

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

RECEIVED

2012 OCT 26 AM 9:38

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/25/2012		Name of Building Owner/Operator (2) AT&T	
Agencies Notified () EPA (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 1 AT&T Way, 1A113A City, State, Zip Code Bedminster, NJ 07921 Name of Contact Robert Ericksen	

FACILITY INFORMATION

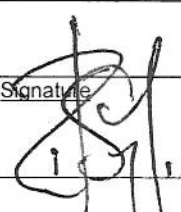
Name of Facility Where Abatement is Taking Place (3) AT&T Street Address 20 Knightsbridge City (5) Piscataway County (6) Middlesex County Code (7) (State Use Only)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 135434 # of Floors 1 Bldg. Age 34 Current Use (prior if being demolished) phone co.
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Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates Street Address 3 Terri Lane City, State, Zip Code Burlington, NJ	ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
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Street Address 404 N. Berry Street		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-386-8800	Telephone Number 484-480-8931	License Number 01066

Scheduled Start Date (10) 11/08/2012	Scheduled Completion Date (11) 11/09/2012	Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Describe in segregated area Other - Describe - Source of Work (Check all that apply) () Demolition (X) Renovation () Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure		Street Address 107 Haddon Ave City, State, Zip Code Westmont, NJ 08108

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 miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose			
Switchgear Cabinet	X	VAT/Mastic	55 SF	X			

Name of Reg. Waste Hauler Waste Management, Inc. City, State Newark, NJ	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 1	Name of Reg. Landfill GROWS Landfill
Completed by (Print or Type) Richard P. Semega Jr.		Title Senior Project Manager Signature 	Disp. Date 11/09/2012 City, State Morrisville, PA Date 10/25/2012

CK
04510

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

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2012 OCT 26 AM 9:51

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/1/19/12		Name of Building Owner/Operator (2) MICHAEL COYLE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 6 SYDENHAM ROAD		City, State, Zip Code WARREN, NJ 07059	
Name of Contact MICHAEL COYLE		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL COYLE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 6 SYDENHAM ROAD			Square Feet # of Floors Bldg. Age		
City (5) WARREN	County (6) WARREN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
License Number		01169		
Start Date (10) 10/30/12		Sched. Completion Date (11) 11/12/12		
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: _____

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-enclosure ☒ Glovebag procedure

☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	154 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/01/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/22/12

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

Job #: 1210-1685
Check #: 2872

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Date of Notification (1) 10/23/12		Name of Building Owner / Operator (2) Musconetcong Watershed Assoc	
Agencies Notified	Type Notification	Street Address 10 Maple Avenue (PO Box 113)	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Asbury, NJ 08802	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mr. Chuck Gullage	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Asbury Grist Mill (North & Storage Bin Shed)			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 1 Mill Avenue (478 Old Main Street)			Square Feet 1985	# of Floors 1	Bldg. Age 77
City (5) Asbury	County (6) Warren	County Code (7)	Current Use (Prior if being demolished) Vacant Property		

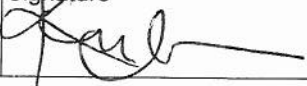
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 234 20th Avenue			Street Address 3859 Sylon Blvd.	
City, State & Zip Code Brick, NJ 08724			City, State & Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-702-0400	License Number 00862

Scheduled Start Date (10) 11/1/12	Scheduled Completion Date (11) 11/14/12	Name of OSHA Monitor EMSL 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

<input 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 ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
(2) Shed Roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing & Flashing	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Caulk	1 window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date 11/15/12	City, State Morrisville, PA		
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 10/23/12

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

Check # 2784

Date of Notification (1) 10 / 25 / 12		Name of Building Owner / Operator (2) AT&T	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 200 North Warner Road		City, State, Zip Code King Of Prussia, PA. 19406	
Name of Contact Eric Frederick		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) AT&T		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 1404 Ocean Drive		Square Feet N/A	
City (5) Strathmere	County (6) Atlantic	County Code (7)	# Of Floors 2
Building Age 50+		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ACER Associates		ASCM NO	
Street Address 403 Bloomfield Drive Unit 2		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
City, State, Zip Code West Berlin, NJ 08091		Street Address 462 Getty Avenue	
Project Mngr. For Monitoring Firm Matt DePalma		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 856-809-1202		Telephone Number 973-772-3660	
Schedul Start Date (10) 11 / 8 / 12		Sched. Completion Date (11) 11 / 9 / 12	
License Number 00117			
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <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)
Equipment Shelter	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	4SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE.		Disposal Date 10/5/2012	City, State Waynesburg, OH. 44688
Completed by (Print or Type) Marc Heim,		Title Project Manager	Signature <i>Marc Heim</i> Date 10/25/12

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 ASBESTOS CONTROL
 CENSING

CHECK #
2480

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

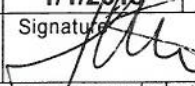
RECEIVED

2012 OCT 26 AM 7:53

Date of Notification (1) <u>10/19/12</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 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> Name of Contact <u>FRAUD 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>34 W. 30TH ST.</u>		Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) <u>AUSCON</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>					
Street Address		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
City, State, Zip Code		Telephone No. <u>856-779-0472</u> License No. <u>00444</u>					
Project Manager for Monitoring Firm		Telephone No.					
Start Date (10) <u>11/5/12</u>	Scheduled Completion Date (11) <u>11/12/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <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>1400 LF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
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>10/19/12</u>		

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

RECEIVED
2012 OCT 26 AM 7:51
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/2012		Name of Building Owner/Operator (2) Port Authority of NY&NJ				
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie Street				
		City, State, Zip Code Jersey City, NJ 07310				
		Name of Contact Ralph Campione	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Newark Liberty International Airport		Square Feet 32000	# of Floors 6			
City (5) Newark		Bldg. Age 50+				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Passenger Terminal				
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY&NJ		Name of Abatement Contractor (9) ABC CONSTRUCTION CONTRACTING INC.				
Street Address 241 Erie Street		Street Address 36-16 19th Avenue				
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Astoria, NY 11105				
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-622-0800 x265	License No. 01159			
Start Date (10) 11/5/2012	Scheduled Completion Date (11) 12/31/2012	Name of OSHA Monitor PRECISION ENVIRONMENTAL				
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 36-15A 23RD STREET				
		City, State, Zip Code Long Island City, NY 11105				
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 1,250 SF	Abatement Type		
				Removal	Repair	Encapsulate
Terminal B Modernization, MER No.3 A/C 6		ACM Fireproofing		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler ABC CONSTRUCTION CONTRACTING INC.		NJDEP Waste Hauler ID No. 22280	Cubic Yards of Waste 40	Name of Registered Landfill T.R.R.F. Inc.		
City, State Astoria, NY 11105		Disposal Date 1/1/2013	City, State Tullytown, PA			
Completed by Stanko Koronovac	Title President	Signature 	Date 10/19/12			

No
check

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

Date of Notification (1): 09/24/12		Name of Building Owner/Operator (2) Metro Industrial Wrecking and Environmental Contractor, Inc.		RECEIVED 2012 OCT 26 AM 7:49 ASBESTOS CONTROL & LICENSING					
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address: 273 Walt Whitman Road							
		City, State, Zip Code: Huntington, NY 11746							
		Name of Contact: Anthony Larosa		Telephone Number: _____					
CANCELLED <i>This project is cancelled</i> FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3):				Type of Facility (4):					
Street Address: 182 Tabor Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City/ (5): Morris Plains	County (6): Morris	County Code (7): 07950		Square Feet: 2,000,000		# of Floors:			
				Bldg. Age: 75		Current Use : Abandoned			
Name of Monitoring Firm Hired by Building Owner: DVD Environmental, Inc.			ASCM No.:		Name of Abatement Contractor (9): Danison, Inc				
Street Address: P. O. Box 2125				Street Address: 358 Broadway					
City, State, Zip Code: Cliffside Park, NJ 07010				City, State, Zip Code: Newark, NJ 07104					
Project Manager for Monitoring Firm: Tim Donahue			Telephone No.: (212)-260-9818		Telephone No.: (973) 732-6225		License No.: 01184		
Start Date (10): 09/18/12		Scheduled Completion Date (11): 11/30/12		Name of OSHA Monitor: AmeriSci.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____				Street Address: 117 East 35th Street					
				City, State, Zip Code: New York, New York, 10016					
Scope of Work (Check all that apply):									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 st , & 2 nd Floor		X		Window Caulk	2500 LF	X			
1 st , & 2 nd Floor		X		Lab Counter Tops	6000 SF	X			
1 st Floor		X		Pipe Insulation /Elbows	170 LF	X			
Roof		X		Exterior Roof Flashing	11000 SF	X			
Roof		X		Interior Roof Flashing Mat Assoc. with Roof Expansion Joints	1800 SF	X			
Roof		X		Pitch Pockets	50 SF	X			
Roof		X		Roof Membrane	27000 SF	X			
1 st & 2 nd Floor		X		Floor Mastic	126000 SF	X			
1 st Floor		X		Floor Tile	3500 SF	X			

Roof		X		Tar on Parapet Walls	3500 SF	X			
1 st Floor		X		Back tile sealant on inside of exterior wall	1200 SF	X			
1 st Floor		X		Transite Hood	1600 SF	X			
1 st Floor		X		Radiator Paper	500 SF	X			
1 st Floor				Plaster Ceiling	200 SF	X			
Name of Registered Waste Hauler: Newark Carting			NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 10		Name of Registered landfill: Tullytown Re. Facility		
City, State: Newark NJ 07102 / Newark Carton			Disposal Date:			City, State: Newark, NJ			
Completed By: Tony Daniels			Title: Project Manager		Signature: <i>Tony Daniels</i>		Date: 09/24/12		

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 2012 OCT 26 AM 7:56
 ASBESTOS CONTROL
 & LICENSING

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

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2012 OCT 26 AM 7:50
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/24/12		Name of Building Owner/Operator (2): Metro Industrial Wrecking and Environmental Contractor, Inc.	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address: 273 Walt Whitman Road	
	City, State, Zip Code: Huntington, NJ 11746		
	Name of Contact: Anthony Larosa		
	Telephone Number: _____		

This project is cancelled.

CANCELLED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 170 Tabor Road			Square Feet: 2,000,000 # of Floors: _____	
City/ (5): Morris Plains	County (6): Morris	County Code (7): 07950	Bldg. Age: 75 Current Use: Abandoned	
Name of Monitoring Firm Hired by Building Owner: DVD Environmental, Inc.		ASCM No.: _____	Name of Abatement Contractor (9): Danison, Inc	
Street Address: P. O. Box 2125			Street Address: 358 Broadway	
City, State, Zip Code: Cliffside Park, NJ 07010			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Tim Donahue		Telephone No.: (212)-260-9818	Telephone No.: (973) 732-6225	License No.: 01184
Start Date (10): 09/18/12	Scheduled Completion Date (11): 11/30/12		Name of OSHA Monitor: AmeriSci.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: 117 East 30th Street City, State, Zip Code: New York, New York, 10016	

Scope of Work (Check all that apply):

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems in insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Roof		X		Roof Flashing	8000 SF	X			
Roof		X		Roof Membrane	3000 SF	X			
Underground		X		Underground Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1200 LF	X			
Roof		X		Roof Flashing Interior Perimeter	3000 SF	X			
Roof		X		Tar Pitch & Parapet Wall Tar	5000 SF	X			
Front 1 st , 2 nd & 3 rd		X		Window Caulk	1000 LF	X			
Roof		X		Tar & Paper Water Proofing	8000 SF	X			
1 st , 2 nd & 3 rd		X		Pipes	4300 LF	X			
1955 & 1962 wings 1-3		X		Fireproofing	15000 SF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility
City, State: Newark NJ 07102 / Newark Carton	Disposal Date:	City, State: Newark, NJ	
Completed By: Tony Daniels	Title: Project Manager	Signature: <i>Tony Daniels</i>	Date: 09/24/12

RECEIVED
 2012 OCT 26 AM 7:50
 ASBESTOS CONTROL
 & LICENSING

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

RECEIVED

2012 OCT 26 AM 7:58

ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/17/12		Name of Building Owner/Operator (2) Metro Industrial Wrecking and Environmental Contractor, Inc.	
Agencies Notified	Type Notification	Street Address: 273 Walt Whitman Road	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code: Huntington, NY 11746	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input type="checkbox"/> DOL	<input type="checkbox"/> Amendment#:		
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Cancellation		
		Name of Contact: Anthony Larosa	Telephone Number:

CANCELLED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):			Type of Facility (4):	
Street Address: 170-183 Tabor Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5): Morris Plains	County (6): Morris	County Code (7): 07950	Square Feet: 2,000,000 # of Floors:	
			Bldg. Age: 75	
			Current Use : Abandoned	
Name of Monitoring Firm Hired by Building Owner: Safeair Environmental Services, Inc.		ASCM No.:	Name of Abatement Contractor (9): Danison, Inc	
Street Address: 9 Seymour Avenue			Street Address: 358 Broadway	
City, State, Zip Code: Newark, NJ 07108			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Sam Ilounoh		Telephone No.: (201)-304-5003	Telephone No.: (973) 732-6225	License No.: 01184
Start Date (10): 09/18/12	Scheduled Completion Date (11): 12/31/12		Name of OSHA Monitor: AmeriSci.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	

Scope of Work (Check all that apply):

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulat	Enclosure
1 st & 2 nd floor		X		Pipe Removal	400 LF	X			
				Caulking	150LF	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Newark Carton		Disposal Date:		City, State: Newark, NJ					
Completed By: Tony Daniels		Title: Project Manager		Signature: 		Date: 09/17/12			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/17/12		Name of Building Owner/Operator (2): Metro Industrial Wrecking and Environmental Contractor, Inc.	
Agencies Notified	Type Notification	Street Address: 273 Walt Whitman Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code: Huntington, NJ 11746	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment#:	Name of Contact: Anthony Larosa	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Cancellation	Telephone Number:	

FACILITY INFORMATION

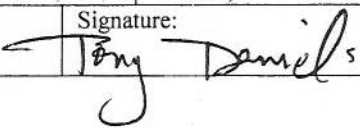
Name of Facility Where Abatement is Taking Place (3):			Type of Facility (4):	
Street Address: 170-183 Tabor Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5): Morris Plains	County (6): Morris	County Code (7): 07950	Square Feet: 2,000,000 # of Floors:	
			Bldg. Age: 75 Current Use : Abandoned	
Name of Monitoring Firm Hired by Building Owner: Safeair Environmental Services, Inc.			ASCM No.: Name of Abatement Contractor (9): Danison, Inc	
Street Address: 9 Seymour Avenue			Street Address: 358 Broadway	
City, State, Zip Code: Newark, NJ 07108			City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Sam Ilounoh		Telephone No.: (201)-304-5003	Telephone No.: (973) 732-6225	License No.: 01184
Start Date (10): 09/18/12	Scheduled Completion Date (11): 12/31/12		Name of OSHA Monitor: AmeriSci.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 117 East 30th Street	
			City, State, Zip Code: New York, New York, 10016	

Scope of Work (Check all that apply):

☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulat	Enclosure
1 st & 2 nd floor		X		Pipe Removal	400 LF	X			
				Caulking	150LF	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Newark Carting		Disposal Date:		City, State: Newark, NJ					
Completed By: Tony Daniels		Title: Project Manager		Signature: 		Date: 09/17/12			

CK
10007

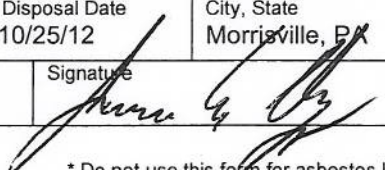
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7:49
CONTROL ROOM

check #
7851

Print Form

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

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Date of Notification (1) 10/19/2012		Name of Building Owner/Operator (2) Saint Banabus Health Care System							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 94 Old Short Hills Rd.		City, State, Zip Code Livingston, NJ 07039							
Name of Contact Chief Engineer		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Banabus Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 94 Old Short Hills Rd.		Square Feet 1 Mil.							
City (5) Livingston		# of Floors 7							
County (6) Essex		Bldg. Age 50 + yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) FT Associates, LLC		ASCM No. N/A							
Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.		Street Address 494 E. 41 Street							
Street Address 107 Osborne Place		City, State, Zip Code Paterson, NJ 07504							
City, State, Zip Code Cranford, NJ 07016		Telephone No. 973-345-0022							
Project Manager for Monitoring Firm Ron Carvalho		License No. 00507							
Telephone No. 908-208-3060		Name of OSHA Monitor The same as above							
Start Date (10) October 20, 2012		Scheduled Completion Date (11) October 25, 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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Work Area		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
4th Fl. - 4100 Wing			X	Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602		Cubic Yards of Waste 1		Name of Registered Landfill North GROWS, Inc. - WM			
City, State Paterson, NJ 07504		Disposal Date 10/25/12		City, State Morrisville, PA					
Completed by James Unger		Title Project Manager		Signature 		Date 10/19/2012			

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

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2012 OCT 26 AM 7:42

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/2012		Ch # 2322		Name of Building Owner/Operator (2) St Mary and Elizabeth Academy					
Agencies Notified		Type Notification		Street Address 170 Husa Street					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Linden, NJ 07038					
				Name of Contact Patricia Read	Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Mary & Elizabeth Academy				Type of Facility (4)					
Street Address 170 Husa St				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Linden, NJ 07036				Square Feet 25,000	# of Floors 2				
County (6) UNION				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School				
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 Jim Ruff			Telephone No. 201-364-2746	Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 10/20/2012		Scheduled Completion Date (11) 10/22/2012		Name of OSHA Monitor same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Starting 8:00 AM				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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 Corridor -ceiling			x	Pop corn plaster	9 SF	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 10/19/2012		

FAXED



Via U.S. Mail

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

Ch#1030
RECEIVED

Date of Notification (1) 10/23/12		Name of Building Owner/Operator (2) Willing HEART COMMUNITY CENTER							
Agency Notified <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 Martin Luther King Blvd. City, State, Zip Code NEWARK, N.J. Name of Contact MR SALERNO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 555 Martin Luther King Blvd.		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 NEWARK NJ		Square Feet 5,000	# of Floors 2						
City (5) NEWARK NJ		Bldg. Age 80							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNITY CENTER							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC							
Street Address		Street Address P.O. Box 814							
City, State, Zip Code		City, State, Zip Code 010 BRIDGE NJ 08857							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 238x7500	License No. 00806						
Start Date (10) 11/01/12	Scheduled Completion Date (11) 12/01/12	Name of OSHA Monitor NOVATECH INC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814 City, State, Zip Code 010 BRIDGE NJ 08857							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	<40 LF	X			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State 010 BRIDGE NJ 08857		Disposal Date 1/04/13	City, State HARRISBURG PA						
Completed by CARLOS AMEIDA		Title PRESIDENT	Signature [Signature]				Date 10/23/12		

CHECK #
2486

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:130)

RECEIVED

Date of Notification (1) <u>10/22/12</u>		Name of Building Owner/Operator (2) <u>FAIRVIEW TECH CONSULTING</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>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08742</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>908-411-1111</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>243 110TH ST.</u>		Square Feet <u>1000</u>	
City (5) <u>STONE HARBOR</u>		# of Floors <u>2</u>	
County (6) <u>COPELANT</u>		Bldg Age <u>40+</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>		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>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Start Date (10) <u>11/5/12</u>		Scheduled Completion Date (11) <u>11/12/12</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		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) TO BE ABATED IN Facility (13) <u>SIDING</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) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>1400 SF</u>	
Name of Registered Waste Hauler <u>KCEMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
NJDEP Waste Hauler ID No. <u>17904</u>		Name of Registered Landfill <u>C.M.C. M.U. 1</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		City, State <u>WOODBINE, N.J.</u>	
Disposal Date		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Date <u>10/22/12</u>	
Title <u>OWNER</u>			

* 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)

390

Date of Notification (1) October 22, 2012		Name of Building Owner/Operator (2) Pfizer, Inc	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	100 US Highway 206	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Peapack, NJ	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Cancellation	Project Manager	


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ASBESTOS CONTROL & LICENSING

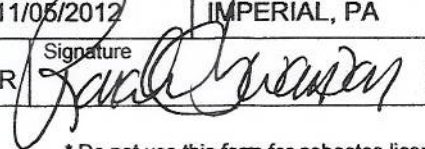
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) American Cyanamid Superfund Site		Type of Facility (4)	
Street Address 20 Polhemus Lane		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bridgewater	Square Feet	# of Floors	Bldg. Age
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Superfund Site	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00781
Start Date (10) --	Scheduled Completion Date (11) --		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 checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Landfill	
City, State Newark / Riverdale, NJ		Disposal Date --		City, State Newburg, PA	
Completed by Mike Cooper	Title President	Signature 		Date 10/22/12	

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

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& LICENSING

Date of Notification (1) 10/22/2012		Name of Building Owner/Operator (2) BRUCE BENISTON							
Agencies Notified	Type Notification	Street Address 102 WILDWOOD AVE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PITMAN, NJ 08071							
		Name of Contact BRUCE BENISTON	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address 102 WILDWOOD AVE.		<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) PITMAN		Square Feet 1050	# of Floors 1						
		Bldg. Age 88							
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREENE		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 904 KINGS ARMS DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNTOWN, PA 19335		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363	License No. 01145						
Start Date (10) 11/01/2012	Scheduled Completion Date (11) 11/03/2012	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<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: RESIDENTIAL		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	BOILER INSULATION	30 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill ALLIED WASTE					
City, State HAZLETON, PA		Disposal Date 11/05/2012		City, State IMPERIAL, PA					
Completed by RONALD SWANSON		Title PROJECT COORDINATOR		Signature 		Date 10/22/2012			

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

Date of Notification (1) 10-22-12		Name of Building Owner/Operator (2) Anne Scipioni	
Agencies Notified	Type Notification	Street Address 307 Jefferson Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Hasbrouck Heights, NJ, 07604	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Anne Scipioni	
<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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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet # of Floors Bldg. Age 1900 2 70		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-31-12 Month Day Year		Sched. Completion Date (11) 11-1-12 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 checked="" 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	E N C L O S U R E
Basement			X	Bioler	40 SQ	X			
Basement			X	piping	60 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-2-12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature		Date 10-22-12	

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

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Date of Notification (1) October 22, 2012		Name of Building Owner / Operator (2) Community Investment Strategies, Inc.	
Agencies Notified	Type Notification	Street Address	2012 OCT 26 AM 7:37 ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	1970 Brunswick Avenue, Suite 100 City, State & Zip Code Lawrenceville, NJ 08648	
		Name of Contact Kevin Felix	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Empty Lot		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 1460 Parkway Avenue		Square Feet N/A	# of Floors N/A
City (5) Ewing		Bldg. Age N/A	
County (6) Mercer		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) November 1, 2012	Scheduled Completion Date (11) November 9, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Empty Lot <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|-----------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input 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 checked="" type="checkbox"/> Glovebag Procedure & Wrap and Cut |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |


Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior - Front of Property			X	Exterior Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill				
City, State Freehold, NJ				Disposal Date November 13, 2012	City, State Morrisville, PA				
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>	Date October 22, 2012				

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

* Emergency *

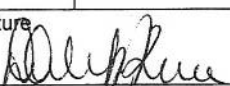
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10/19/12		Name of Building Owner/Operator (2) NJ Transit							
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 1 Penn Plaza East		City, State, Zip Code Newark NJ 07105-2246							
Name of Contact Russel Samaroo		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Penn Station		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 1 West Raymond PI Track # 4		Square Feet 1000+	# of Floors 3						
City (5) Newark NJ 07105		Bldg. Age 35+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address 1253 North Church St		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/22/12	Scheduled Completion Date (11) 10/23/12	Name of OSHA Monitor Same							
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: After 8 PM work in till 5 am		Street Address							
		City, State, Zip Code							
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 type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Track 4 Platform near stairwell		x		Pipe insulation	7 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/23/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/19/12			

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

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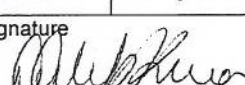
Date of Notification (1) <div style="text-align: center;">10 / 18 / 12</div>		Name of Building Owner/Operator (2) Pearson Beckham Realty							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1422 Buttonwood Drive, Suite 200							
		City, State, Zip Code Gastonia, NC 28054							
		Name of Contact Matt Beckham	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Car Dealership		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 203 S. Broad Street									
City (5) Woodbury	Square Feet 4000	# of Floors 1 + bSMT	Bldg. Age +/- 50						
County (6) Goulcester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 9 South Main Street		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Mullica Hill, NJ 08062		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-223-0080	Telephone No. 215-365-5810						
License No. 1156									
Start Date (10) <div style="text-align: center;">11 / 01 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 15 / 12</div>	Name of OSHA Monitor USA Environmental Management, 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: <u>7AM-3:30PM</u> /____PM-____AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA		Disposal Date 11/30/2012		City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 			Date 10-18-12		

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

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Date of Notification (1) 10 / 18 / 12		Name of Building Owner/Operator (2) Pearson Beckham Realty							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1422 Buttonwood Drive, Suite 200							
		City, State, Zip Code Gastonia, NC 28054							
		Name of Contact Matt Beckham	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 20-24 High Street		Square Feet 4000	# of Floors 2 + bSMT						
City (5) Woodbury		Bldg. Age +/- 50							
County (6) Goulcester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 9 South Main Street		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Mullica Hill, NJ 08062		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-223-0080	Telephone No. 215-365-5810	License No. 1156						
Start Date (10) 11 / 07 / 12	Scheduled Completion Date (11) 11 / 18 / 12	Name of OSHA Monitor USA Environmental Management, 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: 7AM-3:30PM / ____ PM - ____ AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
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"/> 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	312 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	2200 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 USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA			Disposal Date 11/30/2012	City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 			Date 10-18-12		

CHECK #
2482

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 13:120)

Date of Notification (1) <u>10/20/12</u>		Name of Building Owner/Operator (2) <u>EMERTECH 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. 08230</u>						
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>732-331-1111</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>383 NEEDHAM RIVER ROAD</u>		Square Feet <u>1000</u>	Floor # <u>2</u>					
City (5) <u>BELLEPLAINE</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>11/5/12</u>	Scheduled Completion Date (11) <u>11/12/12</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 sl or 23 ll <input type="checkbox"/> 2160 sl or 2260 ll		<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						
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1500 LF</u>	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
<u>SIDING</u>				<u>TRANSITE</u>		<u>X</u>		
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. 1</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>10/20/12</u>					


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

Date of Notification (1) 10/17/12		Name of Building Owner/Operator (2) Jose Perez	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 683 Penn Avenue	
		City, State, Zip Code Teaneck, NJ 7666	
		Name of Contact Jose Perez	Telephone Number

CHECK 11/17/12
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 ASBESTOS CONTROL & LICENSING

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 683 Penn Avenue		Square Feet 2000	# of Floors 2
City (5) Teaneck		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)		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 East 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) 10/25/12	Scheduled Completion Date (11) 11/2/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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	floor tile	240 SF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville PA	
Completed by Andrew Scott Higgins		Title President	Signature 	Date 10/17/12	

No
check

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

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Check # n/a

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/12		Name of Building Owner/Operator (2) Hudson County	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification Amend #7 <input type="checkbox"/> Cancellation	Street Address 595 Newark Ave.	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Kim Riscart	Telephone Number

FACILITY INFORMATION

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

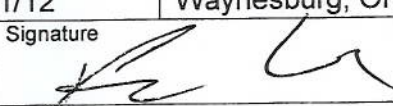
Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	C	E
Various – CJP courtroom, 406, 107		X		Plaster/spray-on ceiling (to be scraped) *	3300 SF	X				
Various – courtrooms, offices		x		Floor tile*	5200 SF	x				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ		Disposal Date 10/31/12	City, State Waynesburg, OH
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 10/19/12

ASB-41

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

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120)

Check # 6937

Date of Notification (1) 10/19/12		Name of Building Owner/Operator (2) Hudson County	
Agencies Notified	Type of Notification	Street Address	<div style="text-align: center;"> RECEIVED 2012 OCT 26 AM 7:31 ASBESTOS CONTROL & LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	567 Pavonia Ave.	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Ralph Sax	Telephone Number

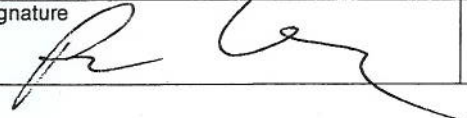
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Control Room, Meadowview PC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 595 County Ave.			Square Feet 25000	# of Floors 2	Bldg. Age ~ 80
City (5) Secaucus	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office / mechanical spaces		
Name of Monitoring Firm Hired by Building Owner Whitman Companies		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Rd.			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 11/1/12	Sched. Completion Date (11) 11/9/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|----------------------------------------------------|-------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" 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	R	E	E	N
Machine room		x		Pipe insulation	10 LF	X				
Machine room		x		Pipe insulation	20 LF		x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 11/9/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 10/19/12

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

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2012 OCT 26 AM 7:31

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/12		Name of Building Owner/Operator (2) UMDNJ	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	30 Bergen Street	Newark, NJ 07101
		Name of Contact	Telephone Number
		Vincent Wadolowski	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) UMDNJ – Stanley S. Bergen Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 30 Bergen St.			Square Feet 200000	# of Floors 12	Bldg. Age ~ 70
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner Whitman Companies		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Rd.			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 10/29/12	Sched. Completion Date (11) 1/31/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

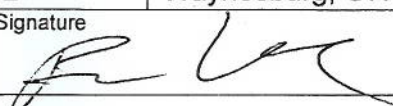
Scope of Work (Check all that apply)

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

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance 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			R	E	N	C
Room 443		x		Wall mastic	800 SF	x			
4 th floor		x		Window caulk/glazing	20 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 11/9/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 10/19/12

ASB-411

Note: Phased project. Phase 1 (wall mastic) completion is on/about 11/6/12.

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

GAC Project # 355-12

Date of Notification (1) October 18, 2012		Name of Building Owner/Operator (2) RAMAPO INDIAN HILLS REGIONAL BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 131 YAWPO AVENUE		City, State, Zip Code OAKLAND, NJ 07436	
Name of Contact MR. FRANK CEURVELS		Telephone Number 609-261-1111	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) INDIAN HILLS HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 131 YAWPO AVENUE		Sq. Feet: 120,000 # of Floors: 2 Bldg. Age: ~50 years	
City (5) OAKLAND	County (6) BERGEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCM No. U090	
Street Address 401 ST. JAMES AVENUE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JON GILBERT		Telephone Number 908-454-6316	License Number 00840
Scheduled Start Date (10) 10/19/12		Scheduled Completion Date (11) 10/19/12	
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 - Describe Note: FRI 3PM - 11:59PM (weekend if necessary) <input type="checkbox"/> Facility Occupied During Entire Period of Abatement		Name of OSHA Monitor ENVIROVISION, INC.	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13) VARIOUS LOCATIONS	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) THERMAL SYSTEMS INSULATION	Amount (Specify SF or LF) ~9 LF
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 5 CY
Notes: None		Disposal Date 10/20/12	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date October 18, 2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700

Copies To: RAMAPO INDIAN HILLS BOE Attn: Mr. Peter Keaney & RK O&E, Attn: Jon Gilbert

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

GAC Project # 355-12

Date of Notification (1) October 18, 2012		Name of Building Owner/Operator (2) RAMAPO INDIAN HILLS REGIONAL BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 131 YAWPO AVENUE		City, State, Zip Code OAKLAND, NJ 07436	
City (5) OAKLAND		County (6) BERGEN	
County Code (7) (State Use Only)		Name of Contact MR. FRANK CEURVELS	
Name of Facility Where Abatement is Taking Place (3) INDIAN HILLS HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 131 YAWPO AVENUE		Sq. Feet: 120,000 # of Floors: 2 Bldg. Age: ~50 years	
City (5) OAKLAND		Current Use (prior if being demolished): HIGH SCHOOL	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCM No. 0090	
Street Address 401 ST. JAMES AVENUE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JON GILBERT		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 908-454-6316		Telephone Number 973-492-0477	
Scheduled Start Date (10) 10/19/12		License Number 00840	
Scheduled Completion Date (11) 10/19/12		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Note: FRI 3PM - 11:59PM (weekend if necessary) <input type="checkbox"/> Facility Occupied During Entire Period of Abatement		Street Address 20-21 WARGARAW ROAD	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		City, State, Zip Code FAIRLAWN, NJ	
Location of Asbestos-Containing Material (ACM) in Facility (13) VARIOUS LOCATIONS		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) THERMAL SYSTEMS INSULATION		Amount (Specify SF or LF) ~9 LF	
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose		Name of Reg. Waste Hauler Newark Carting, Inc.	
NJ/DEP Waste Hauler ID # NJ DEP # 4509		Cubic Yards of Waste: 5 CY	
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 10/20/12	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067		Date October 18, 2012	
Notes: None		Signature <i>Raymond C. Pedalino</i>	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	

Copies To: RAMAPO INDIAN HILLS BOE Attn: Mr. Peter Keaney & RK O&E, Attn: Jon Gilbert

REMEMBER - MAIL IN HARD COPY

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Check # 2609

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

GAC Project # 355-12

Date of Notification (1) October 18, 2012		Name of Building Owner/Operator (2) RAMAPO INDIAN HILLS REGIONAL BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancelled	
Street Address 131 YAWPO AVENUE City, State, Zip Code OAKLAND, NJ 07438 Name of Contact MR. FRANK CEURVELS		Telephone Number [Redacted]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) INDIAN HILLS HIGH SCHOOL Street Address 131 YAWPO AVENUE City (5) OAKLAND		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 120,000 # of Floors: 2 Bldg. Age: -50 years Current Use (prior if being demolished): HIGH SCHOOL	
County (6) BERGEN County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC. Street Address 401 ST. JAMES AVENUE City, State, Zip Code PHILLIPSBURG, NJ 08865 Project Manager for Monitoring Firm JON GILBERT		
Telephone Number 908-454-6316	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City, State, Zip Code BUTLER, NJ 07405 Telephone Number 973-492-0477 License Number 00840		
Scheduled Start Date (10) 10/19/12	Scheduled Completion Date (11) 10/19/12	Name of OSHA Monitor ENVIROVISION, INC. Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
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 - Describe Note: FRI 3PM - 11:59PM (weekend if necessary) <input type="checkbox"/> Facility Occupied During Entire Period of Abatement			
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) VARIOUS LOCATIONS	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing VAT, or other miscell.) THERMAL SYSTEMS INSULATION	Amount (Specify SF or LF) -9 LF Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJ/DEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 10/20/12	City, State 100 New Ford Mill Rd Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date October 18, 2012

Copies To: RAMAPO INDIAN HILLS BOE Attn: Mr. Peter Kearney & RK O&E, Attn: Jon Gilbert

Check #

7848

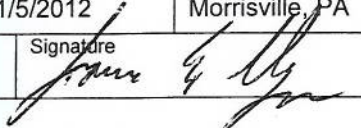
Print Form

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

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2012 OCT 26 AM 7:22

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/18/2012		Name of Building Owner/Operator (2) Azzedine Bensalem							
Agencies Notified	Type Notification	Street Address 45 Gordonhurst 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 Montclair, NJ 07043							
		Name of Contact Azzedine Bensalem	Telephone Number 1						
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 45 Gordonhurst Avenue		Square Feet 2,700	# of Floors 2						
City (5) Montclair		Bldg. Age 60 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-0022	License No. 00507						
Start Date (10) November 2, 2012	Scheduled Completion Date (11) November 5, 2012	Name of OSHA Monitor Same as above							
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: Unoccupied Basement		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 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
Basement		X		Pipe Insulation	70 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 11/5/2012		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 				Date 10/18/2012	

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

RECEIVED 10/1

Date of Notification (1) 10-19-2012		Name of Building Owner/Operator (2) JK PETROLEUM					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 98 JEWETT AVENUE					
		City, State, Zip Code STATEN ISLAND N.Y. 10314					
		Name of Contact J. MALLEY	Telephone Number 718-351-1002				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) JK PETROLEUM		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 59 EAST MAC FARLAND ROAD		Square Feet 1800	# of Floors 1				
City (5) DOVER		Bldg. Age 52 YRS					
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT GARAGE					
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) 10-31-2012	Scheduled Completion Date (11) 11-2-2012	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: 8 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		<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) 1400 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
ROOF	X	NON FRIABLE ROOFING		X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 5 YDS	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 11-2-2012	City, State Waynesburg, Oh				
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 10-19-2012				

NJ Dept. of Health & Senior Services

(signature)

Date: 10/19/12 Time: 4:41

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
Check # 8005

2012 OCT 26 AM 7:21

Date of Notification (1) 10/19/12		Name of Building Owner/Operator (2) KRIEGMAN & SMITH, INC.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 101 ESENTOWN PARK		City, State, Zip Code ROSELAND NJ 07068							
Name of Contact RICH S.		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OAKLAND GARAGE		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 1438 & 45 OAKLAND AVE		Square Feet 8000							
City (5) BROOKLYN NJ		# of Floors 2							
County (6) CAMDEN		Bldg. Age 54							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APTS							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 10/19/12		License No. 00156							
Scheduled Completion Date (11) 10/27/12		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Below Room	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) Pipe	Amount (Specify SF or LF) 30 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverview, New Jersey 07457		Disposal Date 10/19/12		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 10/19/12			

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

MO# 20142489060

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2012 OCT 26 AM 7:06

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 / 19 / 12		Name of Building Owner/Operator (2) Debbie Indyk	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 662 Queen Ann Road City, State, Zip Code Teaneck, NJ 07666 Name of Contact Debbie Indyk	
		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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 662 Queen Ann Road		Square Feet	# of Floors
City (5) Teaneck, NJ 07666		Bldg. Age	
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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 10 / 28 / 12	Scheduled Completion Date (11) 10 / 29 / 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"/> 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler clean up remaining insulation	60 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 <i>N. Jevtic</i>	Date 10/19/2012

ASB-41

MAY 11

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CL# 2361
Pg. RECEIVED
2012 OCT 26 AM 7:55
ASBESTOS CONTROL
& LICENSING

ASB-41
MAY 11 PD 12085

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

Ch# 2361
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Pg. 1
2012 OCT 26 AM 7:55

Date of Notification (1) <u>10</u> / <u>01</u> / <u>12</u>		Name of Building Owner/Operator (2) VERIZON							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-10/19/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 EAST MONTGOMERY PLACE City, State, Zip Code PITTSBURGH, PA 15212 Name of Contact ANTHONY PORTA Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON NEWARK 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 and commercial buildings, homes, etc.)							
Street Address 95 WILLIAM STREET		Square Feet	# of Floors						
City (5) NEWARK, NJ		Bldg. Age							
County (6) ESSEX	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State, Zip Code PHILADELPHIA, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>10</u> / <u>15</u> / <u>12</u>	Scheduled Completion Date (11) <u>11</u> / <u>2</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM / ____ 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 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 MECHANICAL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5TH FLOOR ROOM 551	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR ROOM 759	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR ROOM 764	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title ESTIMATOR	Signature <i>Patrick T. DeCaro</i>			Date 10/19/12			

ASB-41
MAY 11 *PD, 2085*

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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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OCT 23 4 49

Date of Notification (1) <div style="text-align: center;">10 / 01 / 12</div>		Name of Building Owner/Operator (2) VERIZON		2012 OCT 26 AM 7:55					
Agencies Notified <input checked="" type="checkbox"/> EPA 4017 <input checked="" type="checkbox"/> DOLWD 7081 <input checked="" type="checkbox"/> DHSS 6060 <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 15 EAST MONTGOMERY PLACE City, State, Zip Code PITTSBURGH, PA 15212					
		Name of Contact ANTHONY PORTA		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON NEWARK 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 and commercial buildings, homes, etc.)					
Street Address 95 WILLIAM STREET									
City (5) NEWARK, NJ				Square Feet	# of Floors				
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMUNICATIONS					
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 ENTERPRISE AVENUE				Street Address 1123 BEAVER STREET					
City, State, Zip Code PHILADELPHIA, PA 19153				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm MARK JENKINS		Telephone No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <div style="text-align: center;">10 / 15 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 2 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM / ____ 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/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 MECHANICAL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5TH FLOOR ROOM 551	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR ROOM 759	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR ROOM 764	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) PATRICK T. DeCARO		Title ESTIMATOR		Signature <i>Patrick T. DeCaro</i>		Date 10/1/12			

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

Pg. 2

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <div style="text-align: center;">10 / 01 / 12</div>		Name of Building Owner/Operator (2) VERIZON							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input 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 15 EAST MONTGOMERY PLACE							
		City, State, Zip Code PITTSBURGH, PA 15212							
		Name of Contact ANTHONY PORTA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON NEWARK 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 and commercial buildings, homes, etc.)							
Street Address 95 WILLIAM STREET									
City (5) NEWARK, NJ		Square Feet	# of Floors Bldg. Age						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State, Zip Code PHILADELPHIA, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">10 / 15 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 2 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM / ____ 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 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
8 TH FLOOR ROOM 851	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 TH FLOOR ROOM 951	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 TH FLOOR ROOM 1051	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	80 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title ESTIMATOR		Signature <i>Patrick T. DeCaro</i>		Date 10/1/12			

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

No check

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 7 / 6 / 12		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC.	
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 #2-10/19/12 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET	
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CHERRY HILL MALL - JC PENNEYS		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 2000 RT 38 STE 1000			
City (5) CHERRY HILL		Square Feet	# of Floors
		Bldg. Age	
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm STEVE HILLMANN	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) / /	Scheduled Completion Date (11) / /	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/10:00PM-8:00AM		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 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
JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	35 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 BRISTOL ENVIRONMENTAL INC	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill GROWS LANDFILL
City, State BRISTOL, PA		Disposal Date 7/17/2012	City, State MORRISVILLE, PA
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature Patrick T. DeCaro /jl	Date 10/19/12

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

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Date of Notification (1) <u>7</u> / <u>6</u> / <u>12</u>		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-7/16/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 WEST WASHINGTON STREET	
		City, State, Zip Code INDIANAPOLIS, INDIANA 46204	
		Name of Contact	Telephone Number

2012 OCT 26 AM 7:54

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CHERRY HILL MALL - JC PENNEYS		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 2000 RT 38 STE 1000			
City (5) CHERRY HILL		Square Feet	# of Floors
County (6) CAMDEN		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm STEVE HILLMANN	Telephone No. 908-688-7800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM <u>10:00PM-8:00AM</u>		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 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) <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
JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	35 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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill GROWS LANDFILL	
City, State BRISTOL, PA		Disposal Date 7/17/2012	City, State MORRISVILLE, PA		
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 7/16/12		

ASB-41
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* Do not use this form for asbestos licensure exempted activities.

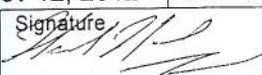
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

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Date of Notification (1) <div style="text-align: center;">7 / 6 / 12</div>		Name of Building Owner/Operator (2) SIMON PROPERTY GROUP INC.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 1519 <input checked="" type="checkbox"/> DHSS 1540 <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 225 WEST WASHINGTON STREET City, State, Zip Code INDIANAPOLIS, INDIANA 46204 Name of Contact Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHERRY HILL MALL - JC PENNEYS		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 2000 RT 38 STE 1000		Square Feet # of Floors Bldg. Age	
City (5) CHERRY HILL		County Code (7) (STATE USE ONLY)	
County (6) CAMDEN		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING LLC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1600 ROUTE 22 EAST		Street Address 1123 BEAVER STREET	
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm STEVE HILLMANN		Telephone No. 908-688-7800	
Start Date (10) <div style="text-align: center;">7 / 16 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 16 / 12</div>	
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 - Describe Time of Abatement: <u>10:00</u> AM - <u>8:00</u> PM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
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 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)
	Yes	No	
JCP - LOWER LEVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MIRROR MASTIC
	<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 2
City, State BRISTOL, PA		Disposal Date 7/17/2012	
Name of Registered Landfill GROWS LANDFILL		City, State MORRISVILLE, PA	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick DeCaro</i>	Date 7/6/12

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

407

Date of Notification (1) October 23, 2012		Name of Building Owner/Operator (2) Blau & Berg Co.						
Agencies Notified	Type Notification	Street Address 1300 W. Blancke St						
<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 # _____	City, State, Zip Code Linden, NJ						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) warehouse		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 1300 W. Blancke St		Square Feet	# of Floors					
City (5) Linden, NJ		Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) warehouse						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCN No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00781					
Start Date (10) Nov 6, 2012	Scheduled Completion Date (11) Nov 12, 2012	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 Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209						
		City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) 2000 sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
office		<input checked="" type="checkbox"/>	floor tile & mastic		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20	Name of Registered Landfill Cumberland County Landfill				
City, State Newark / Riverdale, NJ		Disposal Date Nov 12, 2012		City, State Newburg, PA				
Completed by Mike Cooper		Title President	Signature 		Date 10/23/12			