

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

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) NICK POTO	
Agencies Notified	Type Notification	Street Address 97 GLEN AVE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code GLEN ROCK, NJ 07452	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact NICK POTO	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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2012 OCT 15 AM 11:26
ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> Type » <input type="checkbox"/> School (K-12) <input type="checkbox"/> Type » <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 97 GLEN AVE			Square Feet 2800		
City (5) GLEN ROCK			County (6) Bergen	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 88		
			Current Use (Prior if being demolished) Residence		

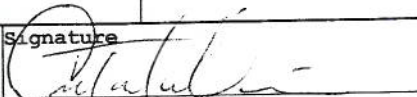
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 10/19/12	Sched. Completion Date (11) 10/20/12	Name of OSHA Monitor N/A		
Month Day Year	Month Day Year	Street Address		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Occupancy » Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		City, State, Zip Code		
Scope of Work (Check all that apply)				

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Basement			X	Pipe	120 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10/22/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/10/12		

No check

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

Date of Notification (1) 10/10/12 (orig. 10/9/12)		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 150 CIRCLE AVE.		City, State, Zip Code CLIFTON, NJ 07011							
Name of Contact CRAIG O'CONNELL		Telephone Number 212-211-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 25 EISENHOWER PARKWAY		Square Feet APPX 8500							
City (5) ROSELAND		# of Floors 3							
County (6) ESSEX		Bldg. Age APPX 78 YRS							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) CONTROL HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045							
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.							
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.							
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882							
Telephone No. 732-290-2217		Telephone No. 732-432-8350							
Start Date (10) 10/27/2012		License No. 01111							
Scheduled Completion Date (11) 10/28/2012		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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 Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 396 WHITEHEAD AVE.							
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		City, State, Zip Code SOUTH RIVER, NJ 08882							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2ND FLR. MENS LOCKER ROOM		X		THERMAL SYSTEMS INSULAT	100 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 12		Name of Registered Landfill GROWS			
City, State ELIZABETH, NJ		Disposal Date 10/29/2012		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 10/10/12			

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

Date of Notification (1) 10/9/2012		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 150 CIRCLE AVE.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07011							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact CRAIG O'CONNELL	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 13 EISENHOWER PARKWAY		Square Feet APPX 8500	# of Floors 3						
City (5) ROSELAND		Bldg. Age APPX 78 YRS							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CONTROL HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 10/27/2012		Scheduled Completion Date (11) 10/28/2012	License No. 01111						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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 Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND FLR. MENS LOCKER ROOM		X		THERMAL SYSTEMS INSULAT	100 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 12	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 10/29/2012		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 10/9/2012			

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

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) Harvey Gross	
Agencies Notified	Type Notification	Street Address 11318 Kona Ct.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Boynton Beach, FL 33437	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Sally Lim	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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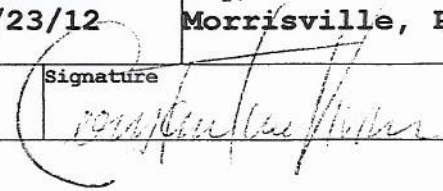
Name of Facility Where Abatement is Taking Place (3) Industrial Ferguson			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2365 Rt 22 West			Square Feet 18,200	# of Floors 1	Bldg. Age 72
City (5) Union	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) 10/19/12 Month Day Year	Sched. Completion Date (11) 10/22/12 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"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Boiler Insulation	140 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10/23/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/10/12		

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

Date of Notification (1) 10/1/2012		Name of Building Owner/Operator (2) SAINT ROSE OF LIMA CHURCH	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 11 Grey Street		City, State, Zip Code Newark, NJ 07107	
Name of Contact Father Joseph Kwiatkowski		Telephone Number _____	

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St Rose of Lima Church		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 13 Grey Street		Square Feet 45,000	# of Floors 1
City (5) Newark		Bldg. Age 80+	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No. 00118	Name of Abatement Contractor (9) EA Services Corporation
Street Address 464 Valley Brook Avenue		Street Address 426 69th Street	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm Jimm Ruff		Telephone No. 201-438-4839	Telephone No. 201-295-1700
License No. 01074			
Start Date (10) 10/2/2012	Scheduled Completion Date (11) 10/5/2012	Name of OSHA Monitor EA Services Corporation	
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: starting 5:00 PM		Street Address same as above	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	150 LF	x			

Name of Registered Waste Hauler FREEHOLD CARTING		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management	
City, State PO Box 5010		Disposal Date tbd		City, State Tullytown Landfill	
Completed by Gina Salvador		Title Office Manager	Signature 	Date 10/1/2012	

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

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**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10 / 09 / 12		Name of Building Owner/Operator (2) John Kearney	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2859 Main Street	
		City, State, Zip Code Manhattantua, NJ 08051	
		Name of Contact John Kearney	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kearney Assoc.		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 2859 Main Street		Square Feet 40,000Sf	# of Floors 2 Floors
City (5) Mantua		Bldg. Age 80 yrs.	
County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Garage	
Name of Monitoring Firm Hired by Building Owner (8) Here Tech, Inc.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
Street Address 1879-I Old Cuthbert Road		Street Address 14 Read Drive	
City, State, Zip Code Cherryhill		City, State, Zip Code Sicklerville, NJ 08081	
Project Manager for Monitoring Firm Subash Rashia, PH.D	Telephone No. 856-429-5200	Telephone No. 856-318-1341	License No. 01158
Start Date (10) 10 / 13 / 12	Scheduled Completion Date (11) 10 / 12 / 12	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM / PM - AM		Street Address 14 Read Drive	
		City, State, Zip Code Sicklerville, NJ 08081	

Scope of Work (Check all that apply)

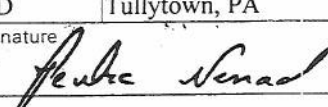
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag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

Location of Asbestos-Containing Material (ACM) <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
Inside Shingles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Shingles	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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown	
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date		City, State 1513 Brodentown Rd. Morrisville, PA	
Completed By (Print or Type) Vernice Graham	Title President	Signature <i>Vernice Graham</i>		Date 10-9-12	

MO# 20142496541

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

Date of Notification (1) 10 / 10 / 12		Name of Building Owner/Operator (2) Marcello Nizzardo							
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 2095 Westfield Avenue City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Marcello Nizzardo Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2095 Westfield Avenue		Square Feet	Bldg. Age						
City (5) Scotch Plains, NJ 07076		# of Floors							
County (6) Union	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			GrTech LLC						
City, State, Zip Code			Street Address 576 Valley Rd #283						
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470						
Start Date (10) 10 / 19 / 12		Scheduled Completion Date (11) 10 / 20 / 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		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		Name of OSHA Monitor Envirovision Consultants, Inc							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	36 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"/>
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 			Date 10/10/2012		

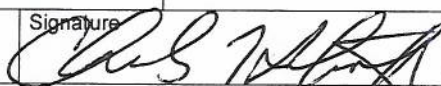
No check

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

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2012 OCT 15 AM 11:21

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10 / 09 / 12		Name of Building Owner/Operator (2) South Jersey Port Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 129 City, State, Zip Code Camden, NJ 08101 Name of Contact Hank D'Andrea Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Air Products Facility		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 2710 Broadway		Square Feet 53,930							
City (5) Camden		# of Floors 1	Bldg. Age 20+						
County (6) Camden		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address P.O. Box 316		Street Address 500 East Luzerne Street							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Steve Lanigan		Telephone No. 856-848-0800	License No. 00646						
Start Date (10) 10 / 10 / 12	Scheduled Completion Date (11) 10 / 31 / 12	Name of OSHA Monitor SAME AS ABOVE							
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: 7AM-5PM/ PM- AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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
Whouse, Bck storage & Office Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Aircell Pipe Insulation & Fittings	70 Locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" Floor tiles & mastic	475 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Flashing	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office area-Under Carpet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" Floor tiles & mastic	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. A901		Cubic Yards of Waste 40 CY	Name of Registered Landfill Minervia Landfill				
City, State New Castle, DE		Disposal Date 10/31/12		City, State Waynesburg, OH					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 10/09/12			

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

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2012 OCT 15 AM 11:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1) October 10, 2012		Name of Building Owner/Operator (2) Mary Hill		Check # 5010					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		119 Oxford Road					
				City, State, Zip Code Cinnaminson, NJ 08077					
				Name of Contact Mary Hill	Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 119 Oxford 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) Cinnaminson				Square Feet 2400	# of Floors 3				
				Bldg. Age 75					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1253 N. Church Road				Street Address 47 S. Lippincott Ave					
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) October 24, 2012		Scheduled Completion Date (11) October 26, 2012		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply)									
<input 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Ceiling			xxx	Asbestos Sheeting	8 SF	xxx			
Attic			xxx	Vermiculite	200 SF	xxx			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 8	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date 10-26-12	City, State Tullytown, PA.				
Completed by William Lynch		Title Owner		Signature <i>William J. Lynch</i>		Date Oct. 10, 2012			

CHECK #
2468

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

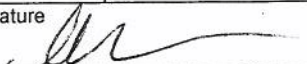
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2012 OCT 15 AM 11:20

ASBESTOS CONTROL
LICENSE CONTROL

Date of Notification (1) <u>10/11/12</u>		Name of Building Owner/Operator (2) <u>MEN + MACHINES</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE</u>			
		City, State, Zip Code <u>WOODBINE, N.J. 08278</u>			
		Name of Contact <u>LISA FISHER</u>	Telephone Number		
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 buildings, homes, etc.)			
Street Address <u>162 64TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>		
City (5) <u>AVULON</u>		Bldg Age <u>40+</u>			
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>856-779-0422</u>	License No. <u>00444</u>		
Start Date (10) <u>10/23/12</u>	Scheduled Completion Date (11) <u>10/30/12</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"/> 23 sq ft or 23 lb <input type="checkbox"/> 2160 sq ft or 2260 lb		<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-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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)	Adaptor
	Yes	No			
<u>SIDING</u>			<u>TRANSITE</u>	<u>1200 SF</u>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>10/11/12</u>		

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

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) Valley National Bank							
Agencies Notified	Type Notification	Street Address 1720 Route 23 North							
<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 Wayne, NJ 07470							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dan Chin							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6 Village Court		Square Feet 1000	# of Floors 2						
City (5) New Vernon		Bldg. Age 100							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 10/29/12	Scheduled Completion Date (11) 11/28/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
roof			x	roofing materials	800 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, NJ					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 10/10/12			

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

BOOK # 19493; 19539; 19562

Date of Notification (1) (3)10-10-12		Name of Building Owner/Operator (2) Schlindler Elevator Corporation	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Whippany Road	
		City, State, Zip Code Morristown	
		Name of Contact Mr. Bill Rafferty	Telephone Number

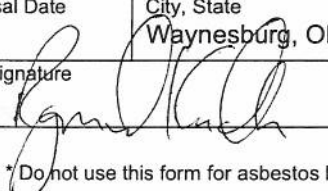
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2012 OCT 15 AM 11:05

ASBESTOS CONTROL & LICENSING

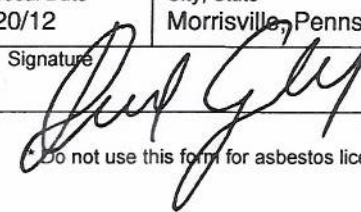
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 20 Whippany Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Morristown	Square Feet	# of Floors 3	Bldg. Age 20 yrs. +
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address		Street Address 200 Broad Street	
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756
Start Date (10) (2)10-09-12	Scheduled Completion Date (11) (3)10-09-12	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Area is vacant		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
2nd Floor: West Wing			x	Pipe Fittings	(3)10LF	x			

Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688
Completed by John Tancredi	Title Project Manager	Signature 	Date 10-10-12

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) 10/10/12		Name of Building Owner/Operator (2) Katherine Carlburg							
Agencies Notified	Type Notification	Street Address 63 Ivy Lane							
<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 Tenafly, NJ 07670							
		Name of Contact Katherine Carlburg	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address 63 Ivy Lane		<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) Tenafly		Square Feet 2,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 10/20/12	Scheduled Completion Date (11) 10/20/12	Name of OSHA Monitor J&S Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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	Thermal Systems Insulation	75 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date 10/20/12	City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger	Signature 	Date 10/10/12					

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

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2012 OCT 15 AM 11:02

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/10/12 Ck:2298 \$200		Name of Building Owner/Operator (2) John							
Agencies Notified	Type Notification	Street Address 141 North Lehigh Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, New Jersey 07016							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 141 North Lehigh Avenue		Square Feet 1,500	# of Floors 2						
City (5) Cranford, New Jersey 07016		Bldg. Age 55+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 10/24/12	Scheduled Completion Date (11) 10/25/12	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	60 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 10/29/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 10/10/12		

CHECK #
2469

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

RECEIVED
OCT 15 AM 11:02
ASBESTOS CONTROL

Date of Notification (1) <u>10/11/12</u>		Name of Building Owner/Operator (2) <u>FAIRVIEW CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>155 RT. 50</u>				
			City, State, Zip Code <u>GREENFIELD, N.J. 08823</u>				
			Name of Contact <u>DAVID BREUNIG</u>				
			Telephone Number <u>908-381-1100</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 buildings, homes, etc.)					
Street Address <u>12 YORK ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>STONE HORIZON</u>		Bldg. Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to 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>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>10/24/12</u>	Scheduled Completion Date (11) <u>10/31/12</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 checked="" type="checkbox"/> 231 or 2311 <input checked="" type="checkbox"/> 2160 SI or 2260 II <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 ("I") and Non-Frable Procedure							
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>	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) <u>2000 LF</u>	Abatement Type		
					Removal	Repair	Encapsulation
<u>SIDING</u>			<u>TRANSITE</u>		<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>10/11/12</u>				

No
check

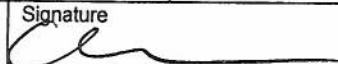
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

There is a credit

For 2787

use for This Notification

Print Form

Date of Notification (1) 10/11/12		Name of Building Owner/Operator (2) Barbara Doncaster / Residence							
Agencies Notified	Type Notification	Street Address 129 East 5th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Township NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Barbara							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Barbara Doncaster / 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 129 East 5th Street		Square Feet 1000 +	# of Floors 2						
City (5) Long Beach Township NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/24/12	Scheduled Completion Date (11) 11/2/12	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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) <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	1800 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 11/2/12	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/11/12			

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

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
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 checked="" type="checkbox"/> Amended R#1-10/10/12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Hess Plaza City, State & Zip Code Woodbridge, NJ 07095 Name of Contact John Philbin	

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Name of Facility Where Abatement is Taking Place (3) Hess Corporation			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 Smith Street & Convery Boulevard			Square Feet # of Floors Bldg. Age		
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Boiler Room		
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street			
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 10/16/2012		Scheduled Completion Date (11) 11/16/2012		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM – 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	141 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL	
City, State New Castle, Delaware		Disposal Date 11/16/12	City, State MORRISVILLE, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 10/1/12

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

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2012 OCT 15 AM 11:00
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 6350 <input checked="" type="checkbox"/> DOH 6381 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Hess Plaza City, State & Zip Code Woodbridge, NJ 07095 Name of Contact John Philbin	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation		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 Smith Street & Convery Boulevard		Square Feet	# of Floors
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 28 N. Pennell Road		Street Address 1123 Beaver Street	
City, State & Zip Code Media, PA 19063		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	License Number 00509
Scheduled Start Date (10) 10/11/2012	Scheduled Completion Date (11) 11/16/2012		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM – 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.	
		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	141 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL
City, State New Castle, Delaware	Disposal Date 11/16/12	City, State MORRISVILLE, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni / jhl</i>	Date 10/1/12

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

Date of Notification (1) <div style="text-align: center;">9 / 13 / 12</div>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-10/11/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Faculty Rd		Square Feet 11,000	# of Floors 1						
City (5) Princeton		Bldg. Age 60+							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) MRI Suite and storage							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <div style="text-align: center;">9 / 27 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 15 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM /____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
1st Floor -Workarea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION - WRAP & CUT	420 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scaffaro	Title Estimator		Signature <i>Brian Scaffaro</i>			Date 10/11/12			

ASB-41
MAY 11 **BS12093-A**

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

19.5
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Pg 1

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2012 OCT 15 AM 10:59

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <div style="text-align: center;">9 / 13 / 12</div>		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-10/11/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Faculty Rd		Square Feet 11,000	# of Floors 1						
City (5) Princeton		Bldg. Age 60+							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) MRI Suite and storage							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">9 / 27 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 15 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / <input type="checkbox"/> PM- <input type="checkbox"/> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro	Title Estimator		Signature <i>Brian Scafiro</i>			Date 10/11/12			

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

RECEIVED

2012 OCT 15 AM 10:59

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-10/5/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Faculty Rd		Square Feet 11,000							
City (5) Princeton		# of Floors 1	Bldg. Age 60+						
County (6) MERCER		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098							
Street Address 3 Terri Lane		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael R Keehn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 9 / 27 / 12	Scheduled Completion Date (11) 10 / 15 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / PM - AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 10/5/12			

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

RECEIVED
2012 OCT 18 #2348
AM 10:59

Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-9/26/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address E.A. MacMillian Building		City, State, Zip Code Princeton, NJ 08544	
Name of Contact Robert Ortega		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Faculty Rd		Square Feet 11,000	
City (5) Princeton		# of Floors 1	
County (6) MERCER		Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) MRI Suite and storage	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 9 / 27 / 12	Scheduled Completion Date (11) 10 / 8 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 7:00AM-3:30PM / PM- AM

Street Address 1123 BEAVER STREET
City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor -Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro		Date 10/1/12	

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

RECEIVED

2012 OCT 15 AM 10:59

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/18/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address E.A. MacMillian Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Faculty Rd		Square Feet 11,000							
City (5) Princeton		# of Floors 1	Bldg. Age 60+						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) MRI Suite and storage							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael R Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) ON HOLD	Scheduled Completion Date (11) / /								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor-Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title		Signature					

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

RECEIVED
2012 OCT 15 AM 10:59
ASBESTOS CONTROL
#10842
LICENSING

Date of Notification (1) 9 / 13 / 12		Name of Building Owner/Operator (2) Trustees of Princeton University	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6758 <input checked="" type="checkbox"/> DHSS 6741 <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address E.A. MacMillan Building		City, State, Zip Code Princeton, NJ 08544	
Name of Contact Robert Ortega		Telephone Number _____	

Name of Facility Where Abatement is Taking Place (3) Princeton University-Elementary Particle Lab-Building 25			
Street Address Faculty Rd		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.)	
City (5) Princeton		Square Feet 11,000	
County (6) MERCER		# of Floors 1	Bldg. Age 60+
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) MRI Suite and storage	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	
Street Address 3 Terri Lane		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	

City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Michael R Keehn		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 609-386-8800		Telephone No. 215-788-6040	
Start Date (10) 9 / 24 / 12		License No. 00509	
Scheduled Completion Date (11) 10 / 5 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor-Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	1400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Workarea NF #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MOORESVILLE, NC			

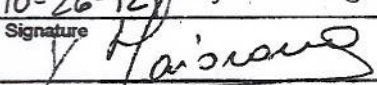
Completed By (Print or Type)

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

RECEIVED

2012 OCT 15 AM 10:50

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10-10-2012		Name of Building Owner/Operator (2) M. MARATEA					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 513 RIVERVALE ROAD					
		City, State, Zip Code RIVER VALE, NJ 07675					
		Name of Contact M. MARATEA					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) M. MARATEA		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 513 RIVERVALE ROAD		Square Feet 2800	# of Floors 2				
City (5) RIVER VALE		Bldg. Age 85 YRS					
County (6) BERGEN		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) 10-22-2012	Scheduled Completion Date (11) 10-26-2012	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: 7 AM - 5 PM		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 <div style="float: right; text-align: right;"> <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 </div>							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;">YesNoN/A</div>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
BASEMENT	X	THERMAL INSULATION	80 SF	X			
BASEMENT	X	THERMAL INSULATION	130 LF	X			
BASEMENT	X	VAT	525 SF	X			
GARAGE	X	THERMAL INSULATION	58 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 YDS	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 10-26-12	City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature 		Date 10-10-2012			

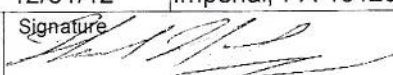
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

346

RECEIVED

2012 OCT 15 AM 9:00

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) October 12, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
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 Amendment # 9	1000 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) Somerset		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		1500 Kings HWY N, STE 209							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
<input type="checkbox"/> Other - Describe: _____		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 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 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 lf	<input checked="" type="checkbox"/>			
-"	<input checked="" type="checkbox"/>			Tank	350 sf	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 10/12/12			

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

144

RECEIVED

Date of Notification (1) May 22, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
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 checked="" type="checkbox"/> Amended Amendment # 8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 / 1001 Route 202, PO Box 300	
		City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Project Manager	
		Telephone Number _____	


2012 OCT 15 AM 9:05

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3
City (5) Raritan, NJ		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No. _____	
Name of Abatement Contractor (9) The MACK Group, LLC.		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781
Start Date (10) 2/2/12	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 lf	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 sf	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill	
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 			Date 5/22/12

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

138

Date of Notification (1) April 30, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
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 Amendment # 7	1000 / 1001 Route 202, PO Box 300	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869	
		Name of Contact	Telephone Number
		Project Manager	


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Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)	
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ	Square Feet	# of Floors 3	Bldg. Age
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<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 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 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 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 12/31/12	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 4/30/12

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

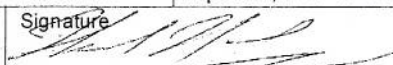
136

Date of Notification (1) April 18, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
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 Amendment # 6	1000 / 1001 Route 202, PO Box 300	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Project Manager	Telephone Number

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ASBESTOS CONTROL & LICENSING


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)	
Street Address 1000 / 1001 Route 202		<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) Raritan, NJ		Square Feet	# of Floors 3
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781
Start Date (10) 2/2/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<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 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 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) <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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 12/31/12	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 4/18/12

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

135


Date of Notification (1) March 30, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 / 1001 Route 202, PO Box 300 City, State, Zip Code Raritan, NJ 08869 Name of Contact Project Manager					
	Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson Street Address 1000 / 1001 Route 202 City (5) Raritan, NJ County (6) Somerset		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.) Square Feet # of Floors 3 Bldg. Age Current Use (Prior if being demolished) Facility					
	Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc. Street Address 12 Kilmer Drive City, State, Zip Code Hillsborough, NJ 08844-3830 Project Manager for Monitoring Firm Edward J. Bulava Start Date (10) 2/2/12		ASCM No. 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 Telephone No. (973) 759 - 5000 License No. 00781					
	Scheduled Completion Date (11) 12/31/12 Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor The MACK Group, LLC. 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 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) <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 Removal Repair Encapsulate Enclosure			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		pipe	45 l/f	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Tank	350 s/f	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		fittings	51	<input checked="" type="checkbox"/>			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6 Disposal Date 12/31/12	Name of Registered Landfill BFI Imperial Landfill City, State Imperial, PA 15126				
Completed by Michael Cooper		Title President	Signature 	Date 3/30/12				

* 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)

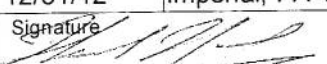
127

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Date of Notification (1) March 28, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 1000 / 1001 Route 202, PO Box 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 2/2/12	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 checked="" 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 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ				Disposal Date 12/31/12	City, State Imperial, PA 15126				
Completed by Michael Cooper		Title President		Signature 	Date 3/28/12				

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

822062

Date of Notification (1) March 12, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 / 1001 Route 202, PO Box 300							
		City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
		<div style="text-align: right;"> RECEIVED 2012 OCT 15 AM 9:08 ASBESTOS CONTROL & LICENSING </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 2/2/12	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 checked="" 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
" "	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			
Tenant House		<input checked="" type="checkbox"/>		Vat/Mastic	150 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 6	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 12/31/12		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 		Date 3/12/12			

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

4272

Date of Notification (1) February 21, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 / 1001 Route 202, PO Box 300	
		City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Project Manager	

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3
City (5) Raritan, NJ		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 2/2/12	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 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			
F Building Basement	<input checked="" type="checkbox"/>			fittings	51	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4.5	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 12/31/12	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 2/21/12

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


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Date of Notification (1) February 10, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 / 1001 Route 202, PO Box 300	
		City, State, Zip Code Raritan, NJ 08869	
		Name of Contact Project Manager	
		Telephone Number	

2012 OCT 15 AM 9:02
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 1000 / 1001 Route 202		Square Feet	# of Floors 3
City (5) Raritan, NJ		Bldg. Age	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility	
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Edward J. Bulava	Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 2/2/12	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 checked="" 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) <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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 lf	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 4	Name of Registered Landfill BFI Imperial Landfill
City, State Freehold, NJ	Disposal Date 12/31/12	City, State Imperial, PA 15126	
Completed by Michael Cooper	Title President	Signature 	Date 2/10/12

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

4178

Date of Notification (1) February 01, 2012		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1000 / 1001 Route 202, PO Box 300		City, State, Zip Code Raritan, NJ 08869	
Name of Contact Project Manager		Telephone Number	

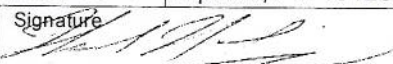
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ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson				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 1000 / 1001 Route 202				Square Feet		# of Floors 3	
City (5) Raritan, NJ				Bldg. Age			
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility			
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.			ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.		
Street Address 12 Kilmer Drive			Street Address 1500 Kings HWY N, STE 209				
City, State, Zip Code Hillsborough, NJ 08844-3830			City, State, Zip Code Cherry Hill, NJ 08034				
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207		Telephone No. (973) 759 - 5000		License No. 00781	
Start Date (10) 2/2/12		Scheduled Completion Date (11) 2/10/12		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 checked="" 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
OCD Boiler Room	<input checked="" type="checkbox"/>			pipe	45 l/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Tank	350 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 4		Name of Registered Landfill BFI Imperial Landfill	
City, State Freehold, NJ		Disposal Date 2/10/12		City, State Imperial, PA 15126			
Completed by Michael Cooper		Title President		Signature 		Date 2/1/12	

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) Oct. 10, 2012		Name of Building Owner/Operator (2) Serene Dreams, LLC							
Agencies Notified	Type Notification	Street Address 537 Kearny Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 Kearny New Jersey 07032							
		Name of Contact Viti Collucci	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Serene Dreams, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 537 Kearny Ave.		Square Feet 3000	# of Floors 1						
City (5) Kearny		Bldg. Age 60							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) J&S Env. Labs		ASCM No. *****	Name of Abatement Contractor (9) Academy Construction, Inc						
Street Address 2333 Rt 22 West		Street Address 205 Rt 46 West, Suite 14							
City, State, Zip Code Union, NJ		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm *****		Telephone No. 908-206-0073	Telephone No. 973-832-4244						
		License No. 01155							
Start Date (10) Oct 24, 2012	Scheduled Completion Date (11) Nov. 3, 2012	Name of OSHA Monitor none							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway into Bath Room			X	Glue Dabs	130 SF	x			
Throughout interior space			x	VAT & Mastic	1,110	x			
Name of Registered Waste Hauler Academy Construction, Inc.		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S (Waste Management)					
City, State Totowa, New Jersey			Disposal Date Nov. 3, 2012	City, State Morrisville, PA					
Completed by Frank Marino		Title VP Operations	Signature 			Date Oct. 10, 2012			

NOTIFICATION OF ASBESTOS ABATEMENT

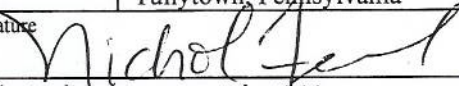
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 11, 2012		Name of Building Owner/Operator (2) Rich-Mark Contracting, Inc.	
Agencies Notified	Type of Notification	Street Address P O Box 124	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Toms River, NJ 08754	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mark Tucker	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 113 Harvard Street			<input type="checkbox"/> School (k-12)		
City Lakewood			<input type="checkbox"/> Subchapter 8 (other than k-12)		
County (6) Ocean	County Code (7) (STATE USE ONLY)		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Square feet 1000 sf			# of Floors 1		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
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) 10/12/12			License Number 00624		
Scheduled Completion Date (11) 10/12/12			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Piscataway, New Jersey 08854		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf					
<input type="checkbox"/> ≥160 sf or ≥260 lf					
<input type="checkbox"/> Renovation					
<input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> Mini-Enclosure					
<input type="checkbox"/> Glovebag Procedure					
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	800 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 10/15/12	City, State Tullytown, Pennsylvania				
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 10/11/2012		

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

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

Date of Notification (1) October 11, 2012		Name of Building Owner/Operator (2) Southview Homes	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 29 Union Avenue City, State, Zip Code Manasquan, NJ 08736 Name of Contact Robert Wojewodzki Telephone Number _____	

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 20 East Muriel Avenue			Square feet 2500 sf		
City Long Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/24/12		Scheduled Completion Date (11) 10/26/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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	2150 sf	X			

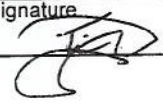
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 10/29/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 10/11/2012	

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

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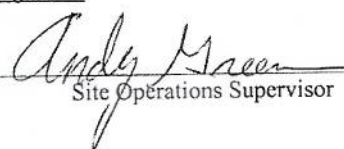
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification 10 9 12			Name of Building Owner/Operator Merck Sharp & Dohme Corp.			ASBESTOS CONTROL & LICENSING		
Agencies Notified USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	Street Address 556 MORRIS AVENUE					
			City, State, Zip Code Summit, NJ 07901					
			Name of Contact Todd Mills			Telephone Number		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place MERCK - Building S 5				Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)				
Street Address 556 MORRIS AVENUE				SF of Bldg. 10000		# Floor 3		Age of Bldg. 50+
City SUMMIT, NJ	County UNION	County Code State use Only	Current Use (prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner AERO ENVIRONMENTAL			ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.				
Street Address 275 ROUTE 10 E. SUITE 220-306			Street Address 2150 STANLEY TERRACE					
City, State, Zip Code SUCCASUNNA, NJ 07876			City, State, Zip Code UNION, NJ 07083					
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008		License Number 00575		
Scheduled Start Date 10 23 2012		Scheduled Completion Date 10 26 2012		Name of OSHA Monitor EMSL ANALYTICAL				
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 4:00PM TO 1:30AM Other - Describe: _____				City, State, Zip Code NEW YORK, NY 10118				
Scope of Work (Check Only One) Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation				Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure				
Location of ACM Facility			Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed		Amount to be Removed (Specify SF/LF)	
1ST FLOOR - STORAGE AREA			X		PIPE FITTING INSULATION		6 FITTINGS	
Name of Registered Waste Hauler Clean Harbors Env. Services, Inc.			NJDEP Waste ID No. NJDEPE 16666		Cubic Yds waste		Name of Registered Landfill 5 Clean Harbors Lone Mountain, LLC	
City, State Norwell, MA			Disposal Date TBD		City, State of Registered Landfill Waynoka, Oklahoma			
Completed By (Print or Type) TIMOTHY RYAN			Title GENERAL MANAGER		Signature 		Date 10/9/2012	

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

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Date of Notification (1) 10/10/2012		Name of Building Owner/Operator (2) Paulsboro Refining Company	
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 -Emergency <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
Street Address 800 Billingsport Rd		City, State, Zip Code Paulsboro, NJ 08066	
Name of Contact Ravi Jarecha		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	
Bldg. Age N/A		Current Use (prior if being demolished) Oil Refinery	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Kenny Atlantic 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) 10/10/12	Scheduled Completion Date (11) 10/10/12	Name of OSHA Monitor Kenny Atlantic Industrial Services, 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 -		Street Address 800 Billingsport Rd	
Other - Describe - Removal within restricted work area in outside areas		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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)
Reliability Building	X	TSI - Pipe Insulation	~15 LF
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste < 1 CY
City, State South Harrison, NJ		Disp. Date Various	City, State South Harrison, NJ
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KENNY ATLANTIC	Signature  Site Operations Supervisor	Date 10/10/2012

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

Telephone 609-984-6620

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

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Date of Notification (1) <u>10/11/12</u>		Name of Building Owner/Operator (2) <u>EARTH TECH CONSTRUCTING</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 Mt. St.</u> City, State, Zip Code <u>GREENFIELD, N.J. 07030</u>				
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>908-233-1001</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>3611 PENN BROKE LANE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>			
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>				
County (6) <u>CAMDEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to 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>856-779-0422</u>	License No. <u>00444</u>			
Start Date (10) <u>10/23/12</u>	Scheduled Completion Date (11) <u>10/30/12</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 type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
<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-Frangible Procedure				
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>	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) <u>1500 lb</u>	Abatement Type		
				Removal	Repair	Encapsulation
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>		
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>10/11/12</u>			

CHECK #
2464

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) <u>10/10/12</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 Rr. 50</u>						
		City, State, Zip Code <u>GREENFIELD, N.J.</u>						
		Name of Contact <u>BRUCE BRAUNIG</u>	Telephone Number _____					
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>104 S. 24TH ST.</u>		Square Feet	# of Floors					
City, State, Zip Code <u>LONGPORT</u>		Bldg Age						
County (6) <u>ATLANTIC</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.						
Street Address		Name of Abatement Contractor (9) <u>KLEMM INC.</u>						
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>						
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Telephone No.		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>10/22/12</u>	Scheduled Completion Date (11) <u>10/29/12</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"/> 20 SF or 20 ft <input checked="" type="checkbox"/> 2160 SF or 2260 ft		<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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2500 #</u>	Abatement Type			
					Removal	Repair	In-situ Encapsulation	Enclosure
Name of Registered Waste Hauler <u>KLEMM INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>A.C.U.A.</u>				
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>10/10/12</u>					

CHECK #
2465

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

RECEIVED

Date of Notification (1) <u>10/10/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <u>300 77TH ST.</u>		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>						
Name of Contact <u>FRANK EDUARDI</u>		Telephone Number _____						
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>126 67TH ST.</u>		Square Feet _____ # of Floors _____ Bldg. Age _____						
City (5) <u>SEA ISLE CITY</u>		Current Use (Prior if being demolished) <u>VACANT</u>						
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____						
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>						
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Telephone No. _____		Telephone No. <u>856-779-0472</u>						
Start Date (10) <u>10/22/12</u>		License No. <u>00444</u>						
Scheduled Completion Date (11) <u>10/29/12</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 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		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1800#</u>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
					<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>10/10/12</u>		

[illegible]

[illegible]

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

Date of Notification (1)

10 / 10 /12

Agencies Notified

☒ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP. / BRANDENBURG INDUSTRIAL SERVICES CO.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 / 2217 SPILLMAN DRIVE

City, State, Zip Code

RAHWAY, NEW JERSEY 07065 / BETHLEHEM, PA 18015

Name of Contact

MARY BETH BAKER

Telephone Number

2012 OCT 15 AM 9:19
AIRBORNE CONTROL
INSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
1,500

of Floors
N/A

Bldg. Age
59

Street Address

126 EAST LINCOLN AVENUE - BUILDING 47

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

10 / 10 /12
Month Day Year

Sched. Completion Date (11)

10 / 17 /12
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

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: MONDAY - FRIDAY 7AM-3:30 PM
Monday -, October 10, 2012 HOURS TILL 6PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF

☐ Renovation

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

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)
Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL
REPAIR
ENCAPSUL
ENCLOSUR

Building 47

X

Roof Flashing

40 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
100

Disposal Date
10/10-10/17/12

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Signature

Date

10/10/12

[illegible]

MO# 20142496552

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

RECEIVED**2012 OCT 15 AM 10:46****ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10 / 11 / 12		Name of Building Owner/Operator (2) Jubilee Trinh	
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 6 Orchard Street City, State, Zip Code Morristown, NJ 07960 Name of Contact Jubilee Trinh Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home Street Address 6 Orchard Street City (5) Morristown, NJ 07960 County (6) Morris		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)
--	--	--

Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.	ASCM No. Gr Tech LLC 576 Valley Rd #283 Wayne, NJ 07470 973-638-1777	Name of Abatement Contractor (9) Street Address City, State, Zip Code License No. 01127
--	--	---

Start Date (10) 10 / 20 / 12	Scheduled Completion Date (11) 10 / 21 / 12	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify 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	100 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 City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 10/11/2012

*** CANCELLATION**

No check

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

RECEIVED

2012 OCT 15 AM 10:46

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) Deltech Properties							
Agencies Notified	Type Notification	Street Address 49 Rutherford Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Asit Dutta	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deltech Resin Co.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 49 Rutherford Street		Square Feet 13400	# of Floors 3						
City (5) Newark		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Factory							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 0079	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973 636 9145	Telephone No. 973 256 7010 License No. 00666						
Start Date (10) 10/12/12	Scheduled Completion Date (11) 10/14/12	Name of OSHA Monitor Bako Construction & Restoration Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Fri 4pm-11pm Sat 8am-5pm Sun 8am - 1pm</u>		Street Address 265 Route 46 Suite 3D City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Fl. Tank Room Tank AR1&AR2		x		Tank Insulation	250 SF	x			
2nd Fl. Tank Room Tank AR1&AR2		x		Tank Insulation	250 SF	x			
2nd Fl. Tank Room Tank 58&59		x		Tank Insulation	60 SF	x			
3rd Fl. Tank Room Tank 58&59		x		Tank Insulation	60 SF	x			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa NJ			Disposal Date 10/15/12	City, State Morrisville PA					
Completed by Goran Kojic		Title Vice President	Signature <i>Goran Kojic</i>	Date 10/10/12					

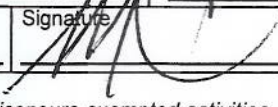
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/27/2012		Name of Building Owner/Operator (2) Deltech Properties							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Rutherford Street							
		City, State, Zip Code Newark NJ 07105							
		Name of Contact Asit Dutta							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deltech Resin Co.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 49 Rutherford Street		Square Feet 13400	# of Floors 3						
City (5) Newark		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Factory							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 0079	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973 636 9145	Telephone No. 973 256 7010						
License No. 00666									
Start Date (10) 10/12/12	Scheduled Completion Date (11) 10/14/12	Name of OSHA Monitor Bako Construction & Restoration Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Fri 4pm-11pm Sat 8am-5pm Sun 8am - 1pm</u>		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
1st Fl. Tank Room Tank AR1&AR2		x		Tank Insulation	250 SF	x			
2nd Fl. Tank Room Tank AR1&AR2		x		Tank Insulation	250 SF	x			
2nd Fl. Tank Room Tank 58&59		x		Tank Insulation	60 SF	x			
3rd Fl. Tank Room Tank 58&59		x		Tank Insulation	60 SF	x			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Inc.				
City, State Totowa NJ		Disposal Date 10/15/12		City, State Morrisville PA					
Completed by Goran Kojic		Title Vice President		Signature <i>Goran Kojic</i>			Date 09/27/12		

No
check

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

COURT REPORT NOTICE
FEDERAL PROPERTY
2012 OCT 15 AM 10:47
ASBESTOS CONTROL
LICENSING

Date of Notification (1) <u>10/12/12</u>		Name of Building Owner/Operator (2) <u>US EPA</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2890 Woodbridge Ave.</u> City, State, Zip Code <u>Edison, NJ 08837</u>							
		Name of Contact <u>Gary Kiniery (Chenega Global)</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>US EPA - Building #209</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>2890 Woodbridge Ave.</u>									
City (5) <u>Edison, NJ</u>	Square Feet <u>50,000SF</u>	# of Floors <u>1</u>	Bldg. Age <u>70</u>						
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>offices/labs</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>10/15/12</u>	Scheduled Completion Date (11) <u>10/17/12</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM-3:30PM</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply) <input 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 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
<u>Microbiology Lab</u>			<u>✗</u>	<u>floor tile/mastic</u>	<u>70 SF</u>	<u>✗</u>			
<u>Microbiology Lab</u>			<u>✗</u>	<u>Pipe Insulation Wrap/Cut</u>	<u>170 LF</u>	<u>✗</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/17/12</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>10/12/12</u>			