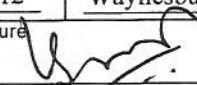


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Ch # 2858
RECEIVED

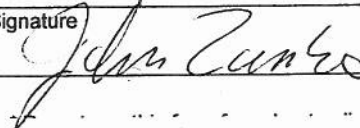
Date of Notification (1) 11/26/2012		Name of Building Owner/Operator (2) Residence 2012 NOV 29 AM 6:09							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 141-143 Totowa Avenue							
		City, State, Zip Code Paterson, NJ							
		Name of Contact Mr. Kevin Casper (Owner's Rep.)							
		Telephone Number _____							
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-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 141-143 Totowa Avenue		Square Feet 1500	# of Floors 2						
City (5) Paterson		Bldg. Age 70+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) DIA General Construction, Inc.							
Street Address _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code _____		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 12/08/2012	Scheduled Completion Date (11) 12/09/2012	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input 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"/> Govebag 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	Pipe/Elbow Insulation	30 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 12/09/2012		City, State Waynesburg, OH					
Completed By Krutarth Jagad		Title Project Manager		Signature 		Date 11/26/2012			

ASB41

• 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)

ck 4020

Date of Notification (1) 11-24-12		Name of Building Owner/Operator (2) Jeffrey Schwartz		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2012 NOV 29 AM 6:09 ASBESTOS CONTROL & [unclear] Number </div>					
Agencies Notified	Type Notification	Street Address 120 S. 14th Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Longport, NJ 08403							
		Name of Contact Lance Seiver							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Res House			Type of Facility (4)						
Street Address 120 S. 14th Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Longport, NJ 08403			Square Feet 3000	# of Floors 2	Bldg. Age 45				
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) SEM		ASCM No. _____		Name of Abatement Contractor (9) Assured Environmental Services, Inc.					
Street Address 1636 Delaware Street		Street Address 570 Clems Run							
City, State, Zip Code Paulsboro NJ 08066		City, State, Zip Code Mullica Hill, Nj 08062							
Project Manager for Monitoring Firm Ed Keegan		Telephone No. 609-868-3544		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 11-26-12		Scheduled Completion Date (11) 12-17-12		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)			Street Address 200 Route 130 North						
<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 Cinnaminson, NJ, 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
First Floor Walls (Flood Cut)			x	Joint Compound	1200	x			
Name of Registered Waste Hauler Nets		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste	Name of Registered Landfill Allied Waste				
City, State Hazleton PA				Disposal Date 12-17-12	City, State Imperial PA				
Completed by John Zumbo		Title President		Signature 		Date 11-24-12			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-227

Non Sub 8

Check # 5625

RECEIVED

Date of Notification (1) <u>11/12/12</u>		Name of Building Owner/Operator (2) <u>Atlantic Health System</u>		2012 NOV 29 AM 6:09	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address <u>475 South Street</u> City, State, Zip Code <u>Morristown, NJ 07960</u>	
Name of Contact <u>Peter Palmer</u>				Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Morristown Medical Center (Non sub 8)</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>100 Madison Avenue, Franklin 4</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Morristown, NJ 07960</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>Hospital (non sub 8)</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>PMK Group</u>		ASCM No. <u>0017</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>65 Jackson Drive, P.O.Box 5000</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Cranford, NJ 07016</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Kevin Burns</u>		Phone Number <u>908-497-8900</u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>12/7/12</u>		Sched. Completion Date (11) <u>12/10/12</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>start job 3:00pm - 11:00pm</u>			Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
4th floor 12 locations			<input checked="" type="checkbox"/>	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>12/10/12</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>			Date <u>11/26/2012</u>

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

RECEIVED

Date of Notification (1) 11-23-12		Name of Building Owner/Operator (2) Wayne Pyron		2012 NOV 29 AM 5:00					
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 38 Race Street City, State, Zip Code Plainfield, NJ 07060 Name of Contact Wayne Pyron Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 38 Race Street			Square Feet 2,500 # of Floors 2 Bldg. Age 50+-						
City (5) Plainfield		County (6) Union		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residential House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive		City, State, Zip Code Sussex, NJ 07461					
City, State, Zip Code		Telephone No. 973-864-2022		License No. 01137					
Start Date (10) 11/24/12		Scheduled Completion Date (11) 11/26/12		Name of OSHA Monitor AmeriSci					
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 117 East 30th Street City, State, Zip Code New York, NY 10016						
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
Basement	x			Pipe Insulation	30 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 1		Name of Registered Landfill G.R.O.W.S.			
City, State Wayne, NJ				Disposal Date on completion		City, State Morrisville, PA			
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>		Date 11/23/2012			

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

RECEIVED

2012 NOV 29 AM 5:06

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/26/12		Name of Building Owner/Operator (2) CIS Construction LLC						
Agencies Notified	Type Notification	Street Address 1970 Brunswick Avenue, Suite 100						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648						
		Name of Contact Kevin Felix	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The Gardens at Birmingham		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 1460 Parkway Avenue		Square Feet outdoor	# of Floors N/A					
City (5) Ewing		Bldg. Age N/A						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC					
Street Address		Street Address 27 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-864-2022					
			License No. 01137					
Start Date (10) 11/24/12	Scheduled Completion Date (11) 12/03/12	Name of OSHA Monitor AmeriSci						
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 117 30th Street						
		City, State, Zip Code New York, NY 10016						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Outdoors		x	pipe insulation	140 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA				
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 11/26/12				

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

RECEIVED

No check

Date of Notification (1) 11 / 8 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University		2012 NOV 29 AM 4:59					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-11/21/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address E.A MacMillan Building						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Robert Ortega		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-87 Prospect St. Computer Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 87 Prospect St			Square Feet 30,000	# of Floors 3	Bldg. Age 50+				
City (5) Princeton			Current Use (Prior if being demolished)						
County (6) MERCER		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 515 Grove St., Suite 1B		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 11 / 26 / 12		Scheduled Completion Date (11) 12 / 1 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM PM- 11:30 PM AM <i>REV#1-MON. 11/26 ONLY - 3PM-11:30 PM</i>			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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) 1589 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Room G20B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireproofing		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scaffiro		Title Estimator		Signature <i>Brian Scaffiro</i>		Date 11/21/12			

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

RECEIVED # 2371

Date of Notification (1) 11 / 8 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University		2012 NOV 29 AM 4:59	
Agencies Notified <input checked="" type="checkbox"/> EPA 6659 <input checked="" type="checkbox"/> DOLWD 6642 <input checked="" type="checkbox"/> DHSS 7067 <input checked="" type="checkbox"/> DCA 6635 (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 E.A MacMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega	
				Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Princeton University-87 Prospect St. Computer Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 87 Prospect St				Square Feet 30,000	
City (5) Princeton				# of Floors 3	
County (6) MERCER				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Pennonni Associates, Inc.		ASCN No. 00102		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 515 Grove St., Suite 1B		Street Address 1123 BEAVER STREET			
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505		Telephone No. 215-788-6040	
				License No. 00509	
Start Date (10) 11 / 26 / 12		Scheduled Completion Date (11) 12 / 1 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM / ____ PM- ____ AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement Room G20B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireproofing	1589 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	
City, State BRISTOL, PA 19007		Disposal Date		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
				City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	
				Date 11/8/12	

NO
check

11-27-12

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

Check # 8392

RECEIVED

Date of Notification (1) 11-17-12		Name of Building Owner/Operator (2) George Neil					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Forest Drive South City, State, Zip Code Short Hills NJ 07078					
		Name of Contact George Neil	Telephone Number 908-210-1111				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 301 Forest Drive South		Square Feet	# of Floors 2				
City (5) Short Hills NJ 07078		Bldg. Age 75+-					
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394				
Start Date (10) 11-27-12	Scheduled Completion Date (11) 11-27-12	Name of OSHA Monitor EPC Technologies, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 sf or \geq 3 lf <input type="checkbox"/> \geq 160 sf or \geq 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
1st Floor Room	X			Pipe Insulation	50 LF	X	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 11-28-12	City, State Moaristville PA				
Completed by Steve Schenker	Title President	Signature Steve Schenker			Date 11-17-12		

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

Date of Notification (1)		Name of Building Owner/Operator (2) <i>The Linden Rescue Sewerage Authority</i>							
Agency 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>5005 SOUTH WOOD AVENUE</i>							
		City, State, Zip Code <i>Linden, N.J. 07036</i>							
		Name of Contact <i>Judy SPADONE</i>							
Telephone Number <div style="text-align: right;"><i>2012 NOV 29 AM 4:57</i></div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <i>FRANKLIN HUDSON Bldg. - CONTROL ROOM</i>		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,							
Street Address <i>5005 SOUTHWOOD AVE</i>		Square Feet <i>10,000</i>	# of Floors <i>2</i>						
City (5) <i>LINDEN</i>		Bldg. Age <i>25+</i>							
County (6) <i>UNION</i>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <i>COMMERCIAL</i>						
Name of Monitoring Firm Hired by Building Owner (8) <i>HILLMAN ENVIRONMENTAL</i>		ASCM No.	Name of Abatement Contractor (9) <i>DSA Services, Inc.</i>						
Street Address <i>1600 ROUTE 22 EAST</i>		Street Address <i>800 East Elizabeth Avenue</i>							
City, State, Zip Code <i>UNION, N.J. 07083</i>		City, State, Zip Code <i>Linden, New Jersey 07036</i>							
Project Manager for Monitoring Firm		Telephone No. <i>908-688-7800</i>	Telephone No. <i>908-925-5855</i>						
License No. <i>00843</i>									
Start Date (10) <i>NOVEMBER 27, 2012</i>	Scheduled Completion Date (11) <i>NOVEMBER 29, 2012</i>	Name of OSHA Monitor <i>DSA Services, Inc.</i>							
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address <i>800 East Elizabeth Avenue</i>							
		City, State, Zip Code <i>Linden, New Jersey 07036</i>							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> μ 3 sf or μ 3 lf <input type="checkbox"/> μ 160 sf or μ 260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
Location of Asbestos-Containing Material 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 1.F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>GROUND FLOOR - (CONTROLLER OFFICE)</i>		<i>X</i>	<i>X</i>	<i>400 SF 9x9 FLOOR TILE ONLY (NO MASTIC)</i>	<i>400 SF</i>	<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"/>
Name of Registered Waste Hauler <i>DSA SERVICES INC.</i>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <i>TBA</i>	Name of Registered Landfill				
City, State <i>800 EAST ELIZABETH AVE</i>		Disposal Date <i>TBA</i>		City, State					
Completed by <i>Carla FRASSETTI</i>	Title <i>OPERATIONS MANAGER</i>	Signature <i>[Signature]</i>			Date <i>11/20/12</i>				

CHECK #
2524

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

RECEIVED

Date of Notification (1) <u>11/26/12</u>		Name of Building Owner/Operator (2) <u>EMERGENCY CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08830</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>908-308-1111</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>4037-39 ASBURY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>KLUMCO INC.</u>	
Street Address <u>369 S. SPRUCE AVE.</u>		Name of Abatement Contractor (9) <u>KLUMCO INC.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm <u>JOSEPH KUEMM</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. <u>856-779-0422</u>		Telephone No. <u>00444</u>	
Start Date (10) <u>12/10/12</u>		Scheduled Completion Date (11) <u>12/17/12</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 KUEMM</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address <u>369 S. SPRUCE AVE.</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>Y</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</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>3000 LF</u>		Abatement Type Removal <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Other	
Name of Registered Waste Hauler <u>KLUMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u>WOODBINE, N.J.</u>	
Name of Registered Landfill <u>C.M.C.M.U.A.</u>		Signature <u>Joseph Kuemm</u>	
Completed By <u>JOSEPH KUEMM</u>		Date <u>11/26/12</u>	
Type <u>OWNER</u>			

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

RECEIVED

Date of Notification (1) 11 / 14 / 12		Name of Building Owner/Operator (2) Emma Hallam		2012 NOV 29 AM 4:26					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input 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 409 Huckleberry rd		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Allentown, PA 18104						
			Name of Contact Emma Hallam			Telephone Number			
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 and commercial buildings, homes, etc.)						
Street Address 156 Maple Terrace									
City (5) Merchantville			Square Feet 2500 Sq Ft	# of Floors 2 story	Bldg. Age 60 years				
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Inter, Inc.		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Services, LLC						
Street Address 34E. Germantown Pike #204		Street Address 14 Read Drive							
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Raymond J. Giordano		Telephone No. 1-610-277-0405	Telephone No. 856-318-1341	License No. 01158					
Start Date (10) 11 / 24 / 12	Scheduled Completion Date (11) 11 / 27 / 12		Name of OSHA Monitor Graham-Tech Environmental Service, LLC						
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 - Describe Time of Abatement: 7AM-4:30PM/ PM- AM			Street Address 14 Read Drive						
			City, State, Zip Code Sicklerville, NJ 08081						
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 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) <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 Crawl Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 Lf Pipe insulation	50LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Serv, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill Atlantic County Utilities					
City, State Egg Harbor, NJ			Disposal Date	City, State Egg Harbor					
Completed By (Print or Type) Vernice Graham		Title President	Signature <i>Vernice Graham</i>			Date 11-13-12			

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 11/26/2012		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc. RECEIVED 20948	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 940 Park Avenue City, State, Zip Code Lakewood, New Jersey 08701 Name of Contact Irving Perlstein Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 44 Sherie Court			Square feet 2000 sf		
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/27/12		Scheduled Completion Date (11) 11/28/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf [] Renovation [x] Demolition			City, State, Zip Code Piscataway, New Jersey 08854		
			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and NonFriable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	2000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/29/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/26/2012

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