

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

RECEIVED 4878

Date of Notification (1) 10/2/2012		Name of Building Owner/Operator (2) R. SATTERWHITE							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 89 WILLOWDALE . AVE City, State, Zip Code MONTCLAIR, NJ . 07042							
		Name of Contact R. SATTERWHITE	Telephone Number 201-329-7444						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) R. SATTERWHITE		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 89 WILLOWDALE AVE		Square Feet 1800	# of Floors 2						
City (5) MONTCLAIR		Bldg. Age 81 YRS							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 S. River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 10/23/12	Scheduled Completion Date (11) 10/25/12	Name of OSHA Monitor Omega 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 <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	475 SF	X			
BASEMENT			X	THERMAL INSULATION	60 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 YD	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601		Disposal Date 10/25/12		City, State Waynesburg, Oh					
Completed by J. Maiorano	Title Estimator		Signature <i>J. Maiorano</i>			Date 10/2/12			

ASB-41


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

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

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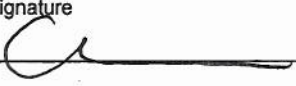
2012 OCT -9 AM 10:28

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) Elizabeth Donald / Residence							
Agencies Notified	Type Notification	Street Address 14 East Glouster							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Harvey Cedars NJ 08008							
		Name of Contact Elizabeth							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Donald / 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 14 East Glouster		Square Feet 1000 +	# of Floors 2						
City (5) Harvey Cedars NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/17/12	Scheduled Completion Date (11) 10/23/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	2975 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 10/23/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 10/4/12			

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

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Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) Joe Syzmanski / Residence							
Agencies Notified	Type Notification	Street Address 347 West 5th St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Joe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Syzmanski / 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 347 West 5th St		Square Feet 1000 +	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/17/12	Scheduled Completion Date (11) 10/23/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	2400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 10/23/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/4/12		

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

ck
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2012 OCT -9 AM 10:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) Joe Syzmanski / Residence							
Agencies Notified	Type Notification	Street Address 29 North 11th St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Joe							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Syzmanski / Residence		Type of Facility (4)							
Street Address 29 North 11th St		<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) Surf City NJ 08008		Square Feet 1000 +	# of Floors 1						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 10/19/12		Scheduled Completion Date (11) 10/26/12	Name of OSHA Monitor Pernaco Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 329							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior Siding			x	Exterior Siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 10/26/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature			Date 10/4/12			

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

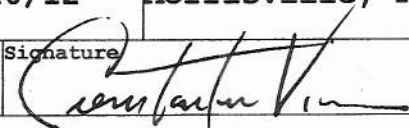
Date of Notification (1) 10-3-12		Name of Building Owner/Operator (2) James van Note		RECEIVED 2012 OCT -9 AM 10:26 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 106 Heller Way		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ		
		Name of Contact Jim van Note	Telephone Number	

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 2100	# of Floors 3	Bldg. Age 78
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) 10/16/12 Month Day Year	Sched. Completion Date (11) 10/19/12 Month Day Year	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)						<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure				
<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								
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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	VAT	380	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 3.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10/20/12		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 10/3/12	

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

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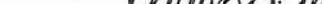
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) October 2, 2012		Name of Building Owner/Operator (2) BIJOU PROPERTIES LLC							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1422 GRAND STREET, SUITE 5B		City, State, Zip Code HOBOKEN, NEW JERSEY 07030							
Name of Contact Mr. Matthew Testa		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOBOKEN PARKING GARAGE		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 1415 Park Ave.		Square Feet 40,000	# of Floors 6						
City (5) Hoboken		Bldg. Age 60+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) CSA CONSULTING SERVICE AMERICA		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 26 LORENZO COURT		Street Address 164 GETTY AVE.							
City, State, Zip Code MATAWAN		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-921-9223	Telephone No. 973-478-4848						
License No. 00724									
Start Date (10) October 16, 2012	Scheduled Completion Date (11) November 16, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
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 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
East Exterior Wall(Fmr. Loading Dock)			x	Roof Tar/Mastic	200SF	x			
South Side of Level F			x	Floor Tile	15SF	x			
Roof (4)			x	Parapet Tar & Remnant Shingles	1600SF	x			
Roof(5)			x	Tar on Steel Beam	50SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Office Mgr.	Signature <i>Vivian D. Jurcevic</i>			Date October 2, 2012			

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2012 OCT -9 AM 10: 26

ASBESTOS CONTROL
& LICENSING

Completed By: (Print or Type)	Title	Signature	Date
Vivian D. Jurcevic	Office Mgr.		10/2/2012

Signature <i>Juan J. Juarez</i>	Date 10/2/2012
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 3, 2012		Name of Building Owner/Operator (2) Tim Handy	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 6 Watson Place	
		City, State, Zip Code Manasquan, NJ 08740	
		Name of Contact Tim Handy	Telephone Number 609-681-1111

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 316 Dellmuth Avenue			Square feet 900 sf		
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 10/17/12			License Number 00624		
Scheduled Completion Date (11) 10/18/12			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		
[] Renovation [x] Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	750 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/19/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/3/2012

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

RECEIVED

2012 OCT -9 AM 10:12

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10/03/12 CK:2280 \$200		Name of Building Owner/Operator (2) Jay Brinkerhoff							
Agencies Notified	Type Notification	Street Address 11 Westminster Road							
<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 Summit, New Jersey 07901							
		Name of Contact Jay Brinkerhoff	Telephone Number 762						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 11 Westminster 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, homes, etc.)							
City (5) Summit, New Jersey 07901		Square Feet 10,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9516	License No. 01104						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 10/24/12	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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: 8am start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Air Cell Pipe Insulation	200 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	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 10/03/12					

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

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Date of Notification (1) 10/03/12 CK:2285 \$200		Name of Building Owner/Operator (2) North Arlington Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 222 Ridge Road		City, State, Zip Code North Arlington, New Jersey 07031							
Name of Contact Peggy Zukatus		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Arlington High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 222 Ridge Road		Square Feet 20,000	# of Floors 2						
City (5) North Arlington, New Jersey 07031		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 908-497-8900	License No. 01104						
Start Date (10) 11/08/12	Scheduled Completion Date (11) 11/11/12	Name of OSHA Monitor J&S Environmental Labs							
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: 8am start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Athletic Directors Office		X		Grey Corrugated AirCell Pipe Insul	20 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 11/13/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 10/03/12			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:10)

MO# 20142479878

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Date of Notification (1) 10 / 03 / 12		Name of Building Owner/Operator (2) John Rutigliano	
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 105 E. Palisade Avenue		City, State, Zip Code Englewood, NJ 07631	
Name of Contact John Rutigliano		Telephone Number	

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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 105 E. Palisade Avenue		Square Feet	
City (5) Englewood, NJ 07631		# of Floors	
County (6) Bergen		Bldg. Age	
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)	
Street Address		Street Address		Gr Tech LLC	
City, State, Zip Code		City, State, Zip Code		576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		Wayne, NJ 07470	
Start Date (10) 10 / 12 / 12		Scheduled Completion Date (11) 10 / 13 / 12		Telephone No. 973-638-1777	
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		Name of OSHA Monitor Envirovision Consultants, Inc		License No. 01127	

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

Location of Asbestos-Containing Material (ACM) 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 SIF 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	55 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP 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 <i>N. Jevtic</i>		Date 10/03/2012	

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

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Check #1086

Date of Notification (1) October 2, 2012		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address 367 Springfield 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"/> Cancellation	City, State & Zip Code Summit, NJ 07901	
		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) <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 367 Springfield Avenue		Square Feet 60,000	# of Floors 2
City (5) Summit		Bldg. Age 105	
County (6) Union		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address One Mall Drive, Suite 404			
City, State & Zip Code Cherry Hill, NJ 08002			
Project Manager for Monitoring Firm Howard Zenobi	Telephone Number 856-482-1311	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 13, 2012	Scheduled Completion Date (11) October 15, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> 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)

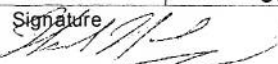
- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input 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 Assoc. Mastic	650 SF	X				
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 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 <i>Diane Aloia</i>				Date October 2, 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)

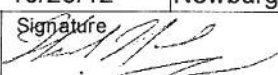
330

Date of Notification (1) October 03, 2012		Name of Building Owner/Operator (2) Jacobus Pharmaceutical Co.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	County Road 683							
		City, State, Zip Code Plainsboro Township, NJ							
		Name of Contact Tom Santoli							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jacobus Pharmaceutical 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 County Road 683		Square Feet	# of Floors						
City (5) Plainsboro Township, NJ		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharmaceutical							
Name of Monitoring Firm Hired by Building Owner (8) Sabre Health		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 1015 Zucksville Road		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Easton, PA 18040		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Brent Altemose, CIH, CSP		Telephone No. 866.734.0127	License No. 00781						
Start Date (10) 9/26/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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 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
Maintenance Shop	<input checked="" type="checkbox"/>			asbestos tile & mastic	900sf	<input checked="" type="checkbox"/>			
Bathroom		<input checked="" type="checkbox"/>		"-	500sf	<input checked="" type="checkbox"/>			
Vestibule		<input checked="" type="checkbox"/>		"-	50sf	<input checked="" type="checkbox"/>			
Penthouse AC-5		<input checked="" type="checkbox"/>		Pipe	80 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 15.3	Name of Registered Landfill Cumberland County Landfill					
City, State Newark / Riverdale, NJ		Disposal Date 12/31/12		City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 			Date 10/3/12			

[illegible]

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

287

Date of Notification (1) September 12, 2012		Name of Building Owner/Operator (2) Jacobus Pharmaceutical Co.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	County Road 683 City, State, Zip Code Plainsboro Township, NJ Name of Contact Tom Santoli Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jacobus Pharmaceutical Co.		Type of Facility (4)							
Street Address County Road 683 City (5) Plainsboro Township, NJ		<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.)							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Sabre Health Street Address 1015 Zucksville Road City, State, Zip Code Easton, PA 18040		Current Use (Prior if being demolished) Pharmaceutical							
Project Manager for Monitoring Firm Brent Altemose, CIH, CSP		Name of Abatement Contractor (9) The MACK Group, LLC Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034							
Start Date (10) 9/26/12	Scheduled Completion Date (11) 10/26/12	Telephone No. 866.734.0127	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<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: _____		Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" 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 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) TO BE ABATED	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
Maintenance Shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos tile & mastic	900sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"-	500sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"-	50sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting / Rovic City, State Newark / Riverdale, NJ		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 14.5	Name of Registered Landfill Cumberland County Landfill City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 	Date 9/12/12					

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

Check #1093

Date of Notification (1) October 3, 2012		Name of Building Owner / Operator (2) Bayshore Community Hospital	
Agencies Notified	Type Notification EMERGENCY	Street Address 727 North Beers Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Holmdel, NJ 07733	
		Name of Contact	Telephone Number

RECEIVED

2012 OCT -9 AM 10:04

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayshore Community 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, home, etc.)	
Street Address 727 North Beers Street		Square Feet 100,000	# of Floors 5
City (5) Holmdel		Bldg. Age 60	
County (6) Monmouth		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) 10/4/12	Scheduled Completion Date (11) 10/5/12	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 checked="" type="checkbox"/> ≥ 3 sf or \geq If	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 If	<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
Boiler Room	X			Valve/Fitting Insulation	8 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	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 		Date October 3, 2012	

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

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

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Check #1093

Date of Notification (1) October 3, 2012		Name of Building Owner / Operator (2) Bayshore Community Hospital		<div style="border: 1px solid black; padding: 5px;"> APPROVED Dept. of Health & Senior Services <i>[Signature]</i> (signature) Date: 10/3/12 Time: 1:03 PM </div>									
Agencies Notified	Type Notification EMERGENCY	Street Address 727 North Beers Street		2012 OCT -9 AM 10:00 ASBESTOS CONTROL & LICENSING									
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Cancellation	City, State & Zip Code Holmdel, NJ 07733		Telephone Number									
Name of Contact													
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Bayshore Community Hospital			Type of Facility (4)										
Street Address 727 North Beers 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) Holmdel			Square Feet 100,000	# of Floors 5	Bldg. Age 60								
County (6) Monmouth			Current Use (Prior if being demolished) N/A										
County Code (7) USE ONLY		Name of Abatement Contractor (9) Synatech, Inc.											
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Street Address 829 Radio Road									
Street Address		City, State & Zip Code Little Egg Harbor, NJ 08087		Telephone Number 609-296-8918									
City, State & Zip Code		License Number 00817		Name of OSHA Monitor Synatech, Inc.									
Project Manager for Monitoring Firm		Telephone Number		Street Address 829 Radio Road									
Scheduled Start Date (10) 10/4/12		Scheduled Completion Date (11) 10/5/12		City, State & Zip Code Little Egg Harbor, NJ 08087									
Occupancy Status During Abatement (Check only one)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure										
<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													
Scope of Work (Check all that apply)													
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 1 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)									
		Yes No N/A		Amount (Specify SF or LF)									
Boiler Room		X		Valve/Fitting Insulation									
				8 LF									
				<table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	X			
Removal	Repair	Encapsulate	Enclosure										
X													
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste < 1									
City, State Little Egg Harbor, NJ 08087		Disposal Date October 9, 2012		Name of Registered Landfill Grows Landfill									
Completed By Diane Aloia		Title Executive Administrator		City, State Morrisville, PA									
		Signature <i>[Signature]</i>		Date October 3, 2012									

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) October 3, 2012		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> x DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification Emergency (including justification)	Street Address 223 North Van Dien Avenue City, State, Zip Code Ridgewood, NJ 07450-2736 Name of Contact William Stasiak Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Cheel 4th Floor – Neuro/Ortho Support Areas		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 28 Washington Street		Street Address 268 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades	Telephone Number 347.435.3561	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) October 19, 2012	Scheduled Completion Date (11) January 31, 2013	Name of OSHA Monitor EMSL inc.	
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: Weekends- Friday-Saturday-Sunday-Phase 1- October 19, 2012- October 22, 2012 Phase 2- TBD Phase 3- TBD		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input 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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Cheel 4th Floor Neuro/Ortho Support Areas	<input checked="" type="checkbox"/>	VAT & Mastic	1,300 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561		Disposal Date October 22, 2012	
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date October 3, 2012

GAC # 2012-355

RECEIVED
2012 OCT -9 AM 10:03
ASBESTOS CONTROL
& LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 12:26)

4077

Date of Notification (1) 10-3-12		Name of Building Owner/Operator (2) S. ALTMAN		RECEIVED OCT-9 AM 10:02			
Agencies Notified	Type Notification	Street Address 35-11 VAN DUREN					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 FAIRLAWN, NJ 07410					
		Name of Contact S. ALTMAN		Telephone Number 973-261-1000			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) S. ALTMAN			Type of Facility (4)				
Street Address 35-11 VAN DUREN AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) FAIRLAWN			Square Feet 1600	# of Floors 2	Blgd. Age 67 YRS		
County (6) BERGEN		County Code (7) STATE USE ONLY	Current Use (Prior to being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			Street Address				
City, State, Zip Code			City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	Telephone No.		License No.		
Start Date (10) 10-19-12		Scheduled Completion Date (11) 10-20-12	Name of OSHA Monitor Omega Environmental Services				
Occupancy Status During Abatement (Check Only One)			Street Address				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM			City, State, Zip Code				
Scope of Work (Check All That Apply)			Name of OSHA Monitor				
<input type="checkbox"/> 25 or less SF <input type="checkbox"/> 2500 or less SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Hot-Exhausted ("C") and Hot-Filtering Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Control 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			
				Removal	Repair	Encapsulation	Enclosure
BASEMENT	X	THERMAL INSULATION	65 LF	X			
Name of Registered Waste Handler		NIEP Waste Handler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
Best Removal Inc.		17109	1240	Minerva Enterprises Inc.			
City, State		Disposal Date	City, State				
Hackensack, NJ		10-20-12	Waynesburg, OH				
Compliance by		Title	Signature		Date		
R. Veldran		Estimator	R. Veldran		10-3-12		

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 26:27 and 26:28)

4076

Date of Notification (1) 10-3-12		Name of Building Owner/Operator (2) J & S REALTY ASSOCIATES		RECEIVED 2012 OCT -9 AM 10:01	
Agencies Notified	Type Notification	Street Address 88 CLINTON PLACE			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK, NJ 07601			
		Name of Contact N BATES			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) LINDEN HOUSE			Type of Facility (4)		
Street Address 88 CLINTON PLACE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) HACKENSACK			Square Feet 33600	# of Floors 4	Est. Age 47 YRS
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.		
Street Address		Street Address 450 South River St			
City, State, Zip Code		City, State, Zip Code HACKENSACK, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388	
Start Date (10) 10-16-12		Scheduled Completion Date (11) 10-17-12		Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One)			Street Address 280 Huyler St.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM			City, State, Zip Code South Hackensack, N.J. 07606		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 25 or more sf <input type="checkbox"/> 2499 or more sf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gassing Procedures <input checked="" type="checkbox"/> Non-Encapsulated (*) and Non-Flammable Procedures	
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance/Control Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	NA		
BOILER ROOM	X			THERMAL SURFACING	80 SF
Name of Registered Waste Handler Best Removal Inc.		NJDEP Waste Handler ID No. 17109	Cubic Yards of Waste 116 YD	Name of Registered Landfill Minerva Enterprises Inc.	
City, State Hackensack, NJ		Disposal Date 10-17-12	City, State Waynesburg, OH		
Contracting SV R. Veldran	Title Estimator	Signature R. Veldran	Date 10-3-12		

4075

RECEIVED

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

RECEIVED

Date of Notification (1) 10-3-12		Name of Building Owner/Operator (2) Ruben M. Ven	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DGL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2012 OCT -9 AM/9:57 Yeady Rd 671 New Town Yeady Rd	
		City, State, Zip Code ASBESTOS CONTROL YEADEY	
		Name of Contact Barnd S.	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 8 S Pelham Ave		Square Feet	# of Floors
City (5) Long Port		Bldg. Age	
County (6) Ocean	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) Am-Joe LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08025	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 824 0521	License No. 01070
Start Date (10) 10-12	Scheduled Completion Date (11) 10-15-12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 8 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-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) out side	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) ACM siding	Amount (Specify SF or LF) 1800sf	Abatement Type		
				Removal	Encapsulate	Enclosure

Name of Registered Waste Hauler JACK Robinson	NJDEP Waste Hauler ID No. 18387	Cubic Yards of Waste	Name of Registered Landfill WM of NJ
City, State Bellmore NJ	Disposal Date	City, State Delanco NJ	
Completed by Joe Hill	Title Joe President	Signature [Signature]	Date 10-2-

CN6C14#
2454

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

RECEIVED
2012 OCT -9 AM 9:57
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>10/2/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> Name of Contact <u>FRANK EDUARDI</u> Telephone Number <u></u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>133 58TH ST.</u>		Square Feet	# of Floors					
City (5) <u>SEA ISLE CITY</u>		Bldg. Age						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>10/15/12</u>	Scheduled Completion Date (11) <u>10/22/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u> City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
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) <u>2000 LF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>				
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>10/2/12</u>					

CHECK #
2456

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1) <u>10/4/12</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>													
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"/> OCA		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>23 KING ST.</u>		City, State, Zip Code <u>210 GRANDE, N.J. 08242</u>													
Name of Contact <u>SAME</u>		Telephone Number <u>610-441-1111</u>													
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial dwelling, hotel, etc.)													
Street Address <u>338 8TH ST.</u>		Square Feet <u>2000</u>													
City (5) <u>STONE HARBOR</u>		Floor(s) <u>2</u>													
County (6) <u>CAPE MAY</u>		Block Age <u>40+</u>													
County Code (7) (STATE USE ONLY) <u>-</u>		Current Use (Prior to being demolished) <u>VACANT</u>													
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>-</u>													
Street Address <u>-</u>		Name of Abatement Contractor (9) <u>Klemm Inc.</u>													
City, State, Zip Code <u>-</u>		Street Address <u>369 S. SPRUCE AVE</u>													
Project Manager for Monitoring Firm <u>-</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>													
Telephone No. <u>-</u>		Telephone No. <u>856-779-0422</u>													
Sign Date (10) <u>10/15/12</u>		License No. <u>C101-1-1</u>													
Scheduled Completion Date (11) <u>10/22/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>													
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe _____		Street Address <u>369 S. SPRUCE AVE</u>													
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 1500 sq ft or 2760 sq ft <input type="checkbox"/> 1500 sq ft or 2760 sq ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Flexible Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) <u>TRANSITE</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	N/A									
Yes	No	N/A													
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI, or other miscellaneous) <u>SIDING</u>		Amount (Specify Sq. Ft.) <u>2500</u>													
Name of Registered Waste Hauler <u>Klemm Inc.</u>		Cubic Yards of Waste <u>3</u>													
NJ DEP Waste Hauler ID No. <u>17904</u>		Name of Registered Landfill <u>C.M.C.M.U.</u>													
City, State <u>MAPLE SHADE, N.J.</u>		City, State <u>WOODBINE, N.J.</u>													
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>													
Title <u>V/P</u>		Date <u>10/4/12</u>													

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

2012 OCT -9 AM 9:55

Date of Notification (1): 10/01/12		Name of Building Owner/Operator (2) Newark Public School		ASBESTOS CONTROL & LICENSING				
Agencies Notified	Type Notification	Street Address: 2 Cedar 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: Newark, NJ 07102		Telephone Number:				
		Name of Contact: Benjamin Olagadeyo						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3): 14 TH Avenue Elementary School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address: 186 14th Ave			Square Feet: 150,000 # of Floors:					
City/ (5): Newark	County (6): Essex	County Code (7): 07103	Bldg. Age: 60 Current Use : School					
Name of Monitoring Firm Hired by Building Owner: Whitman		ASCM No.: 00110	Name of Abatement Contractor (9): Envirocare Enterprises, Inc.					
Street Address: 7 Pleasant Hill Road			Street Address: 358 Broadway					
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: Newark, NJ 07104					
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: (732)-390-5858	Telephone No.: (973) 732-6225	License No.: 01017				
Start Date (10): 10/12/12	Scheduled Completion Date (11): 10/14/12		Name of OSHA Monitor: AmeriSci.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: 117 East 30th Street City, State, Zip Code: New York, New York, 10016					
Scope of Work (Check all that apply): <input type="checkbox"/> > 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag 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	Encapsulat
Basement		X	Pipe Insulation	25LF	X			
Completed By: Sam Hounoh		Title: Project Manager	Signature: <i>Samuel Hounoh</i>		Date: 10/01/12			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

2012 OCT -9 AM 9:55

ASBESTOS CONTROL
& LICENSING

Date of Notification (1): 10-01-12		Name of Building Owner/Operator (2) Atlantic Aviation -- Hangar 3 (East, North & South Sides)	
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: 177 Industrial Avenue	
		City, State, Zip Code: Teterboro, NJ 07608	
		Name of Contact: William Mullins	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hangar 3			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 177 Industrial Avenue			Square Feet: # of Floors:	
City/ (5): Teterboro	County (6): Bergen	County Code (7): 07608	Bldg. Age Current Use : School	
Name of Monitoring Firm Hired by Building Owner: Whitman		ASCM No.: 00110	Name of Abatement Contractor (9): Envirocare Enterprises, Inc.	
Street Address: 7 Pleasant Hill Road			Street Address: 358 Broadway, Suite 202	
City, State, Zip Code: Cranbury, NY 08512			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: (732)- 390-5858	Telephone No.: (973)-732-6225	License No.: 01017
Start Date (10): 10-15-12	Scheduled Completion Date (11): 10-30-12		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 Describe: <input checked="" type="checkbox"/> Other Describe: Non friable removal during airport operation activities			Street Address: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Encapsulat	Enclosure
1 st & 2 nd floor		X		Window Caulking	600 LF	X			
1 st & 2 nd floor		X		Door caulking	80 LF				

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility
City, State: Newark NJ 07102 /	Disposal Date:	City, State: Tullytown, PA	
Completed By: Sam Hounoh	Title: Project Manager	Signature: <i>Samuel Hounoh</i>	Date: 10-01-12

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

CH# RECEIVED
APPROVED
NJ Department of Environmental Protection
Division of Air Quality
Date: 10/3/2012 9:53 AM
Signature: [Signature]
LICENSING

Date of Notification (1) 10-3-2012		Name of Building Owner/Operator (2) The Biber Partnership AIA							
Agencies Notified	Type Notification	Street Address 422 Morris 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901							
		Name of Contact Joe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Car Dealership for Demo		Type of Facility (4)							
Street Address 68-72 Franklin Place		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit		Square Feet	# of Floors 50+						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Car Dealership							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 10-4-2012	Scheduled Completion Date (11) 11-15-2012	Name of OSHA Monitor Jadar Contracting							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 8am - 5pm		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Structures - Dealership & House on Same Property				To be disposed of as asbestos waste					
Name of Registered Waste Hauler Yannuzzi & Sons Demolition		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Lillie Lazarevich		Title Secretary	Signature <u>[Signature]</u>			Date 10-3-2012			

proj. #:

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ASBESTOS CONTROL
& LICENSING

Name of facility where abatement is taking place (3)

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☒ Other (Private/Commercial Bldgs./Homes, etc.)

☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Registered Waste Hauler Nick Restoration	NJDEP Hauler ID# 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City, State Randolph, NJ 07869	Disposal Date TBD	City, State Pullytown, PA					
Completed by (Print or Type) ELVIRA MORA	Title PRESIDENT	Signature Elvira Mora	Date 10-2-12				

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

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Date of Notification (1) 10/02/2012		Name of Building Owner/operator (2) Bruce A. Jones		2012 OCT -9 AM 9:52			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 8 Market Street City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Bruce A. Jones Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private House			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 8 Market Street			Square Feet # of Floors Bldg. Age				
City (5) Phillipsburg, NJ 08865			Current Use (Prior If being demolished)				
County (6) Warren		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC			
Street Address		Street Address 72 Brookside Rd					
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869					
Project Manager for Monitoring Firm		Telephone No. 973 933-2550		License No. 01133			
Start Date (10) 10/13/12		Scheduled Completion Date (11) 10/15/12		Name of OSHA Monitor J&S 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 2333 Rt 22 W City, State, Zip Code Union, NJ 07083				
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 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
basement area		x	TSI-	230LF	X		
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa			
Completed By Elvira Mrda		Title President		Signature Elvira Mrda		Date 10/02/2012	

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

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Date of Notification (1) 10/3/12		Name of Building Owner/Operator (2) Hudson County	
Agencies Notified [] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Emergency Amended Notification [x] Amend #6 [] Cancellation	Street Address 595 Newark Ave.	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Kim Riscart	Telephone Number []

2012 OCT -9 AM 9:50

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

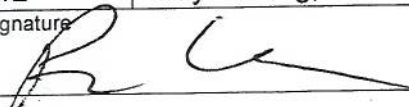
Name of Facility Where Abatement is Taking Place (3) Hudson County Admin. Bldg.			Type of Facility (4) [] School (K-12) [x] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 595 Newark Avenue			Square Feet 250000	# of Floors 13	Bldg. Age ~ 50
City (5) Jersey City	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office building		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 1/20/12	Sched. Completion Date (11) 12/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [x] Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- [] Demolition
[] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation

- [x] Full Containment with Negative Pressure
[x] Mini – Enclosure
[] Glovebag Procedure
[x] Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	N	E
Various – CJP courtroom, 406, 107		X		Plaster/spray-on ceiling (to be scraped) *	3300 SF	X				
Various – courtrooms, offices		x		Floor tile*	5200 SF	x				
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State Lincoln Park, NJ		Disposal Date 10/31/12		City, State Waynesburg, OH						
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 			Date 10/3/12			

ASB-41

*Note: Work to occur in phases. First phase is 190 SF of ceiling at CJP courtroom. Amend 1, 4/13/12: Phase 2 involves removal of 24 SF of ceiling at Room 406. Amend 2, 5/11/12: Phase 3 involves removal of 1100SF VAT. 6/8/12: Phase 4 involves removal of 400 SF plaster at CJP 107.

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

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Check # 6914

Date of Notification (1) 10/3/12		Name of Building Owner/Operator (2) UMDNJ	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [X] DCA		Type of Notification [] Initial Notification [] Emergency [X] Amended Notification Amend #1 [] Cancellation	
Street Address 30 Bergen Street		City, State, Zip Code Newark, NJ 07101	
Name of Contact Joseph Conway		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) UMDNJ – Power Plant			Type of Facility (4) [] School (K-12) [X] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 295 Norfolk St.			Square Feet 20000		
City (5) Newark			County (6) Essex		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner TTI Environmental, Inc.			ASCM No. 00003		
Street Address 9 East Stow Road			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Marlton, NJ 08053			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm Howard Baldwin			City, State, Zip Code Lincoln Park, NJ 07035		
Telephone Number 856-985-8800			Telephone Number 973-709-0200		
Sched. Completion Date (11) 12/31/12			License Number 00852		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [X] Other – Describe: <u>partially vacated</u>			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Street Address 2333 Route 22 West			City, State, Zip Code Union, NJ 07083		


Scope of Work (Check all that apply)

- [] Demolition
[] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[] Renovation

- [X] Full Containment with Negative Pressure
[X] Mini – Enclosure
[X] Glovebag Procedure
[] 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			R	R	E	N	E
Power plant – basement & mezza.	x			Header/valve insulation	550 SF	X				
Power plant – basement & mezza.	x			pipe insulation	300 LF	X				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 10/31/12		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		
				Date 10/3/12		

ASB-41 **Amendment #1, 10/3/12:** Quantity of pipe insulation has increased. One phase of the work is scheduled to start on 10/22/12 with anticipated completion about 10/31/12. It includes removal of 160LF (Subchapter 8 project) of pipe insulation from basement.

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

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Check # 6716

Date of Notification (1) 4/9/12		Name of Building Owner/Operator (2) UMDNJ	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [X] DCA	Type of Notification [X] Initial Notification [] Emergency [] Amended Notification [] Cancellation	Street Address 30 Bergen Street	
		City, State, Zip Code Newark, NJ 07101	
		Name of Contact Joseph Conway	Telephone Number

2012 OCT -9 AM 9:50

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) UMDNJ – Power Plant			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 295 Norfolk St.			Square Feet 20000	# of Floors 1	Bldg. Age ~ 70
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power plant		
Name of Monitoring Firm Hired by Building Owner TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road		Street Address 3 Lynn Court			
City, State, Zip Code Marlton, NJ 08053		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Howard Baldwin		Telephone Number 856-985-8800	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 4/23/12	Sched. Completion Date (11) 12/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [X] Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- [] Demolition
[] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[] Renovation

- [X] Full Containment with Negative Pressure
[X] Mini – Enclosure
[X] 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 L O S U R E	E N C L O S U R E
Power plant – basement & mezza.	x			Header/valve insulation	550 SF	X			
Power plant – basement & mezza.	x			pipe insulation	20 LF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 5/15/12 +		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager		Signature Date 4/9/12	

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

Date of Notification (1) 10/3/12		Name of Building Owner/Operator (2) Roman Abashkin	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 72 Ridgeview Terr.	
	City, State, Zip Code Wayne, NJ 07470		
	Name of Contact Roman Abashkin	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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 72 Ridgeview Terr.			Square Feet 2000		
City (5) Wayne			County (6) Passaic	County Code (7) (STATE USE ONLY)	# of Floors 2
Name of Monitoring Firm Hired by Building Owner N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Telephone Number			Telephone Number 973-709-0200		
Scheduled Start Date (10) 10/13/12			License Number 00852		
Sched. Completion Date (11) 10/18/12			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: Partially vacated			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

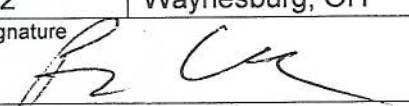
Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Basement			X	VAT	600 SF	X				

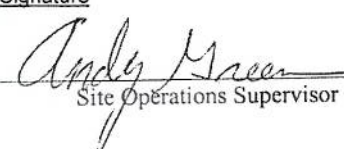
Name of Registered Waste Hauler Jupiter Env. Svc.	NJDEP Waste Hauler ID No. 04783	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 10/31/12	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 10/3/12

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

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**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10/1/2012			Name of Building Owner/Operator (2) Borough of Swedesboro		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address 1500 Kings Highway	
				City, State, Zip Code Swedesboro, NJ 08085	
		Name of Contact William Goodwin		Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Borough Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 1500 Kings Highway			Sq. Feet ~10,000 # of Floors 2.5		
City (5) Swedesboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age 97		
			Current Use (prior if being demolished) Administration Bldg		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) K A Industrial Services LLC	
Street Address		Street Address 800 Billingsport Rd			
		City, State, Zip Code Paulsboro, NJ 08066			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 856-224-4392		License Number 00857
Scheduled Start Date (10) 10/20/2012		Scheduled Completion Date (11) 10/20/2012		Name of OSHA Monitor K A Industrial Services, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Other - Describe			Street Address 800 Billingsport Rd		
			City, State, Zip Code Paulsboro NJ 08066		
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Various small areas on first floor	X	VAT and Mastic	~150 SF	X	
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste <1	Name of Reg. Landfill Gloucester County Landfill	
City, State South Harrison, NJ			Disp. Date Various	City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN		Title MANAGER - KAIS	Signature  Site Operations Supervisor		Date 10/1/2012

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

Telephone 609-984-6620

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Print Form

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/4/12		Name of Building Owner/Operator (2) Carlos Guzman	
Agencies Notified	Type Notification	Street Address 801-817 Cedar St	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Riverton Nj 08077	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Carlos Guzman	

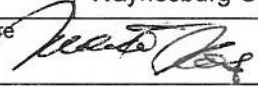
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		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 801-817 Cedar St.		Square Feet 1000	# of Floors 2
City (5) Riverton		Bldg. Age 53	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) DVD Environmental		ASCM No.	Name of Abatement Contractor (9) Emlo Corporation
Street Address PO Box 2152		Street Address 50 Barnes St.	
City, State, Zip Code Cliffside Park, New Jersey 07010		City, State, Zip Code Paterson NJ 07501	
Project Manager for Monitoring Firm Tim Donohoe		Telephone No. 212-260-9818	License No. 01117
Start Date (10) 10/13/12	Scheduled Completion Date (11) 10/13/12	Name of OSHA Monitor Emlo Corporation	
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 50 Barnes St.	
		City, State, Zip Code Paterson NJ 07501	

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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
Basment		X		Pipe Insulation	8	X		X	

Name of Registered Waste Hauler L&C Europa Co Inc.		NJDEP Waste Hauler ID No. 13125	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises Inc.	
City, State 9000 Minerva Rd.		Disposal Date 10/14/12		City, State Waynesburg OH	
Completed by Marjan Kasapinov		Title President	Signature 		Date 10/4/12

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

RECEIVED

2012 OCT -9 PM 1:11

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10 / 05 / 12		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1095 6 th Avenue							
		City, State, Zip Code New York, NY 10036							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 502 Main Street		Square Feet 25000	# of Floors 7						
City (5) Fort Lee		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) TTI Environmental, Inc.	ASCN No. 29717	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1253 North Church Street		Street Address 47 Foster Road							
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Harold Balwin	Telephone No. 856-840-8800	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 10 / 15 / 12	Scheduled Completion Date (11) 10 / 18 / 12	Name of OSHA Monitor Testor Tech							
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: 9AM- PM 5:30PM- AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Battery Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	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"/>
Name of Registered Waste Hauler Global Waste Industries Inc		NJDEP Waste Hauler ID No. NJ-22171	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackettstown, NJ		Disposal Date 10/18/12		City, State Waynesburg, OH					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>		Date 10/5/12			