

CK#2614

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

Date of Notification (1) 4/6/15		Name of Building Owner/Operator (2) Bloomfield Electric Supply	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 Bloomfield Ave
			City, State, Zip Code Bloomfield, NJ 07003
		Name of Contact Bill	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Bloomfield Electric Supply Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 658-660 Bloomfield Ave		Square Feet 5000	# of Floors 1	Bldg. Age 65+
City (5) Bloomfield	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Electric Supply Company	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road		
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757	License No. 00029

Start Date (10) 4/15/15	Scheduled Completion Date (11) 4/22/15	Name of OSHA Monitor Mark Jovic		
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: 7am-7pm		Street Address 87 Main Street		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
outside			X	foofing material	3000 sf	X			
indoors				floor tile	700 sf	X			
indoors				boiler insulation	180sf	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 4/22/15	City, State Easton, PA		
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 4/6/15	

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

Check#2150

RECEIVED

Date of Notification (1) 04 / 03 / 15		Name of Building Owner/Operator (2) Stephen Hynes	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Ferndale Road	
		City, State, Zip Code Madison, NJ 07940	
		Name of Contact Stephen Hynes	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 8 Ferndale Road		Square Feet	# of Floors
City (5) Madison, NJ 07940		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 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) 04 / 13 / 15	Scheduled Completion Date (11) 04 / 14 / 15	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410	
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			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

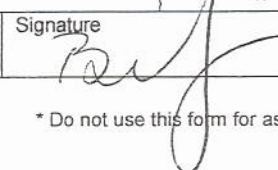
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 04/03/2015

OK#2612

X Sandy X

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

RECEIVED

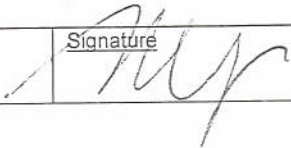
Date of Notification (1) 4/2/15		Name of Building Owner/Operator (2) Ryan Magnusson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2103 Main Street		City, State, Zip Code Lake Como, New Jersey				
			Name of Contact Mike		Telephone Number _____				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Magnusson 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 2103 Main Street			Square Feet 850	# of Floors 1	Bldg. Age 68				
City (5) Lake Como		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address _____		Street Address 95 Montrose Road		City, State, Zip Code Colts Neck, N.J. 07722					
City, State, Zip Code _____		Telephone No. 732-294-1757		License No. 00029					
Project Manager for Monitoring Firm _____		Telephone No. _____		Name of OSHA Monitor _____					
Start Date (10) 4/4/15		Scheduled Completion Date (11) 4/8/15		Current Use (Prior if being demolished) residence					
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: 7am-7pm			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"/> ≥160 sf or ≥260 lf									
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outdoors			X	siding	850	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey		Disposal Date 4/8/15		City, State Easton,, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 4/2/15			

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

*Chal # 9776*

Date of Notification (1) <u>4</u> / <u>6</u> / <u>15</u>		Name of Building Owner/Operator (2) State of New Jersey, Department of Corrections <i>2015 8 11 2 33</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Whittlesey Road, PO Box 863							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Joseph May		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Garden State Youth Correctional Facility				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 98 Highbridge Rd				Square Feet 282,000	# of Floors 2				
City (5) Chesterfield				Bldg. Age 50+					
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Correctional Facility					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc		ASCM No. 00112	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 344 West State		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm William Weisgarber, Jr		Telephone No. 609 656 8101	Telephone No. 215 542 7000	License No. 00847					
Start Date (10) 4 / 19 / 15		Scheduled Completion Date (11) 4 / 23 / 15		Name of OSHA Monitor CES					
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>Sun-Fri AM-8:30PM/PM-6:00AM</u>			Street Address 1121 N. Bethlehem Pike - Suite 60						
			City, State, Zip Code Spring House, PA 19477						
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) 150 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Learning Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation		<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 STG		NJDEP Waste Hauler ID No. 20900	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 4/30/2015	City, State Waynesburg, OH 44688						
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>	Date 4/6/15					

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

Date of Notification (1) 04/06/2015		Name of Building Owner/Operator (2) Northvale Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 441 Tappan Road		City, State, Zip Code 441 Tappan Road, Northvale, NJ 07647	
City (5) Northvale		County (6) Bergen	
County Code (7) (State Use Only)		Name of Contact Deborah Trainor	
Telephone Number 201-768-8404		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: NA # of Floors: Bldg. Age:	
Name of Facility Where Abatement is Taking Place (3) Northvale Public School Media Center		Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Remediation & Management, Inc.		ASCM No.	
Name of Contractor (9) Panoramic Window & Door Systems Inc.		Street Address 712 Sergeantsville Road	
Street Address 20-10 Maple Ave, Building 35E		City, State, Zip Code Stockton, NJ 08559	
City, State, Zip Code Fair Lawn, NJ 07410		Telephone Number 732-926-0900	
Project Manager for Monitoring Firm Guillermo M. Morales		License Number 01237	
Telephone Number 609-259-8077		Name of OSHA Monitor MJ Consulting LLC	
Scheduled Start Date (10) 04/08/2015		Scheduled Completion Date (11) 04/09/2015	
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 7 am to 10 pm <input type="checkbox"/> Other - Describe:		Street Address 87 Main Street	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Lincoln Park, NJ 07035	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (window glazing)	
Location of Asbestos-Containing Material (ACM) in Facility (13) Media Center Panoramic Window		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 misc.) Window Glazing		Amount (Specify SF or LF) 100lf	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler Waste Management of PA Inc. Morrisville PA 19401		NJDEP Waste Hauler ID #	
Cubic Yards of Waste Less than 1		Name of Registered Landfill T.R.R.F.	
Disposal Date 02/08/2015		City, State Tullytown PA	
Completed by (Print or Type) Mark M Jovic		Title Consultant	
Signature 		Date 04/06/2015	

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

Check # 2389

Date of Notification (1) 04 / 07 / 15		Name of Building Owner / Operator (2) MERCK	
Agencies Notified		Street Address 1011 MORRIS AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code UNION, NJ 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MIKE CARRANO	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification		
	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK			Type of Facility (4)		
Street Address 1011 MORRIS AVENUE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet n/a	# Of Floors N/A	Building Age n/a
			Current Use (Prior if being demolished) N/A		

Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	Name of Abatement Contractor (9) Northstar Contracting Group, Inc.		
Street Address 335 HIGH STREET		Street Address 32 Williams Parkway			
City, State, Zip Code METUCHEN, NJ 08840		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm ERIC HOUSEKNETCH		Telephone Number 732-321-0666	Telephone Number 973-772-3660		License Number 00860
Scheduled Start Date (10) 04 / 20 / 15	Sched. Completion Date (11) 04 / 22 / 15				

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor Northstar Contracting Group, Inc.			
<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement	Street Address 32 Williams Parkway			
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe: _____	City, State, Zip Code East Hanover, NJ 07936			
<input checked="" type="checkbox"/>	Other - Describe: 7:00AM-3:30 PM				

Scope of Work (Check All That Apply)

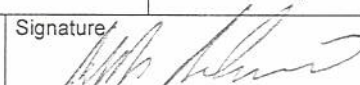
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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			
				R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR - U14	YES NO N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State TULLYTOWN, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature 		Date 04/07/15

OK 24422

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

Date of Notification (1) <u>4</u> / <u>7</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Verizon</b>							
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 <b>133 Prospect Street</b>							
		City, State, Zip Code <b>Passaic, NJ 07055</b>							
		Name of Contact <b>Alex Baylor</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>			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 <b>133 Prospect Street</b>			City (5) <b>Passaic</b>						
City (5) <b>Passaic</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>	Bldg. Age <b>50</b>					
County (6) <b>Passaic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>8436 Enterprise Avenue</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5870</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>					
Start Date (10) <u>04</u> / <u>27</u> / <u>15</u>	Scheduled Completion Date (11) <u>12</u> / <u>30</u> / <u>15</u>		Name of OSHA Monitor <b>Testor Tech</b>						
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>8:00AM-4:00PM</u> / _____ PM- _____ AM			Street Address <b>10 59 Jackson Avenue</b>						
			City, State, Zip Code <b>LIC NY 11101</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	2865 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>3/16/15</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>	Signature 		Date <b>04-07-2015</b>				