12/14/12	Name of OSHA Monitor Same							
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 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
Basement	x			pipe Insulation	225 LF	x			
Basement	x			Floor Tile / Mastic	220 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State W Berlin NJ		Disposal Date 12/14/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/24/12		



CHECK #  
2522

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

RECEIVED

Date of Notification (1) <u>12/23/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08052</u>	
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number <u>908-288-1234</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>7411-15 PLEASURE AVE</u>		Square Feet # of Floors Bldg. Age	
City (5) <u>SEA ISLE CITY</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>12/18/12</u>		Scheduled Completion Date (11) <u>12/18/12</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		License No. <u>00444</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>2000 lb</u>	
Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>		Name of Registered Waste Hauler <u>C.M.C.M.U.A.</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Cubic Yards of Waste Disposal Date	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>V/P</u>		Date <u>11/28/12</u>	



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

**RECEIVED**

Check # 1107

Date of Notification (1) <b>November 21, 2012</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>2012 NOV 28 AM 7:55</b> <b>21 Park Place</b> <b>ASBESTOS CONTROL &amp; LICENSING</b>	
		City, State & Zip Code <b>Englewood, NJ 07631</b>	
		Name of Contact <b>Dino Nappi</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>21 Park Place</b>		Square Feet <b>50,000</b>	# of Floors <b>2 + basement</b>
City (5) <b>Englewood</b>		Bldg. Age <b>49</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCN No.	
Street Address <b>One Mall Drive, Suite 404</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Cherry Hill, NJ 08002</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>856-482-1311</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>December 8, 2012</b>	Scheduled Completion Date (11) <b>December 23, 2012</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>First Floor</b>			<b>X</b>	<b>Vinyl Floor Tile and Mastic</b>	<b>150 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>December 26, 2012</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>November 21, 2012</b>



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

VIA FAX  
ch#1031 RECEIVED  
2012 NOV 28 AM 7:54

Date of Notification (1) <b>11/07/12</b>		Name of Building Owner/Operator (2) <b>Ms HELEN DZGORSKI</b>							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>27 WILLIAM ST</b>							
		City, State, Zip Code <b>SOUTH RIVER NJ 08882</b>							
		Name of Contact <b>Mr. Bill</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>27 WILLIAM ST</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>SOUTH RIVER NJ</b>		Square Feet <b>2,000</b>	# of Floors <b>2</b>						
City (5) <b>SOUTH RIVER NJ</b>		Bldg. Age <b>75</b>							
County (6) <b>HUDERSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENT</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>NOVATECH INC</b>							
Street Address		Street Address <b>P.O. Box 814</b>							
City, State, Zip Code		City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732 238-7500</b>	License No. <b>00806</b>						
Start Date (10) <b>11/08/12</b>	Scheduled Completion Date (11) <b>11/30/12</b>	Name of OSHA Monitor <b>NOVATECH INC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 814</b>							
		City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>P.I.P.E INSULATION</b>	<b>&lt; 100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>OLD BRIDGE NJ 08857</b>		Disposal Date <b>11/30/12</b>	City, State <b>Monrovia P.A.</b>	Signature <i>[Signature]</i>					
Completed by <b>CARLOS AMEIDA</b>		Title <b>PRESIDENT</b>	Date <b>11/07/12</b>						



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

GAC Project # 060-12

Client Project #

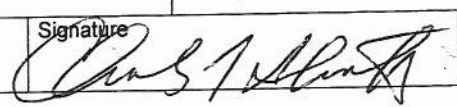
Date of Notification (1) <b>November 21, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
City (5) <b>NEW BRUNSWICK</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) (State Use Only)		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>12 LAFAYETTE STREET, BLDG# 3171</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>3 TERRI LANE</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Street Address <b>268 MAIN STREET</b>	
Telephone Number <b>609-386-8800</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Scheduled Start Date (10) <b>11/30/12</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Completion Date (11) <b>12/03/12</b>		License Number <b>00840</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 4:00 PM FRI - 5:00 AM MON</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 106</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES		Amount (Specify SF or LF) <b>140 SF</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612		Disposal Date <b>12/03/12</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>		215-736-1700	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>November 21, 2012</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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

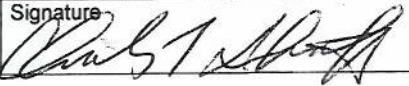
Check # 21518

Date of Notification (1) <b>11 / 21 / 12</b>		Name of Building Owner/Operator (2) <b>Ullman Family Partnership</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3900 Millenia Blvd.</b>							
		City, State, Zip Code <b>Orlando, FL 32839</b>							
		Name of Contact <b>Thomas Bauer</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former State Farm Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>1750 Route 23</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>						
City (5) <b>Wayne</b>		Bldg. Age <b>40+</b>							
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>R.A. West Associates, Inv.</b>		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>							
Street Address <b>2865 South Eagle Road #359</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Newtown, PA 18940</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Bob West</b>		Telephone No. <b>215-860-5026</b>	License No. <b>00646</b>						
Start Date (10) <b>12 / 06 / 12</b>	Scheduled Completion Date (11) <b>01 / 27 / 13</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-5PM</b> / _____ PM-_____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Floor Mastic	61,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Sills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Window Sills	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Breeching	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Gasket on two boilers	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19639</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>					
City, State <b>Philadelphia, PA 19124</b>			Disposal Date <b>n/a</b>	City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>	Signature 			Date <b>11/21/12</b>			



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

*RECEIVED*  
*Check 21518*  
*2012 NOV 28 AM 7:51*

Date of Notification (1) <b>11 / 21 / 12</b>		Name of Building Owner/Operator (2) <b>Ullman Family Partnership</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3900 Millenia Blvd.</b>							
		City, State, Zip Code <b>Orlando, FL 32839</b>							
		Name of Contact <b>Thomas Bauer</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former State Farm Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>1750 Route 23</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>						
City (5) <b>Wayne</b>		Bldg. Age <b>40+</b>							
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>R.A. West Associates, Inv.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>2865 South Eagle Road #359</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Newtown, PA 18940</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Bob West</b>	Telephone No. <b>215-860-5026</b>	Telephone No. <b>215-739-8166</b>	License No. <b>00646</b>						
Start Date (10) <b>12 / 06 / 12</b>	Scheduled Completion Date (11) <b>01 / 27 / 13</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ _____PM-_____AM		Street Address  City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Lining	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation on one tank	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>	Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>					
City, State <b>Philadelphia, PA 19124</b>		Disposal Date <b>n/a</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/21/12</b>			

check # 2637

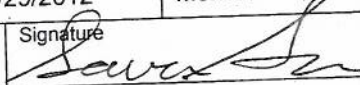
Print Form

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

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ASBESTOS CONTROL  
& LICENSING

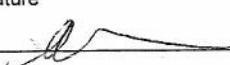
Date of Notification (1) 11/21/2012		Name of Building Owner/Operator (2) Borough of Wood-Ridge							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 85 Humboldt Street		City, State, Zip Code Wood-Ridge NJ 07075							
Name of Contact Allen Barnett		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wood-Ridge Intermediate School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 151 1st Street		Square Feet 10,000	# of Floors 2						
City (5) Wood-Ridge		Bidg. Age 50 years							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 0030	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address 120 North Warren Street		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Roland C. Jones		Telephone No. 212-952-7300	License No. 01034						
Start Date (10) 11/26/2012	Scheduled Completion Date (11) 11/29/2012		Name of OSHA Monitor Savic Construction Corp						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: from 4pm to 12am		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
Multiple locations, hallway, gym, class		X		O&M Wall plaster	20.5 SF	x		x	
Teachers room, hallway, office		X		TSI fittings - wet/wrap/cut	38 LF	x			
8 Classrooms, 16SF each		X		VAT/mastic	128 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 11/29/2012	City, State Morrisville, PA						
Completed by Sava Savic		Title President	Signature 				Date 11/21/2012		

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



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

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Date of Notification (1) 11/21/12		Name of Building Owner/Operator (2) Inmat		2012 NOV 28 AM 7:50					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 216 Route 206, Suite 7 City, State, Zip Code Hillsborough, NJ 08844 Name of Contact Carrie Feeney Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 216 Route 206			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hillsborough		Square Feet 4375	# of Floors 1	Bldg. Age 24					
County (6) Somerset		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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703					
Start Date (10) 12/7/12		Scheduled Completion Date (11) 12/17/12		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
laboratory			x	counter tops	300 SF	x			
laboratory			x	fume hood	30 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President	Signature 		Date 11/21/12				



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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>11/23/12</b>		Name of Building Owner/Operator (2) <b>MS. MARGARET HERBRANDT</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>27 WICKERS ST</b> City, State, Zip Code <b>CLIFTON, NJ, 07015</b> Name of Contact <b>MS. DEBRA MOLDOVAN</b> Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MS. MARGARET HERBRANDT</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>27 WICKERS ST</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>				
City (5) <b>CLIFTON</b>		Bldg. Age <b>65 years</b>					
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address		Street Address <b>450 S. River St</b>					
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>				
Start Date (10) <b>12/5/12</b>	Scheduled Completion Date (11) <b>12/6/12</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>BASEMENT</b>			<b>VAT</b>	<b>750 SF</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>			<b>THERMAL INSULATION</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3.57</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date	City, State <b>Waynesburg, Oh</b>				
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>11/23/12</b>		



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

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Date of Notification (1) <b>11/23/12</b>		Name of Building Owner/Operator (2) <b>BASE</b>						
Agency Notified <input type="checkbox"/> EPA <input 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 <b>25 MIDDLESEX ESSEX TPK</b>						
		City, State, Zip Code <b>ISELIN, NJ 08830</b>						
		Name of Contact <b>MR. PATRICK MURPHY</b>						
Telephone Number								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>BASE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>25 MIDDLESEX ESSEX TPK</b>		Square Feet <b>30000</b>	# of Floors <b>1</b>					
City (5) <b>ISELIN</b>		Bldg. Age <b>55 YRS</b>						
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RD OFFICE / LAB</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>EHI</b>		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address <b>655 WEST SHORE TRAIL</b>		Street Address <b>450 S. River St</b>						
City, State, Zip Code <b>SPARTA, NJ 07871</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Project Manager for Monitoring Firm <b>JEAN-PAUL VON DOEREN</b>		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>12/3/12</b>	Scheduled Completion Date (11) <b>12/4/12</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler St</b>						
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input checked="" 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
BASMENT MECH ROOM			Y	THERMAL INSULATION	25 LF	X		
BASMENT CRAWL SPACE			Y	THERMAL INSULATION	35 LF	X		
LAB 310			N	TRANSITE PANEL	40 SF	X		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3 1/2</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date	City, State <b>Waynesburg, Oh</b>					
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>				Date <b>11/23/12</b>		



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Check # 8020

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:27 and 17:28)

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Date of Notification (1) <b>11/14/12</b>		Name of Building Owner/Operator (2) <b>VOORAK TERMINAL FERTILIZER, LLC</b>						
Agencies Notified <input type="checkbox"/> FPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCW <input type="checkbox"/> NCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address <b>1250 STATE STREET</b> City, State, Zip Code <b>PERTH AMBOY, NJ 07851</b>						
Name of Facility Where Abatement is Taking Place (3) <b>VOORAK TERMINAL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input type="checkbox"/> Other (e.g., office & commercial buildings, homes, etc.)						
Street Address <b>1250 STATE ST</b>		Squares Feet # of Floors Bldg Age						
City (5) <b>PERTH AMBOY</b>		County Code (7) <b>STATE USE ONLY</b>						
County (6) <b>MIDDLESEX</b>		Current Use (If not being demolished) <b>OIL TERMINAL</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>BIRDSONG SERVICES GROUP INC</b>		ASCM No.						
Street Address <b>65 JACOBUS DRIVE</b>		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>						
City, State, Zip Code <b>CRANFORD, NJ 07016</b>		Street Address <b>105 Lowell Road</b>						
Project Manager for Monitoring Firm <b>IT'S A LITTLE BIRDSONG</b>		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>						
Telephone No. <b>908-452-5700</b>		Telephone No. <b>201-282-8841</b>						
Start Date (10) <b>11/15/12</b>		Emergency Completion Date (11) <b>11/15/12</b>						
Name of CEQA Monitor <b>Omega Environmental Services Inc</b>		Street Address <b>280 Huyler Street</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Work done from 7:00 AM to 5:00 PM</b>		City, State, Zip Code <b>Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 or more ft <input checked="" type="checkbox"/> 10 or less ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Vent Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fabric Procedure								
Location of Asbestos-Containing Material (ACM) <b>TOILET AREA</b> in Facility (12)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (13)			Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Partial	Repair	Encapsulate
<b>OUTSIDE UNDER STAIRS</b>			<b>X</b>	<b>PIPE</b>	<b>1000 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>NEWARK CARTING INC</b>		WHD No. <b>04509</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TULLYTOWN LANDFILL</b>				
City, State <b>NEWARK NJ</b>		Disposal Date <b>11/15/12</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>R. McDonald</b>		Date <b>11/23/12</b>		

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

2012 NOV 28 AM 7:48

Date of Notification (1) 11/14/12		Name of Building Owner/Operator (2) VORAK TERMINAL PERTH AMBOY, LLC	
Agencies Notified <input type="checkbox"/> FPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> NCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Amendment to <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1250 STATE STREET City, State, Zip Code PERTH AMBOY, NJ 08861	
Name of Contact APRIL MURRAY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VORAK TERMINAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1250 STATE ST		Square Foot # of Floors Bldg Age	
City (5) PERTH AMBOY		Current Use (If not being demolished) OIL TERMINAL	
County (6) MIDDLESEX		County Code (7) STATE USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) GRODALL SERVICES GROUP INC		ASCM No.	
Street Address 65 JACKSON DRIVE		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code CRANFORD, NJ 07016		Street Address 105 Lowell Road	
City, State, Zip Code CRANFORD, NJ 07016		City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm KEVIN BROWN		Telephone No. 908-492-5700	
Start Date (10) 11/15/12		Emergency Completion Date (11) 11/26/12	
Name of CEHMA Monitor Omega Environmental Services Inc		Street Address 280 Huyler Street	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: (How to maintain facility during work)		City, State, Zip Code Hockensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\leq 9$ of or $\leq 8$ ft <input checked="" type="checkbox"/> $\geq 10$ ft or $\geq 200$ ft		<input checked="" type="checkbox"/> Remediation Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Franchise Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) OUTSIDE UNDER STAIRS		Is it readily accessible by Custodial Staff? (12) Yes No N/A	
Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 1000 LF	
Abatement Type Removal Repair Enclosure			
Name of Registered Waste Hauler Ravis Transport		NJDEP Waste Hauler ID No. 20785	
City, State Riverside, New Jersey 07457		Cubic Yards of Waste 20	
Disposal Date 11/15/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp	
City, State Bethlehem, PA 18016			
Completed by R. McDonald		Title President	
Signature R. McDonald		Date 11/14/12	

ASB-01 (9-08-08)

\* Do not use this form for asbestos removal exempted activities.



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

**RECEIVED**  
NOV 28 AM 7:42  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) November 23, 2012		Name of Building Owner/Operator (2) Jersey Central Power & Light Check # 5506							
Agencies Notified	Type Notification	Street Address 300 Madison Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07962							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Ken Sullivan Telephone Number _____							
<b>FACILITY INFORMATION</b>									
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 223 40th Street									
City (5) Sea Isle City		Square Feet 2600	# of Floors 2 Bldg. Age 80						
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Ave							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099 License No. 00842						
Start Date (10) November 26, 2012	Scheduled Completion Date (11) December 22, 2012	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Residence			XXX	Tile and Mastic	5700 SF	xxx			
Exterior			XXX	Siding	2700 SF	xxx			
Throughout Residence			XXX	Sheetrock	6000 SF	xxx			
Ex Exterior			XXX	Caulk/Glazing / Roof sealer	380SF / 70SF	xxx			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 12-22-2012	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature <i>William J. Lynch</i>			Date Nov. 23, 2012			



**REMEMBER - MAKE A COPY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) November 23, 2012		Name of Building Owner/Operator (2) Jersey Central Power & Light		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>NOV 28 AM 7:50</b>  <b>NOV 23 2012</b>  <b>WAIVER APPROVED</b> </div>	
Agencies Notified		Type Notification		Street Address	
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		300 Madison Ave	
				City, State, Zip Code Morristown, NJ 07962	
				Name of Contact Ken Sullivan	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 223 40th Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter R (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)	
City (5) Sea Isle City				Square Feet 2600	# of Floors 2
County (6) Cape May				Bldg Age 80	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341				Street Address 623 Cutler Ave	
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) November 26, 2012		Scheduled Completion Date (11) December 22, 2012		Name of OSHA Monitor FMSL	
Occupancy Status During Abatement (Check Only One)				Street Address	
<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:				107 Haddon Ave	
				City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\leq 3$ sf or $\leq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Givcebag 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)	
		Yes No N/A			
Throughout Residence				Tile and Mastic	
Exterior				Siding	
Throughout Residence				Sheetrock	
Exterior				Caulk/Glazing / Roof sealer	
Amount (Specify SF or LF)		Abatement Type			
5700 SF		Removal			
2700 SF		Repair			
6000 SF		Encapsulate			
380 SF / 70 SF		Exclusion			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No 22253		Cubic Yards of Waste 40	
City, State Mount Holly, New Jersey 08060		Disposal Date 12-22-2012		Name of Registered Landfill Grows Landfill	
City, State Tullytown, PA					
Completed by William Lynch		Title Owner		Signature <i>William Lynch</i>	Date Nov. 23, 2012

ASB-41 (R-08-08)

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



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6969

Date of Notification (1) <b>11/20/12</b>		Name of Building Owner/Operator (2) <b>Montclair Board of Education</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>22 Valley Road</b>	
		City, State, Zip Code <b>Montclair, NJ 07042</b>	
		Name of Contact <b>Len Saponara</b>	Telephone Number <b>1</b>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Montclair High School</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>100 Chestnut St.</b>			Square Feet <b>150000</b>	# of Floors <b>3</b>	Bldg. Age <b>~ 80</b>
City (5) <b>Montclair</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>educational</b>		
Name of Monitoring Firm Hired by Building Owner <b>Detail Associates, Inc</b>		ASCM No. <b>00</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>300 Grand Ave.</b>			Street Address <b>3 Lynn Court</b>		
City, State, Zip Code <b>Englewood, NJ 07631</b>			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm <b>Stephen J.</b>		Telephone Number <b>201-569-6708</b>	Telephone Number <b>973-709-0200</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>11/21/12</b>	Sched. Completion Date (11) <b>11/26/12</b>		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe:			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

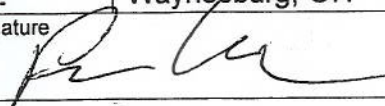
## Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Crawlspace	x			Pipe insulation	150 LF	x			
Hallway by Rm. 17		x		Pipe insulation	6 LF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Lincoln Park, NJ</b>		Disposal Date <b>11/30/12</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>11/20/12</b>



REMEMBER: MAIL IN HARD COPY  
 (Pursuant to NJAC 8:60-7 and 12:120-7)

DOL - 10 DAY

Check # 6969

Date of Notification (1) 11/20/12		Name of Building Owner/Operator (2) Montclair High School	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code & Licensing
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	22 Valley Road	Montclair, NJ 07042
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Emergency Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL		Len Saponara	
<input checked="" type="checkbox"/> DOI			
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Montclair High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)	
Street Address 100 Chestnut St.		Square Feet 150000	# of Floors 3
City (5) Montclair		County (6) Essex	Rldg Age ~ 80
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) educational	
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc.		Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.	
Street Address 300 Grand Ave.		Street Address 3 Lynn Court	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Stephen J.		Telephone Number 201-589-8708	License Number 00852
Scheduled Start Date (10) 11/21/12	Sched. Completion Date (11) 11/26/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other Describe		Street Address 2333 Route 22 W	
		City, State, Zip Code Union, NJ 07083	

## Scope of Work (Check all that apply)

- ☐ Demolition  
☒ 3 of or >3 lf  
☐ 2160 of or 2260 lf
- ☐ Renovation
- ☐ Full Containmentment with Negative Pressure  
☒ Mini - Enclosure  
☒ Glovebag Procedure  
☐ Non - Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	N	
Crawlspace	x			Pipe insulation	160 LF	x				
Hallway by Rm 17		x		Pipe insulation	6 LF	x				
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No 04782		Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State Lincoln Park, NJ		Disposal Date 11/30/12		City, State Waynesburg, OH						
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 11/20/12				