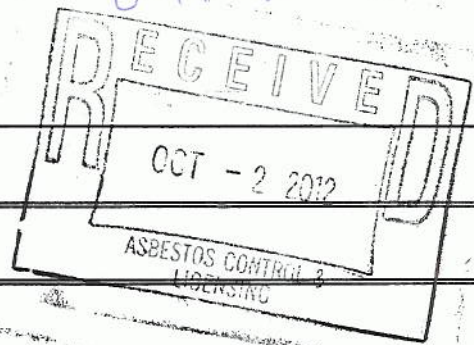


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

6954

Date of Notification (1) 09/27/2012		Name of Building Owner/Operator (2) Deltech Properties							
Agencies Notified	Type Notification	Street Address 49 Rutherford Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Asit Dutta							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deltech Resin Co.		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 49 Rutherford Street		Square Feet 13400	# of Floors 3						
City (5) Newark		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Factory							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 0079	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973 636 9145	License No. 00666						
Start Date (10) 10/12/12	Scheduled Completion Date (11) 10/14/12	Name of OSHA Monitor Bako Construction & Restoration 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: Fri 4pm-11pm Sat 8am-5pm Sun 8am - 1pm		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
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
1st Fl. Tank Room Tank AR1&AR2		x		Tank Insulation	250 SF	x			
2nd Fl. Tank Room Tank AR1&AR2		x		Tank Insulation	250 SF	x			
2nd Fl. Tank Room Tank 58&59		x		Tank Insulation	60 SF	x			
3rd Fl. Tank Room Tank 58&59		x		Tank Insulation	60 SF	x			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Inc.				
City, State Totowa NJ				Disposal Date 10/15/12	City, State Morrisville PA				
Completed by Goran Kojic		Title Vice President		Signature <i>Goran Kojic</i>	Date 09/27/12				



Date of Notification (1) 10/19/12 16/12		Name of Building Owner/Operator (2) ROBERT HEFFERNEN	
Agencies Notified	Type Notification	Street Address 11-A BANCROFT PLACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code FAIR LAWN, NJ 07410	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ROBERT HEFFERNEN	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ROBERT HEFFERNEN			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 11-A BANCROFT PLACE			Square Feet # of Floors Bldg. Age		
City (5) FAIR LAWN	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/16/12	Sched. Completion Date (11) 10/26/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	89 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		BARE HEATING PIPES (reclean)	30 L FT	<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/17/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/26/12

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) 9-27-12		Name of Building Owner/Operator (2) Veolia Energy Trenton, L.P.					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Amended 1 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 320 South Warren Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Scott Matthews Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NJ Dept of Labor and Workforce Development-Pipe Tunnel		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 1 John Fitch Plaza		Square Feet 7500	# of Floors 3 Bldg. Age +/-100				
City (5) Trenton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office bldg.				
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.				
Street Address 500 Horizon Drive, Suite 540		Street Address 2251 Fraley Street					
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Philadelphia, PA 19137					
Project Manager for Monitoring Firm Bernie Bryson		Telephone No. 215-755-2305	Telephone No. 215-533-5155 License No. 00848				
Start Date (10) 10-1-12	Scheduled Completion Date (11) 10-5-12	Name of OSHA Monitor Pars Environmental					
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 500 Horizon Drive, Suite 540 City, State, Zip Code Robbinsville, NJ 08691					
Scope of Work (Check all that apply) *abatement prior to demo*							
<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 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
Fan Room/Loop #2			X	ACPI & ACPF (patch and repair - o&M)	11 LF	X	
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage			
City, State Morrisville, PA		Disposal Date		City, State Libson, OH			
Completed by Jennifer Niven	Title Dir. of Operations	Signature <i>Jennifer Niven</i>			Date 9-27-12		

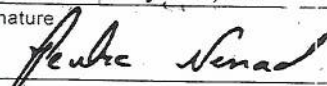
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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ASBESTOS CONTROL
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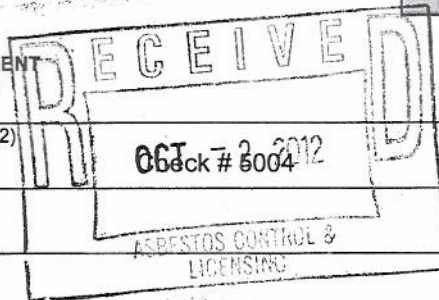
Date of Notification (1) 09 / 27 / 12		Name of Building Owner/Operator (2) Bill Dantzler							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 84 Liewellyn Road City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Bill Dantzler	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		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 84 Liewellyn Road		Square Feet	# of Floors						
City (5) Montclair, NJ 07042		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 10 / 06 / 12	Scheduled Completion Date (11) 10 / 14 / 12		Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Outside siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NUDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 09/27/2012			

ASB-41

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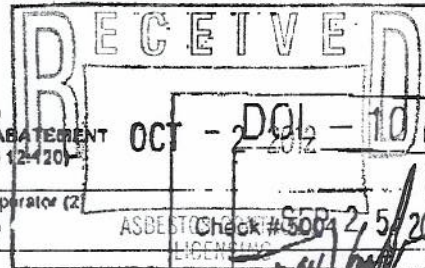
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) September 25, 2012		Name of Building Owner/Operator (2) Michael Kostechko							
Agencies Notified	Type Notification	Street Address 130 Pond Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Andy Dunham	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 & commercial buildings, homes, etc.)							
Street Address 130 Pond Road		Square Feet 2100	# of Floors 2						
City (5) Freehold		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive Suite 207		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	License No. 00842						
Start Date (10) September 27, 2012	Scheduled Completion Date (11) October 1, 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 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			xxx	Pipe Insulation	300 LF	xxx			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date October 1, 2012	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature <i>William Lynch</i>			Date Sept. 25, 2012			

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:420)



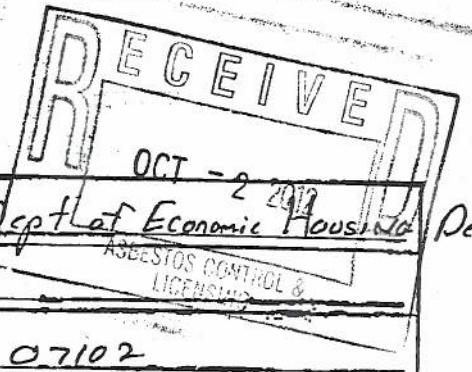
Print Form

Date of Notification (1) September 25, 2012		Name of Building Owner/Operator (2) Michael Kostecak								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 130 Pond Road City, State, Zip Code Freehold, NJ 07728		Name of Contact Andy Dunham 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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 130 Pond Road City (5) Freehold		Square Feet 2100	# of Floors 2							
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MOG Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental LLC							
Street Address 1000 Maplewood Drive Suite 207 City, State, Zip Code Maple Shade, NJ 08052		Street Address 47 S. Lippincott Ave City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 656-755-9300	Telephone No. 856-755-0099							
Start Date (10) September 27, 2012		Scheduled Completion Date (11) October 1, 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 checked="" type="checkbox"/> 23 of or 24 II <input checked="" type="checkbox"/> 2150 of or 260 II <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) 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			XXX	Pipe Insulation	300 LF	XXX				
Name of Registered Waste Hauler Freehold Cartago		NJDEP Waste Hauler ID No 22263	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill						
City, State Mount Holly New Jersey 08060		Disposal Date October 1, 2012		City, State Tullytown, PA.						
Completed by William Lynch		Title Owner	Signature <i>William Lynch</i>		Date Sept. 25, 2012					

ASB 41 (9-08-06)

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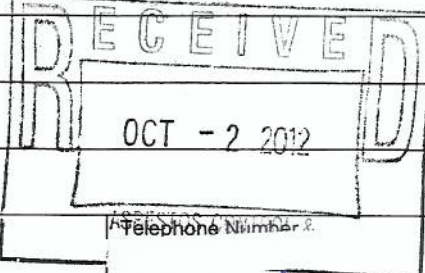
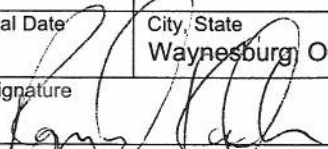
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



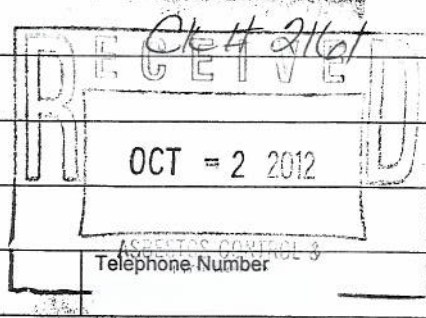
Date of Notification 9-21-12		Name of Building Owner/Operator (2) CITY of Newark Dept of Economic Housing					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Initial Notification <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 Broad St.					
		City, State, Zip Code Newark NJ 07102					
		Name of Contact MATTHEW Brener	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) FORMER ORBIS SITE BLDG JK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 55 Virginia Ave.		Square Foot 59,360	# of Floors 5				
City (5) Newark		Bldg. Age 70+					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT mfg Facility					
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consulting		ASCM No.	Name of Abatement Contractor (9) TRICON ENTERPRISES INC				
Street Address 20-21 WAGABAW Rd.		Street Address 322 BEERS ST.					
City, State, Zip Code FAIR LAWN NJ		City, State, Zip Code Keyport NJ 07735					
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-945	Telephone No. 732-739-1200	License No. 01095				
Start Date (10) 10-1-12	Scheduled Completion Date (11) 11-1-12	Name of OSHA Monitor TRICON ENTERPRISES INC					
Occupancy Status During Abatement (Ch) <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 322 Beers St.					
		City, State, Zip Code Longbranch NJ 01095					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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			
				Removal	Repair	Encapsulate	Enclosure
ROOF		Roof	14,480 SF	<input checked="" type="checkbox"/>			
Pipe inside Trench		Pipe Thermal Insulation	25 LF	<input checked="" type="checkbox"/>			
INCINERATOR		Fire Brick Mortar	440 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler R & B Debris		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises			
City, State HAINESPORT N.J.		Disposal Date	City, State WAYNESBURG OH 44688				
Completed By John C. Mucha		Title Project Manager	Signature 	Date 9/21/12			

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

CHECK # 19493

Date of Notification (1) 09-20-12(1)09-27-12		Name of Building Owner/Operator (2) Schlindler Elevator Corporation							
Agencies Notified	Type Notification	Street Address 20 Whippany Road							
<input 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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown							
		Name of Contact Mr. Bill Rafferty		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 20 Whippany Road			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) Morristown			Square Feet	# of Floors 3	Bldg. Age 20 yrs. +				
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 10-01-12(1)Job on Hold		Scheduled Completion Date (11) 10-31-12		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Area is vacant			Street Address 10-59 Jackson Avenue						
			City, State, Zip Code Long Island City, NY 11101						
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) 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
2nd Floor: West Wing			x	Pipe Fittings	120LF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by John Tancredi		Title Project Manager		Signature 		Date 09-27-12			

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



Date of Notification (1) 09/27/12		Name of Building Owner/Operator (2) Beacon Redevelopment LLC							
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 4 Beacon Way, Suite 16							
		City, State, Zip Code Jersey City, NJ 07304							
		Name of Contact Thomas Wilk, P.M.							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Tower Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4 Beacon Way		Square Feet 190,000 +	# of Floors 19						
City (5) Jersey City		Bldg. Age 50+							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC		ASCM No. _____	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue							
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Sherill Gelsomino		Telephone No. 908-206-0073	License No. 01099						
Start Date (10) 10/08/12	Scheduled Completion Date (11) 01/31/13	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 <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
" SEE PAGE 2 "									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date	City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger	Signature 	Date 09/27/12					

Page 2 of 2

RECEIVED

OCT - 2 Abatement Type 2

Amount (Specify SF of LF)	Remo	Rep	Encas	Encid

Page 2 of 2

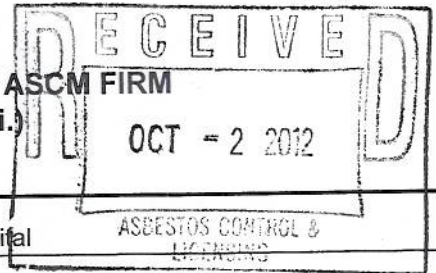
REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM
(Pursuant to N.J.A.C. 5:23-8.11(c)(3.viii))



Date of Notification (1) 09/27/2012		Name of Building Owner / Operator (2) Kennedy Memorial Hospital	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 2201 Chapel Avenue West	
		City, State & Zip Code Cherry Hill NJ 08002	
		Name of Contact Sharon Peteres	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address 2201 Chapel Avenue West		Square Feet 250000	
City (5) Cherry Hill		# of Floors 5	
County (6) NJ		Bldg. Age 52	
County Code (7) Camden		Current Use (Prior if being demolished) Select Use	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 318 12th Street		Street Address 2115 Hamilton Ave, Ste 202	
City, State & Zip Code Hammononton NJ 08037		City, State & Zip Code Trenton NJ 08619	
Project Manager for Monitoring Firm Jim Proctor		Telephone Number (609) 704-8850	
Telephone Number (609) 977-6159		License Number 01185	
Scheduled Start Date (10) 9/28/2012		Scheduled Completion Date (11) 9/29/12	
Occupancy Status During Abatement (Check all that apply) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 6:00PM to 2:00AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor NA	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Glove Bag		Street Address NA	
City, State & Zip Code NA			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) <input type="radio"/> Yes <input checked="" type="radio"/> No	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Enter only Square Footage
Respiratory Supply Room	<input type="radio"/> Yes <input checked="" type="radio"/> No	plaster ceiling	20 sf
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
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	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf
TOTALS			SF
Completed By (Print or Type) Brian Haney	Title President	Signature 	Date 09/27/12

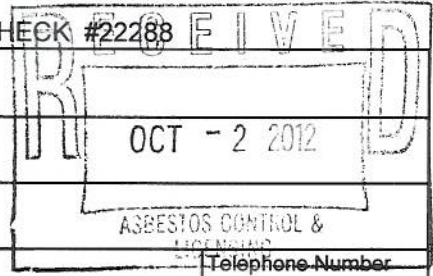
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii.)



Date of Notification (1) 09/27/2012		Name of Building Owner / Operator (2) Kennedy Memorial Hospital	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Avenue West		
	City, State & Zip Code Cherry Hill NJ 08002		
	Name of Contact Sharon Peteres		Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address 2201 Chapel Avenue West		Square Feet 250000	# of Floors 5
City (5) Cherry Hill	County (6) NJ	Bldg. Age 52	
County Code (7) Camden		Current Use (Prior if being demolished) Select Use	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 318 12th Street		Street Address 2115 Hamilton Ave, Ste 202	
City, State & Zip Code Hammonton NJ 08037		City, State & Zip Code Trenton NJ 08619	
Project Manager for Monitoring Firm Jim Proctor		Telephone Number (609) 704-8850	Telephone Number (609) 977-6159
Scheduled Start Date (10) 9/28/2012		Scheduled Completion Date (11) 9/29/12	
Occupancy Status During Abatement (Check all that apply) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 6:00PM to 2:00AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor NA	
Street Address NA		City, State & Zip Code NA	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Glove Bag			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Enter only Square Footage
Respiratory Supply Room	<input type="radio"/> Yes <input checked="" type="radio"/> No	plaster ceiling	20 sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
	<input type="radio"/> Yes <input type="radio"/> No		sf
TOTALS			20 SF
Completed By (Print or Type) Brian Haney	Title President	Signature 	Date 09/27/12

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

CHECK #22288



Date of Notification (1) 9/27/2012		Name of Building Owner/Operator (2) HILTON REALTY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 902 CARNEGIE CENTER, SUITE 400	
	City, State, Zip Code PRINCETON, NJ 08540		
	Name of Contact DAVID D'ANDREA		
	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HILTON REALTY		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)	
194 NASSAU STREET			
PRINCETON, NJ		Square Feet	# of Floors Bldg. Age
County MERCER	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) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD		
City, State, Zip Code		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676	
Start Date (10) 9/28/2012	Scheduled Completion Date (11) 9/28/2012	Name of OSHA Monitor AMERITECH SERVICES		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address 78 E. ATLANTIC WAY		
		City, State, Zip Code LAVALLETTE, NJ 08735		

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> RENOVATION <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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
3RD FLOOR		<input checked="" type="checkbox"/>		NFVAT	200 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler CLEAN EARTH		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 YD	Name of Registered Landfill GROWS	
City, State SOUTH KEARNY, NJ		Disposal Date 10/1/2012	City, State MORRISVILLE, PA		
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 9/27/2012		

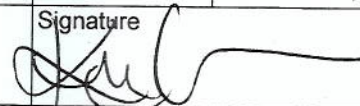
ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Job #: 1209-1679

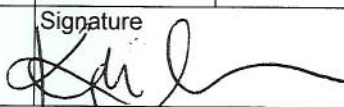
Check #: 2848

Date of Notification (1) 9/26/12		Name of Building Owner / Operator (2) Residential Property		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT - 2 2012 ASBESTOS CONTROL LICENSING </div>					
Agencies Notified	Type Notification	Street Address 912 Rahway Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Westfield, NJ 07090							
		Name of Contact Mr. Michael Steffa							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			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 912 Rahway Avenue			Square Feet 1,500 +-	# of Floors 4	Bldg. Age 82 years				
City (5) Westfield	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Residential Property						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 64 Broad Street		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 908-709-1262	Telephone Number 609-702-0400	License Number 00862					
Scheduled Start Date (10) 10/1/12	Scheduled Completion Date (11) 10/2/12		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 10/3/12	City, State Morrisville, PA						
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 9/26/12				

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

Job #: 1208-1673-1

Check #: NA

Date of Notification (1) 9/10/12		Name of Building Owner / Operator (2) General Growth Properties, Inc.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT - 2 2012 <small>ASBESTOS CONTROL & LICENSING</small> </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	110 North Wacker Drive City, State & Zip Code Chicago, IL 60606							
		Name of Contact Mr. Joe Johnson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Willowbrook Mall Space #2130			Type of Facility (4)						
Street Address 1400 Willowbrook Mall			<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) Wayne	County (6) Passaic	County Code (7)	Square Feet 1520000	# of Floors 2	Bldg. Age 44				
			Current Use (Prior if being demolished) Vacant Space						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 3370 Progress Drive, Suite J			Street Address 3859 Sylon Blvd.						
City, State & Zip Code Bensalem, PA 19020			City, State & Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Mike Panapresso		Telephone Number 215-244-1300 x26	Telephone Number 609-702-0400		License Number 00862				
Scheduled Start Date (10) 9/24/12	Scheduled Completion Date (11) 9/26/12		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: 2nd Shift Work <input checked="" type="checkbox"/> Isolated Area			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stock Room & Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 9/26/12	City, State Morrisville, PA						
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 9/24/12				

State of New Jersey **1208-4540**
NOTIFICATION OF ASBESTOS ABATEMENT Check # 4429
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/20/12		Name of Building Owner / Operator (2) Federal Aviation Administration	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: auto;"> RECEIVED OCT - 2 2012 ASBESTOS CONTROL & LICENSING </div>
	Street Address FAA Technical Center		Telephone Number
	City, State & Zip Code Atlantic City International Airport, NJ 08405		
	Name of Contact Donald Brown		

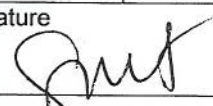
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Building 306 TSF Annex			Square Feet	# of Floors	Bldg. Age
City (5) Atlantic City	County (6) Atlantic	County Code (7)	Current Use (Prior if being demolished) Tech Center		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street		Street Address PO Box 25			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number 609-265-3207	License Number 00529	
Scheduled Start Date (10) 9/17/12	Scheduled Completion Date (11) 9/26/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement :			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 18108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 301 - 2nd Floor Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2X layer Floor tile & Mastic	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 9/26/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 9/20/12

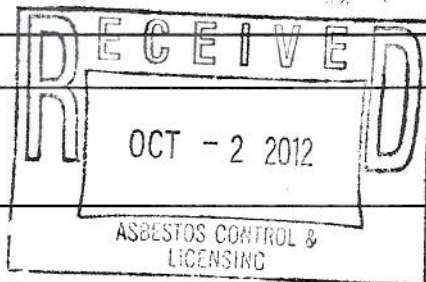
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 19, 2012		Name of Building Owner / Operator (2) JP Morgan Chase & Co.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT - 2 2012 <small>ASBESTOS CONTROL & LICENSING</small> </div>					
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	57 Diamond Spring Road City, State & Zip Code Denville, NJ 07834 Name of Contact Damiano Albanese							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank			Type of Facility (4)						
Street Address 57 Diamond Spring Road			<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.)						
City (5) Denville			Square Feet 6,500	# of Floors 2	Bldg. Age 63				
County (6) Morris			Current Use (Prior if being demolished) Bank						
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) The Louis Berger Group		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address 412 Mount Kemble Avenue			Street Address 829 Radio Road						
City, State & Zip Code Morristown, NJ 07960			City, State & Zip Code Little Egg Harbor, NJ 08087						
Project Manager for Monitoring Firm Bruce Lockwood		Telephone Number 973-407-1000	Telephone Number 609-296-6916	License Number 00817					
Scheduled Start Date (10) September 29, 2012	Scheduled Completion Date (11) October 15, 2012		Name of OSHA Monitor Synatech, Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 829 Radio Road						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours (on 3 consecutive weekends: Sept. 29-30, Oct. 6-7, Oct. 13-14, 2012) <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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 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
Teller Area			x	Floor Tile and Mastic	450 SF	X			
Vestibule			x	Joint Compound	200 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 35	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date October 16, 2012		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>				Date September 19, 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)

Date of Notification (1) September 27, 2012		Name of Building Owner / Operator (2) JP Morgan Chase & Co.	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Cancellation	57 Diamond Spring Road	
		City, State & Zip Code Denville, NJ 07834	
		Name of Contact Damiano Albanese	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		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 57 Diamond Spring Road		Square Feet 6,500	# of Floors 2
City (5) Denville		Bldg. Age 63	
County (6) Morris		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) The Louis Berger Group		ASCM No.	
Street Address 412 Mount Kemble Avenue		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Morristown, NJ 07960		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Bruce Lockwood		Telephone Number 973-407-1000	License Number 00817
Scheduled Start Date (10) October 6, 2012	Scheduled Completion Date (11) October 22, 2012	Name of OSHA Monitor Synatech, Inc.	
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 (on 3 consecutive weekends: Oct. 6-7, Oct. 13-14, and Oct. 20-21, 2012) <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 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
Teller Area			x	Floor Tile and Mastic	450 SF	X			
Vestibule			x	Joint Compound	200 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 35	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date October 23, 2012		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane L. Aloia</i>			Date September 27, 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)**

Date of Notification (1) September 25, 2012		Name of Building Owner / Operator (2) St. Thomas More Church		Check # 1076 RECEIVED OCT - 2 2012 ASBESTOS CONTROL & LICENSING
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	186 Gordon's Corner Road City, State & Zip Code Manalapan, NJ 07726		
		Name of Contact Tony Morelli		
				Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Thomas More Church		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, home, etc.)	
Street Address 186 Gordon's Corner Road		Square Feet 20,000	# of Floors 2
City (5) Manalapan		Bldg. Age 60	
County (6) Monmouth		Current Use (Prior if being demolished) Church and Classroom	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 65 Jackson Drive		Street Address 829 Radio Road	
City, State & Zip Code Cranford, NJ 07016		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kevin Burns		Telephone Number 908-497-8900	License Number 00817
Scheduled Start Date (10) October 5, 2012	Scheduled Completion Date (11) October 8, 2012	Name of OSHA Monitor Synatech, Inc.	
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 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Flue Pipe Insulation	8 LF	X			
Basement			X	Pipe Insulation	36 LF				

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 9, 2012	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date September 25, 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)

Check # 1076 (already sent)

Date of Notification (1) September 25, 2012		Name of Building Owner / Operator (2) St. Thomas More Church		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED OCT - 2 2012 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 186 Gordon's Corner Road		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	City, State & Zip Code Manalapan, NJ 07726		
		Name of Contact Tony Morelli		
Telephone Number				

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Thomas More Church		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, home, etc.)	
Street Address 186 Gordon's Corner Road		Square Feet 20,000	# of Floors 2
City (5) Manalapan		Bldg. Age 60	
County (6) Monmouth		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group, Inc.		ASCM No.	
Street Address 65 Jackson Drive		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cranford, NJ 07016		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Kevin Burns		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-497-8900		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 5, 2012	Scheduled Completion Date (11) October 8, 2012	Name of OSHA Monitor Synatech, Inc.	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Basement			X	Flue Pipe Insulation	8 LF	X			
Basement			X	Pipe Insulation	36 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date October 9, 2012	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane F. Aloia</i>	Date September 25, 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)

2439

RECEIVED
OCT - 2 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/31/12
Name of Building Owner/Operator (2) Cherck & Co. Inc.
Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☐ Initial
☒ Amended
Amendment # 3
☐ Emergency (Including Justification)
☐ Cancellation
Street Address
126 East Lincoln Avenue
City, State, Zip Code
Rahway, New Jersey 07065
Name of Contact
Jerry Petti
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Cherck & Co. Inc.
Street Address
126 East Lincoln Avenue
City (5)
Rahway, New Jersey 07065
County (6)
Union
County Code (7)
(STATE USE ONLY)
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet
+20,000
of Floors
3
Bldg. Age
40
Current Use (Prior if being demolished)
office bldg

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health
Street Address
655 West Shore Trail
City, State, Zip Code
Roseland, New Jersey 07068
Project Manager for Monitoring Firm
William Kerkel
ASCM No.
00104
Name of Abatement Contractor (9)
Applied Env. Serv. NJ Inc.
Street Address
450 South River Street
City, State, Zip Code
Hackensack, NJ 07601
Telephone No.
973-729-5649
License No.
01148

Start Date (10)
9/28/12
Scheduled Completion Date (11)
11/22/12
Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: Area off limits
Name of OSHA Monitor
N/A
Street Address
City, State, Zip Code

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

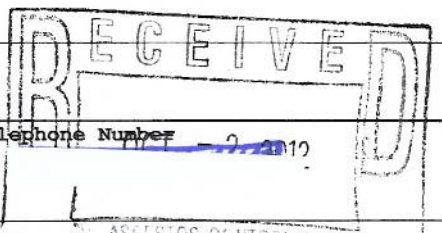
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage rooms			✓	VAT & Mastic	435	✓			
SW Corridor			✓	VAT & Mastic	170	✓			
Janitors Closet			✓	VAT & Mastic	85	✓			
1st Floor Throughput			✓	Mastic on Duct Seams	72	✓			

Name of Registered Waste Hauler
Freehold Castage Inc.
City, State
Freehold, New Jersey 07728
NJDEP Waste Hauler ID No.
20
Cubic Yards of Waste
20
Disposal Date
12/17/12
Name of Registered Landfill
Cy Conny Clay Reserve
City, State
Montgomery, Pa 17752
Signature
Office Admin
Title
Office Admin
Date
8/31/12

9-27-12

Charles Easton

10316

Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	99 Wellington Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Short Hills, NJ	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact Charles Easton	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Telephone Number	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) LICENSING		
Street Address 99 Wellington Avenue			<input type="checkbox"/> Type » School (K-12) <input type="checkbox"/> Type » Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Short Hills	County (6)	County Code (7) (STATE USE ONLY)	Square Feet 2100	# of Floors 3	Bldg. Age 80
Current Use (Prior if being demolished) Residence					

Name of Monitoring Firm hired by Building Owner (8) N/A	ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.
Street Address		Street Address 86 Christopher St.
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800
Sched. Start Date (10) 10-11-2012		License Number 00371
Sched. Completion Date (11) 10-11-2012		Name of OSHA Monitor N/A
Month 10 Day 11 Year 2012		Street Address
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code
<input type="checkbox"/> Occupancy » Abatement Performed Outside of Normal Facility Hours - Describe:		
<input type="checkbox"/> Other - Describe:		

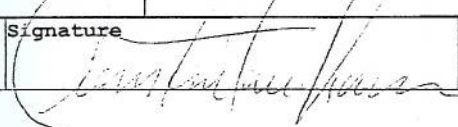
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

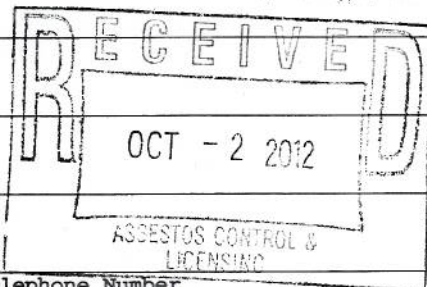
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

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 M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	90sf		X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 10/15/2012	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 9-27-10

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

Date of Notification (1) 9/27/12		Name of Building Owner/Operator (2) Anna Pringle	
Agencies Notified	Type Notification	Street Address 185 Tappan Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Kearny, NJ 07032	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Anna Pringle	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 2000	# of Floors 2	Bldg. Age 75
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) Month 10 Day 12 Year 2012	Sched. Completion Date (11) Month 10 Day 12 Year 2012	Name of OSHA Monitor N/A		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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 M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Piping	210 lf	X			

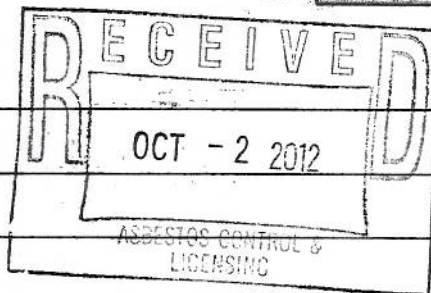
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10/15/2012	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 9/27/12		

(CHECK # 2449)

(Pursuant to NJAC 8:60 and 12:130)

Date of Notification (1) 9/27/12		Name of Building Owner/Operator (2) JENAY'S EXCAVATION - 2 2012					
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 274 INDIAN TRAIL ROAD					
		City, State, Zip Code CAPE MAY COURT HOUSE, N.J. 08210					
		Name of Contact 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 & commercial buildings, homes, etc.)					
Street Address 3719 PACIFIC AVE		Square Feet 1000					
City (5) WILDWOOD		Sideg. Age 40+					
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMCO INC.					
Street Address "		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0422					
Start Date (10) 10/1/12		Scheduled Completion Date (11) 10/8/12					
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 JOSEPH KLEMM					
		Street Address 369 S. SPRUCE AVE.					
		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll		<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-Frable 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			
				Removal	Repair	Encapsulation	Other
SIDING		TRANSIRE	2000 SF	X			
Name of Registered Waste Hauler KLEMCO INC.		Waste Hauler D No. 17904	Cubic Yards of Waste 6	Name of Registered Landfill C.M.C. M.U.A.			
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.				
Completed By JOSEPH KLEMM	Title OWNER	Signature Joseph Klemm	Date 9/27/12				

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



Date of Notification (1) 09/25/12		Name of Building Owner/Operator (2) Trinitas Regional Medical Center							
Agencies Notified	Type Notification	Street Address 301 Rt. 17 North, Suite 800							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Robert Perez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 225 Williamson Street		Square Feet 150,000	# of Floors 9						
City (5) Elizabeth		Bldg. Age 50+-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical Center							
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. 973-864-2022	License No. 01137						
Start Date (10) 09/15/12	Scheduled Completion Date (11) 10/09/12	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: during and after normal business hours		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 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
7th floor North side	x			loose floor tiles	30 S.F.	x			
7th floor North side	x			carpets	120 S.F.	x			
Name of Registered Waste Hauler Pro-Tech, LLC		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 6-7	Name of Registered Landfill Minerva Landfill					
City, State New Haven, CT			Disposal Date on completion	City, State Waynesburg, OH					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 09/25/12					


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

6306

Date of Notification (1) 09 / 27 / 12		Name of Building Owner / Operator (2) Verizon	
Agencies Notified		Street Address 37 Maple Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		City, State, Zip Code Morristown, NJ 07960	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact Alex Baylor	
		Telephone Number 2012	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4)	
Street Address 37 Maple Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) Morristown	County (6) Morris	County Code (7)	Square Feet 30,000 # Of Floors 4 Building Age 60+
Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental Management Inc.		Current Use (Prior if being demolished) Telecommunications	
Street Address 8436 Enterprise Avenue		Name of Abatement Contractor (9) Slavco Construction Inc.	
City, State, Zip Code Philadelphia, PA 19153		Street Address 164 Getty Avenue	
Project Mngr. For Monitoring Firm Mark Jenkins		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 215-365-5810		Telephone Number 973-478-4848 License Number 00724	
Scheduled Start Date (10) 10 / 08 / 12 Sched. Completion Date (11) 12 / 31 / 12			
Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor Slavco Construction Inc.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ Other - Describe: 7:00 am to 3:30pm		Street Address 164 Getty Avenue City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <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 R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
	YES NO N/A		
Basement	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor Tile & Mastic	2320 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 Slavco Construction Inc.		NJDEP Waste S18508	Name of Registered Landfill G.R.O.W.S Landfill
City, State Clifton, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by (Print or Type) Vivian Jurcevic		Title Administrative Assistant	Signature Date September 27, 2012

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

Check #1081

Date of Notification (1) September 28, 2012		Name of Building Owner / Operator (2) Bank of America	
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	13 West Blackwell Street	
		City, State & Zip Code Dover, NJ 07801	
		Name of Contact Dino Nappi	
Telephone Number			

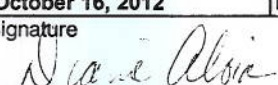
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4)	
Street Address 13 West Blackwell Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Dover		Square Feet 15,000	# of Floors 2
		Bldg. Age 111	
County (6) Morris		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002			
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) October 8, 2012	Scheduled Completion Date (11) October 15, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (on 10/8/12 only) <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours (from 10/9-10/15) <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

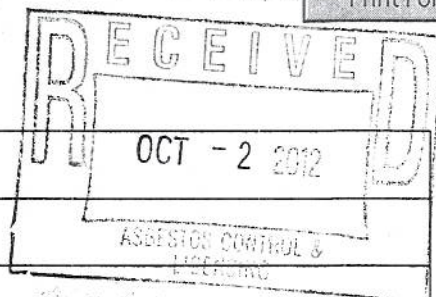
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 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) 300 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior, West side of Bldg. on North Warren Street (from 11 windows)			x	Brown caulk		X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 1.5	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date October 16, 2012		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date September 28, 2012	

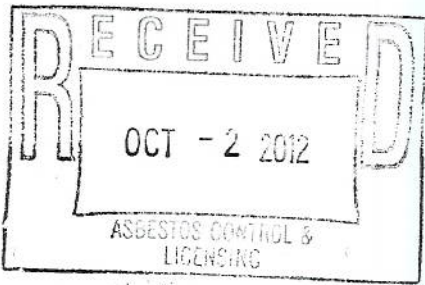
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/28/12 CK:2276 \$200		Name of Building Owner/Operator (2) Township of Maplewood							
Agencies Notified	Type Notification	Street Address 574 Valley Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Maplewood, New Jersey 07040							
		Name of Contact Tom Malavasi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Township Civic 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 124 Dunnell Road		Square Feet 10,000	# of Floors 2						
City (5) Maplewood, New Jersey 07040		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Civic Center							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 26 Columbia Tpk		Street Address 606 McBride Avenue							
City, State, Zip Code Florham Park, New Jersey 07932		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800	License No. 01104						
Start Date (10) 10/19/12	Scheduled Completion Date (11) 10/22/12	Name of OSHA Monitor J&S Environmental Labs							
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: 7pm Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Mens Room		X		Gypsum Ceiling Board	88 SF	X			
Mens Room		X		Wall Plaster	280	X			
Mens Room		X		Pipe Insulation	10LF+6Fittings	X			
Mens Room		X		Electrical Wire Insulation	1,100 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 10/26/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>	Date 09/28/12				

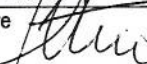
Continuation of Notification Form...

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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsul	Enclosur
Ladies Room		X		Ceiling Plaster	88 SF	X			
Ladies Room		X		Wall Plaster	304 SF	X			
Ladies Room		X		Pipe Insulation	25 LF + 6 Elbows	X			
Ladies Room		X		Electrical Wire Insulation	100 LF	X			

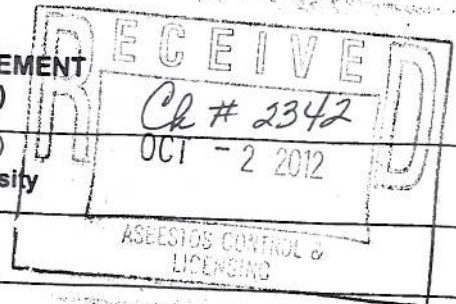


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

09916

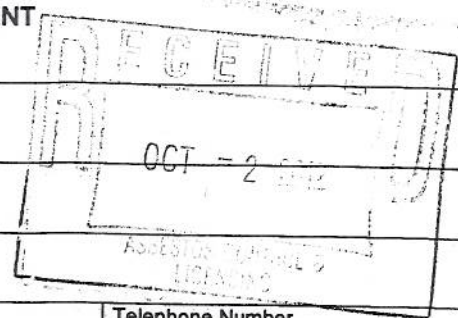
Date of Notification (1) 9/26/2012		Name of Building Owner/Operator (2) The Port Authority Of NY & NJ					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie St. Room 236 City, State, Zip Code Jersey City NJ 07310 Name of Contact Uday Mehta Telephone Number ASBESTOS					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PA NJ/NY Elizabeth Marine Terminal		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 26 Colony Road, Greenville Yard, Jersey City NJ		Square Feet 240000	# of Floors 6				
City (5) Jersey City NJ		Bldg. Age 50+					
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) abandoned					
Name of Monitoring Firm Hired by Building Owner (8) Port Authority Of NY & NJ	ASCM No.	Name of Abatement Contractor (9) ABC CONSTRUCTION CONTRACTING INC.					
Street Address 241 Erie St. Room 236		Street Address 3616 19th Avenue					
City, State, Zip Code Jersey City NJ 07310		City, State, Zip Code Astoria, NY 11105					
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 718-729-2501	License No. 01159				
Start Date (1 0) 9/28/2012	Scheduled Completion Date (1 1) 3/28/2013	Name of OSHA Monitor PRECISION ENVIRONMENTAL					
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 36-15A 23RD STREET					
		City, State, Zip Code LONG ISLAND CITY, NY 11105					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
transfer bridge 11-north tower			transite panels	1600sf	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler ABC CONSTRUCTION CONTRACTING INC.		NJDEP Waste Hauler ID No. 22280	Cubic Yards of Waste 40	Name of Registered Landfill Tullytown			
City, State Astoria, NY 11105		Disposal Date 10-15-2012		City, State Tullytown, PA 19007			
Completed by STANKO KORONSOVAC	Title PRESIDENT	Signature 			Date 9-26-2012		

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



Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6758 <input checked="" type="checkbox"/> DHSS 6741 <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 E.A. MacMillian 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-Elementary Particle Lab-Building 25		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 Faculty Rd		Square Feet 11,000							
City (5) Princeton		# of Floors 1							
County (6) MERCER		Bldg. Age 60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) MRI Suite and storage							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 9 / 24 / 12	Scheduled Completion Date (11) 10 / 5 / 12								
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-3:30PM/ PM- AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" 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	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro		Date 9/12/12				

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



Date of Notification (1) <u>9</u> / <u>13</u> / <u>12</u>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-9/18/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian 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-Elementary Particle Lab-Building 25		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 Faculty Rd		Square Feet 11,000							
City (5) Princeton		# of Floors 1	Bldg. Age 60+						
County (6) MERCER		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) ____ / ____ / ____	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: <u>7:00AM-3:30PM</u> 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" 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	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date <u>9/18/12</u>			

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

Date of Notification (1) <u>9</u> / <u>13</u> / <u>12</u>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-9/26/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian 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-Elementary Particle Lab-Building 25		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 Faculty Rd									
City (5) Princeton		Square Feet 11,000	# of Floors 1						
		Bldg. Age 60+							
County (6) MERCER		County Code (7)(STATE USE ONLY)							
		Current Use (Prior if being demolished) MRI Suite and storage							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) <u>9</u> / <u>27</u> / <u>12</u>	Scheduled Completion Date (11) <u>10</u> / <u>8</u> / <u>12</u>	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: <u>7:00AM-3:30PM</u> 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 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) <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
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" 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	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date <u>9/26/12</u>		

ASB-41

MAY 11

BS 12093-A

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

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Harner
(signature)
Date: 9/26/12 Time: 11:46AM

GAC Project # 251-12-09

Date of Notification (1) September 26, 2012		Name of Building Owner/Operator (2) KEAN UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL SAFETY & HEALTH 1000 MORRIS AVENUE		City, State, Zip Code UNION, NJ 07083	
Name of Contact MS. SUSAN KUPIEC Director, Office of Environmental Health & Safety		Current Use (prior if being demolished): ACADEMIC OFFICES / STUDENT HOUSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHILD STUDY INSTITUTE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address MAIN CAMPUS - 1000 MORRIS AVENUE		Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years	
City (5) UNION	County (6) UNION	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC OFFICES / STUDENT HOUSING
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI		ASCM No. 00003	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 268 MAIN STREET	
City, State, Zip Code MOORESTOWN, NJ 008057		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JIM GUILARDI	Telephone Number 856-840-8800 Fax 856-840-8815	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/26/12	Scheduled Completion Date (11) 09/28/12	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - WORK AREA VACANT & ISOLATED FROM BUILDING FOR DURATION OF ABATEMENT Describe: 8:00 AM - 5:00 PM		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Source 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) in Facility (13) Room 101	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - Pipe Insulation	Amount (Specify SF or LF) <20 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 09/28/12	Name of Registered Landfill IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date September 26, 2012

Copies To: KEAN, Attn: Susan Kupiec & TTI, Attn: Jim Guilardi

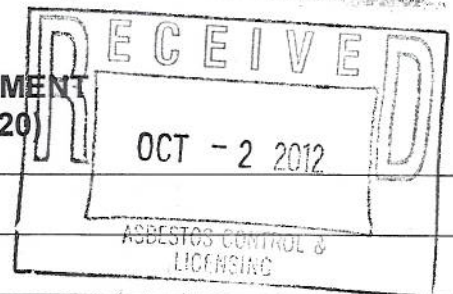
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 251-12-09

Date of Notification (1) September 26, 2012		Name of Building Owner/Operator (2) KEAN UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL SAFETY & HEALTH 1000 MORRIS AVENUE	
		City, State, Zip Code UNION, NJ 07083	
		Name of Contact MS. SUSAN KUPIEC Director, Office of Environmental Health & Safety	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHILD STUDY INSTITUTE		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 MAIN CAMPUS - 1000 MORRIS AVENUE		Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years	
City (5) UNION	County (6) UNION	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI		ASCM No. 00003	
Street Address 1253 NORTH CHURCH STREET		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code MOORESTOWN, NJ 008057		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JIM GUILARDI		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/26/12		Scheduled Completion Date (11) 09/28/12	
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 - WORK AREA VACANT & ISOLATED FROM BUILDING FOR DURATION OF ABATEMENT Describe: 8:00 AM - 5:00 PM		Name of OSHA Monitor ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Source 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) in Facility (13) Room 101	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - Pipe Insulation	Amount (Specify SF or LF) <20 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA
Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/28/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date September 26, 2012

Copies To: KEAN, Attn: Susan Kupiec & TTI, Attn: Jim Guilardi

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



Date of Notification (1) 09/24/12		Name of Building Owner / Operator (2) Gerresheimer Glass, Inc.	
Agencies Notified	Type Notification	Street Address 537 Crystal Ave.	
<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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Vineland, NJ 08360	
		Name of Contact C/O Patrick Larney	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 106, Tube Ally Cold End			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 537 Crystal Ave.			Square Feet ~50,000	# of Floors 1	Bldg. Age ~ 40 Years
City (5) Vineland	County (6) Cumberland	County Code (7)	Current Use (Prior if being demolished) Manufacturing & Warehouse		
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.			Name of Abatement Contractor (9) Altchem Environmental Services		
Street Address 9 South Main Street			Street Address 1300 Industrial Highway		
City, State & Zip Code Mullica Hill, NJ 08062			City, State & Zip Code Southampton, PA 18966		
Project Manager for Monitoring Firm Jack Carney		Telephone Number 856 223-0080	Telephone Number 215 953-8500	License Number 00741	
Scheduled Start Date (10) 9/26/12		Scheduled Completion Date (11) 9/27/12		Name of OSHA Monitor Altchem Environmental Services	

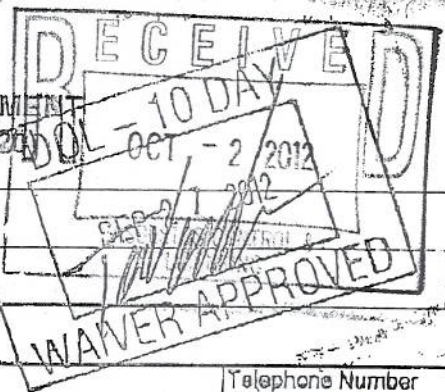
Occupancy Status During Abatement (Check only one)		Street Address 1300 Industrial Highway	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Southampton, PA 18966	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe:			
<input type="checkbox"/> Facility Occupied During Abatement			

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 106, Tube Ally	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Altchem Environmental Services, Inc	NJDEP Waste Hauler ID No. 23124	Cubic Yards of Waste ~ 6 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Southampton, PA	Disposal Date 10/2012	City, State Waynesburg, PA	
Completed By (Print or Type) Patrick Larney	Title Dir. Of Ops.	Signature 	Date 09/24/12

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



Date of Notification (1) 09/24/12		Name of Building Owner / Operator (2) Garreheimer Glass, Inc.	
Agencies Notified	Type Notification	Street Address 637 Crystal Ave.	
<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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Vineland, NJ 08360	
		Name of Contact C/O Patrick Larney	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building 106, Tube Ally Cold End		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 637 Crystal Ave.		Square Feet ~50,000	# of Floors 1
City (5) Vineland	County (6) Cumberland	Bldg. Age ~ 40 Years	
County Code (7)		Current Use (Prior if being demolished) Manufacturing & Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) EMS Environmental, Inc.		Name of Abatement Contractor (9) Alchem Environmental Services	
Street Address 9 South Main Street		Street Address 1300 Industrial Highway	
City, State & Zip Code Mullica Hill, NJ 08062		City, State & Zip Code Southampton, PA 18966	
Project Manager for Monitoring Firm Jack Carney		Telephone Number 856 223-0080	License Number 00741
Scheduled Start Date (10) 9/26/12	Scheduled Completion Date (11) 9/27/12	Name of OSHA Monitor Alchem Environmental Services	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1300 Industrial Highway	
		City, State & Zip Code Southampton, PA 18966	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 50 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

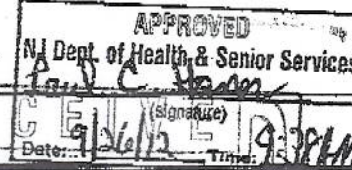
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removed	Repair	Encapsulate	Enclose
Building 106, Tube Ally	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Alchem Environmental Services, Inc	NJDEP Waste Hauler ID No. 23124	Cubic Yards of Waste ~ 6 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Southampton, PA	Disposal Date 10/2012	City, State Waynesburg, PA	
Completed By (Print or Type) Patrick Larney	Title Dir. of Ops.	Signature 	Date 09/24/12

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

D&S Proj. #: MS 12-343

Date of Notification (1) 10/9/12 5/1/12		Name of Building Owner/Operator (2) TOM MINDEN	
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 Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 72 LLOYD ROAD		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact TOM MINDEN		Telephone Number	



OCT - 2 2012

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM MINDEN			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 72 LLOYD ROAD			Square Feet		
City (5) MONTCLAIR			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/26/12		Sched. Completion Date (11) 10/04/12		License Number 01169	
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: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/utility staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A			move	repair	encap	encl
PORCH		X		VERMICULITE	26 SQ FT	X			

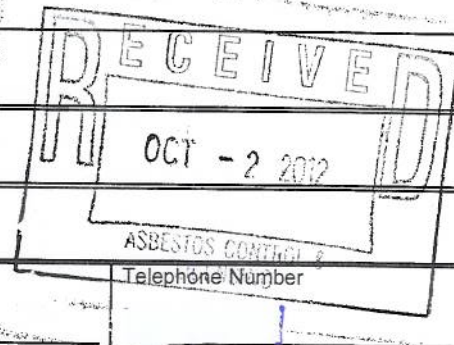
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/27/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/25/12	

ASB-41

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

00467

Date of Notification (1) 09/12/12		Name of Building Owner/Operator (2) TOM MINDEN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 72 LLOYD ROAD	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MONTCLAIR, NJ 07042	
		Name of Contact TOM MINDEN	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM MINDEN			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 72 LLOYD ROAD			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		

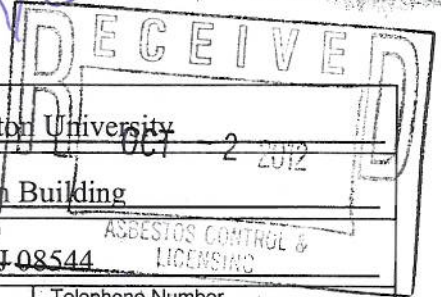
Street Address		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07503	
Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/26/12		License Number 01169	
Sched. Completion Date (11) 10/04/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Glovebag procedure			
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input type="checkbox"/> Demolition							

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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						
PORCH		<input checked="" type="checkbox"/>		VERMICULITE	26 SQ FT	<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"/>

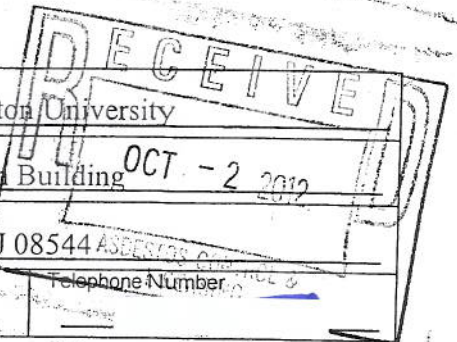
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/27/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/25/12	

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



Date of Notification (1) <u>7/11/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u>						
		City, State, Zip Code <u>Princeton, NJ 08544</u>						
		Name of Contact <u>Sean Gallagher</u>	Telephone Number <u>212-235-1234</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Exterior Steam Tunnel</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>Roper & Ivy Lanes</u>								
City (5) <u>Princeton, NJ</u>		Square Feet <u>NA</u>	# of Floors <u></u>					
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>exterior tunnel</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. <u></u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>					
License No. <u>00493</u>								
Start Date (10) <u>7/23/12</u>	Scheduled Completion Date (11) <u>11/30/12</u>		Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
<u>Exterior tunnels located in roadway</u>			<u>pipe insulation</u>	<u>600 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>30 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/30/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/28/12</u>					

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



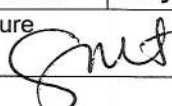
Date of Notification (1) <u>12/11/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u> City, State, Zip Code <u>Princeton, NJ 08544</u>						
		Name of Contact <u>Sean Gallagher</u>	Telephone Number <u>609-259-9688</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Exterior Steam Tunnel</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>Roper & Ivy Lanes</u>		Square Feet <u>NA</u>	# of Floors <u></u>					
City (5) <u>Princeton, NJ</u>		Bldg. Age <u></u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>exterior tunnel</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. <u></u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>7/23/12</u>	Scheduled Completion Date (11) <u>9/28/12</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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) <u>600 LF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Exterior tunnels located</u>			<u>pipe insulation</u>	<u>600 LF</u>	<input checked="" type="checkbox"/>			
<u>in roadway</u>								
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/28/12</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 			Date <u>8/17/12</u>			

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

Date of Notification (1) <u>12/11/12</u>		Name of Building Owner/Operator (2) <u>Trustees of Princeton University</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>E.A. MacMillan Building</u>	
		City, State, Zip Code <u>Princeton, NJ 08544</u>	
		Name of Contact <u>Sean Gallagher</u>	Telephone Number <u></u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Exterior Steam Tunnel</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>Roper & Ivy Lanes</u>		Square Feet <u>NA</u>	# of Floors <u></u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u></u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>exterior tunnel</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>7/23/12</u>	Scheduled Completion Date (11) <u>8/17/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Exterior tunnels located</u>			<u>pipe insulation</u>
<u>in roadway</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/17/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>7/11/12</u>

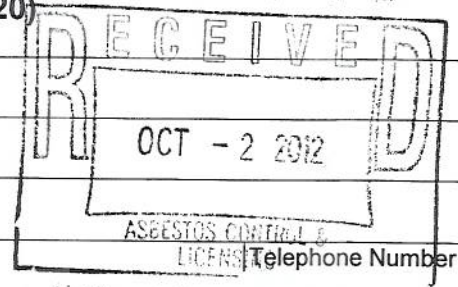
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1209-4551 E
Check #4534

Date of Notification (1) 9/26/12		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT - 2 2012 ASBESTOS CITY LICENS </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address One Robert Wood Johnson Place			
		City, State & Zip Code New Brunswick, NJ 08901				Name of Contact Geiser Fajardo			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address One Robert Wood Johnson Place				Square Feet # of Floors Bldg. Age					
City (5) New Brunswick	County (6) Middlesex	County Code (7)		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 280 Huyler Street			Street Address PO Box 25						
City, State & Zip Code South Hackensack, NJ 07606			City, State & Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8400		Telephone Number 609-265-2107	License Number 00529				
Scheduled Start Date (10) 9/26/12		Scheduled Completion Date (11) 10/5/12		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <u>9/26-5PM to 1:30AM, 9/27-10/1 7AM-12 Midnight, 10/2 7AM-3:30PM</u> <input type="checkbox"/> Facility Occupied During Abatement				Street Address 108 Haddon Ave.					
				City, State & Zip Code Westmont, NJ 08108					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tower Building 1 st Floor Specials 9 Location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum & Mastic	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 15	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ				Disposal Date 10/5/12	City, State Tullytown, PA				
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.		Signature 			Date 9/26/12		

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

1209-4551 E
Check #4534



Date of Notification (1) 9/25/12		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place City, State & Zip Code New Brunswick, NJ 08901 Name of Contact Geiser Fajardo	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address One Robert Wood Johnson Place		Square Feet	# of Floors
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 280 Huyler Street		Street Address PO Box 25	
City, State & Zip Code South Hackensack, NJ 07606		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8400	License Number 00529
Scheduled Start Date (10) 9/26/12	Scheduled Completion Date (11) 10/5/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 5PM to 1:30AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

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

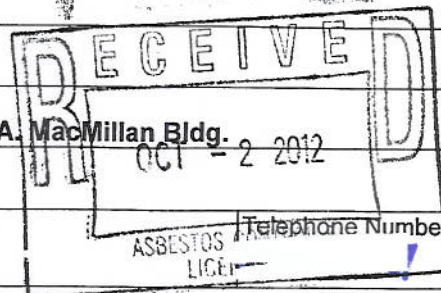
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tower Building 1 st Floor Specials 9 Location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum & Mastic	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 15	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 10/5/12	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti	Title Office Coord.	Signature 	Date 9/25/12

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

1109-4387
Check

Date of Notification (1) 9/27/12		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #5 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address Trustees of Princeton University E.A. MacMillan Bldg.		
	City, State & Zip Code Princeton, NJ 08544		
	Name of Contact Robert Ortego, P.E.		
	Telephone Number 		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address One Washington Road			Square Feet # of Floors Bldg. Age		
City (5) Princeton	County (6) Mercer	County Code (7) 	Current Use (Prior if being demolished) University Library		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12			Street Address PO Box 25		
City, State & Zip Code Burlington, NJ 08016			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 7/2/12		Scheduled Completion Date (11) 10/31/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various Locations Throughout 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF (wrap & cut)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor Room 4-8-D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Tech Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 10/31/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 9/27/12

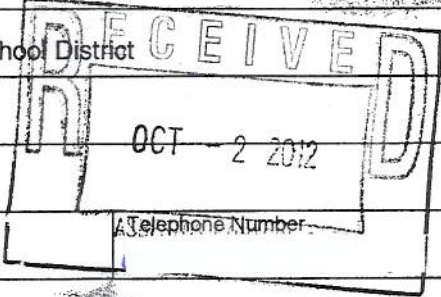
EDS12-170

Print Form

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

Page 1 of 1

Check # 1226

Date of Notification (1) 9/26/2012		Name of Building Owner/Operator (2) Pascack Valley Regional High School District							
Agencies Notified	Type Notification	Street Address 46 Akers Avenue							
<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 Montvale, NJ 07645							
		Name of Contact Bill Fahey							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School		Type of Facility (4)							
Street Address 200 Piermont Ave		<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.)							
City (5) Hillsdale		Square Feet 115000	# of Floors 2						
		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No. 00117	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 318 12th Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Jim		Telephone No. 609-704-8850	License No. 01084						
Start Date (10) 10-5-12	Scheduled Completion Date (11) 10-8-12	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Turnpike							
<input 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: _____		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Old Wood Shop		X		Mastic	110 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomington, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 09-26-2012			

D&S Proj. #: MS 12-341

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
Date: 9/25/12 Time: 3:52pm

Date of Notification (1)
09/12/12

Name of Building Owner/Operator (2)
FRANCES REDICKA

Street Address
2329 COLONIAL DRIVE

City, State, Zip Code
RAHWAY, NJ

Name of Contact
FRANCES REDICKA

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
Amendment #: _____
☒ Emergency
(including justification)
☐ Cancellation

Telephone Number

OCT - 2 2012

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
FRANCES REDICKA

Street Address
2329 COLONIAL DRIVE

City (5)
RAHWAY

County (6)
UNION

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
09/26/12

Sched. Completion Date (11)
10/04/12

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-Describe:
☒ Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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						
Basement		X		Boiler Insulation	40 SQ FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

N.J. Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
09/27/12

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

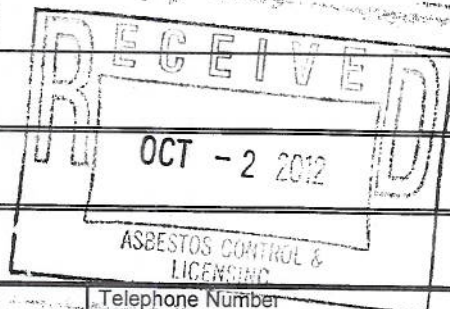
Signature

Date
09/25/12

ASB-41

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

Date of Notification (1) 10/19/12 15/12		Name of Building Owner/Operator (2) FRANCES REDICKA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 2329 COLONIAL DRIVE	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RAHWAY, NJ	
		Name of Contact FRANCES REDICKA	
		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANCES REDICKA			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 2329 COLONIAL DRIVE			Square Feet		
City (5) RAHWAY			County (6) UNION		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 09/26/12			License Number 01169		
Sched. Completion Date (11) 10/04/12			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/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)	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						
Basement		<input checked="" type="checkbox"/>		Boiler Insulation	40 SQ FT	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/27/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/25/12