

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

13 0-4694
Ch ck #7127

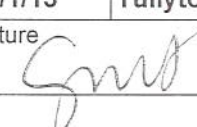
Date of Notification (1) 4/8/15		Name of Building Owner / Operator (2) Passaic Valley Sewerage Commissioners	
Agencies Notified	Type Notification	Street Address 600 Wilson Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ 07105	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Anthony	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PVSC		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)	
Street Address 600 Wilson Avenue		Square Feet	# of Floors
City (5) Newark	County (6) Essex	Current Use (Prior if being demolished) Plant	
County Code (7)			
Name of Monitoring Firm Hired by Building Owner (8) AECOM		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 30 Knightsbridge Road Suite 520		Street Address PO Box 25	
City, State & Zip Code Piscataway, NJ 08854		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mark Connors	Telephone Number 732-564-3606	Telephone Number 609-265-2107	License Number 00529
Scheduled Start Date (10) 4/20/15	Scheduled Completion Date (11) 5/1/15	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

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

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 (Sf or Lf)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	1,14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	4,27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Window caulk	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Weather Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Weather Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Window Caulk	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 5/1/15	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 4/8/15

Bldg. Age
Use Number 00529

1940

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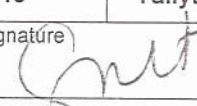
12) Commercial buildings, 68	
13) Unfinished	

edure

Location	Abatement Type			
	Enclosure	Encapsulate	Repair	Removal
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date 4/8/15

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

Date of Notification (1) <div style="text-align: center;">4 / 8 / 15</div>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892		Week #7129 2	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bl City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E.	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other th <input type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus				Square Feet 214,000	
City (5) Princeton				# of Flo 8	
County (6) Mercer				Bldg. Age 68	
County Code (7)(STATE USE ONLY)				Current Use (Prior if being University Gymnasium)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCN No. 00098		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800		Telephone No. 609-265-2107 License 0052	
Start Date (10) <div style="text-align: center;">4 / 27 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 30 / 15</div>		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
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 Press <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable P					
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		
Work Area #A2, A Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation
Work Area #A2, A Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation
Work Area #A3, A Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting Insulation
Work Area #A3, A Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landf G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 8/30/15		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	
				Date 4/8/15	

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(-12)	
Commercial buildings,	
	Bldg. Age
	68
Unfinished)	

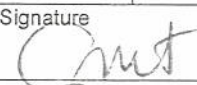
cedure

	Abatement Type			
	Enclosure	Encapsulate	Repair	Removal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[illegible]

Date 4/8/15

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

Date of Notification (1) 4 / 8 / 15		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bl			
		City, State, Zip Code Princeton, NJ 08544			
		Name of Contact Robert Ortego, P.E.	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private and homes, etc.)			
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus		Square Feet 214,000	# of Floors 8		
City (5) Princeton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Gymnasium		
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	License No. 0052		
Start Date (10) 4 / 27 / 15	Scheduled Completion Date (11) 8 / 30 / 15		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077			
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 Particulate					
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 (Spec SF or LF)
	Yes	No	N/A		
Work Area #A6, A Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	100 LF
Work Area #1A First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting Insulation	200 LF
Work Area #1A First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	6,000
Work Area #1B First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	2,30
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 8/30/15	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 		

Check #7129 4

(K-12) commercial buildings,

Bldg. Age
68

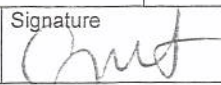
demolished)

procedure

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date
4/8/15

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

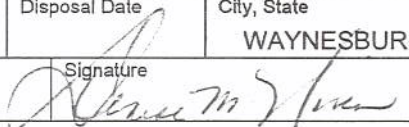
Date of Notification (1) <div style="text-align: center;">4 / 8 / 15</div>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1504-4892	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego, P.E.	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dillon Gym		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address Elm Drive Princeton, NJ -Princeton University Main Campus		Square Feet 214,000	# of Floors 8
City (5) Princeton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Gymnasium
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107
Start Date (10) 4 / 27 / 15		Scheduled Completion Date (11) 8 / 30 / 15	License No. 0052
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor EMSL Analytical	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable F	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Square Feet or Lineal Feet)
	Yes	No	
Work Area #1C,1D & 1E First Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work Area #1C,1D & 1E First Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work Area #1C,1D & 1E First Floor Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40
City, State Lumberton, NJ		Disposal Date 8/30/15	Name of Registered Landfill G.R.O.W.S. Landfill
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 

Job #7129 5			
Bldg. Age 68			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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"/>
Date 4/8/15			

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

Print Form

Date of Notification (1) 04/10/2015		Name of Building Owner/Operator (2) HOUSING AUTHORITY OF THE CITY OF CAMDEN	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2021 WATSON STREET	
		City, State, Zip Code CAMDEN, NJ 08105	
		Name of Contact WYNFIELD ANDERSON	Telephone
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BRANCH VILLAGE		Type of Facility (4)	
Street Address 1800 SOUTH 9TH STREET-BLDGS. 1, 3 & 5		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than l <input checked="" type="checkbox"/> Other (i.e. private & comm etc.)	
City (5) CAMDEN		Square Feet 18,000	# of Floors 2
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being dem APARTMENTS
Name of Monitoring Firm Hired by Building Owner (8) A. SEINC LIGHTHOUSE		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL S
Street Address P.O. BOX 354		Street Address 2251 FRALEY STREET	
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code PHILADELPHIA, PA 19137	
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 973-275-5000	Telephone No. 215-533-5155
Start Date (10) 04/20/2015		Scheduled Completion Date (11) 05/04/2015	Name of OSHA Monitor HEALTH & SAFETY SERVICE
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: _____		P.O. BOX 365	
		City, State, Zip Code BERLIN, NJ 08009	
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 Negati Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F	
PRIOR TO DEMO			
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	
ROOF		N/A	ASPHALT ROOF SHINGLES
KITCHEN & BATHROOM		N/A	FLOOR TILE & MASTIC
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
City, State NEW CASTLE, DE		Name of Registered Lab MINERVA LAND	
Disposal Date		City, State WAYNESBURG	
Completed by DENISE M. NIVEN		Title ADMIN. ASST.	Signature 

2) al buildings, homes,

Bldg. Age
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RVICES, INC.

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INC.

Pressure

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Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
X			

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04/10/2015

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

Date of Notification (1) <div style="text-align: center;">4 / 7 / 15</div>		Name of Building Owner/Operator (2) PSE&G / Job #1504-4890	
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 80 Park Plaza	
		City, State, Zip Code Newark, NJ 07101	
		Name of Contact George Reid	Telephone _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Exterior Sewaren Switching Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, etc.) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address 643 Cliff Rd.		Square Feet	# of Floors
City (5) Sewaren		Bldg. Age 74	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

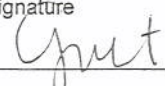
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	Telephone No. 609-265-2107	License 00521
Start Date (10) <div style="text-align: center;">4 / 10 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 14 / 15</div>		Name of OSHA Monitor EMSL Analytical	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Conduit	650 L	<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 Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Camden, NJ		Disposal Date 4/14/15	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 4/7/15

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

0312-02

Date of Notification (1) 4/9/2015		Name of Building Owner/Operator (2) VIRTUA			
Agencies Notified	Type Notification	Street Address 20 STOW ROAD SUITE 3			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MARLTON NJ 08053			
		Name of Contact PAT GIORDANO			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VIRTUA HEALTH DR OFFICES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other <input checked="" type="checkbox"/> Other (i.e. private & c etc.)			
Street Address 129-131 MADISON AVE		Square Feet >50,000	# of Floors 5		
City (5) MT. HOLLY		Bldg. Age _____			
County (6) BURLINGTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____			
Name of Monitoring Firm Hired by Building Owner (8) VERTEX ENVIRONMENTAL		ASCM No. _____	Name of Abatement Contractor (9) DELTA/BJDS, INC		
Street Address 700 TURNER WAY, SUITE 105		Street Address 1345 INDUSTRIAL BLVD			
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code SOUTHAMPTON, PA 1896			
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610 558-8902	Telephone No. 215 322-2900		
Start Date (10) 4/26/2015	Scheduled Completion Date (11) 5/26/2015	Name of OSHA Monitor CRITERION LABS			
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 3370 PROGRESS DRIVE			
		City, State, Zip Code BENSALEM, PA 19020			
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 (†)		
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 (Sf or Lf)
	Yes	No	N/A		
DOCTORS OFFICE-1		X		CEILING TILE	450
DOCTORS OFFICE-2		X		CEILING TILE	250
DOCTORS OFFICE		X		LINOLUMN	60
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste _____	Name of Registered Waste Disposal Facility MINERVA LANDFILL	
City, State 58 PYLES, NEW CASTLE DE. 19720			Disposal Date _____	City, State WAYNESBURG OH 44688	
Completed by DAMIAN LAVALLE		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>		Date 4/9/2015

CK 24350

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

Date of Notification (1) 4 / 08 / 15		Name of Building Owner/Operator (2) Episcopal Diocese of Newark	
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 31 Mulberry Street	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Ken Traficante	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Episcopal Church of the Holy Spirit		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, etc.) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address 36 Gould Street		Square Feet 6,000	# of Floors 2
City (5) Verona	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church


Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address PO Box 365		Street Address 2 Henderson Drive		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (856) 452-1311	Telephone No. (973) 808-1616	Licensure No. 004

Start Date (10) 04 / 18 / 15	Scheduled Completion Date (11) 04 / 18 / 15	Name of OSHA Monitor Superior Abatement 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> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 2 Henderson Drive	
		City, State, Zip Code West Caldwell, NJ 07006	

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 type="checkbox"/> Non-Exempted (*) and Non-Friable

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 (Specified SF or LF)
	Yes	No	N/A		
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Pipe Fitting Insulation	40
Girls/Boys Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Pipe Fitting Insulation	40
Kitchen Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Pipe Fitting Insulation	40
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler N/A		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 0	Name of Registered Landfill N/A
City, State N/A		Disposal Date N/A	City, State N/A	
Completed By (Print or Type) Nick Petrovski	Title President	Signature 		Date 4-8-15

RECEIVED

APR 14 2015

Number _____

Bldg. Age
46

Procedure

Abatement Type	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

6464-NJ

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

Initial Notification
 Check #: 62

Date of Notification (1) 04/09/15		Name of Building Owner/Operator (2) Santos Contractors Corp.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 221 Chestnut Street, Suite 302		City, State, Zip Code Roselle, NJ 07203	
Name of Contact John Santos		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e., commercial building, homes, etc.)	
Street Address 501 Washington Avenue			Square Feet 1,500	# of Floors 1
City (5) Newark, NJ	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address		Street Address 180 Sargeant Avenue		
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm		Telephone Number 973-614-0377		
Scheduled Start Date (10) 04/18/15		Sched. Completion Date (11) 04/21/15		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:				
Name of OSHA Monitor Four Strong Builders, Inc.				
Street Address 180 Sargeant Avenue				
City, State, Zip Code Clifton, NJ 07013				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Square Feet) (14)
Roof of the building	X	Roofing & Flashing material	1,500
Windows	X	Window caulking	160 L

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Waste Hauler G.R.O.W.S., Inc.
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature <i>[Signature]</i>
Date 4/9/15				

Check # 3691

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

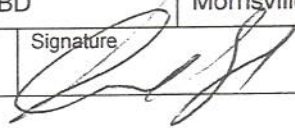
2015 AD

Date of Notification (1) <u>4/10/15</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACT</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <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. 07030</u>
		Name of Contact <u>BRUCE BREUNIG</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 <input type="checkbox"/> Other (i.e., priv homes, etc.)	
Street Address <u>6063 OCEAN DRIVE</u>		Square Feet <u>1000</u>	
City (5) <u>AVARON</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County (6)		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>4/21/15</u>		Scheduled Completion Date (11) <u>4/28/15</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
		Street Address <u>369 S. SPRUCE</u>	
		City, State, Zip Code <u>MAPLE SHADE</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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Air Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	
Name of Registered Waste Hauler <u>Klemco Inc.</u>		NUDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	Name of Registered Landfill <u>C.M.C. WOODRIDGE</u>
Completed By <u>MICHAEL KLEMM</u>		Title <u>VICE PRESIDENT</u>	Signature <u>[Signature]</u>

Phone Number <u>730</u>			
Bldg. Age <u>40+</u>			
No. of Floors <u>2</u>			
Bldg. Age <u>40+</u>			
Ave <u>N.J. 08052</u>			
Census No. <u>00444</u>			
Ave <u>N.J. 08052</u>			
Pressure			
Abatement Type			
Amount Specify For LF)	Removal	Repair	Encapsulate
<u>200 #</u>	<u>X</u>		
Date <u>4/14/15</u>			

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

Check # 1183

Date of Notification (1) 04/10/2015		Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center	
Agencies Notified	Type Notification	Street Address 703 Main Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Paterson, NJ 07503	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Edward Curry	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 151 Barclay Street		Square Feet 3,000 +	# of Floors 3
City (5) Paterson		Bldg. Age 50+	
County (6) Passaic	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) Unicorn Contracting Corp.
Street Address		Street Address 163 Sargeant Avenue	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 32
Start Date (10) 4/14/2015	Scheduled Completion Date (11) 4/20/2015	Name of OSHA Monitor Envirovision Consultants 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: Normal Working Hours		Street Address 20-21 Wagaraw Rd - Bldg. 3	
		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"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and N	
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)
	Yes	No	
SEE CONTINUATION SHEET			
Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 25	Name of Registered Waste Management Company G.R.O.W.S., Inc.
City, State Totowa, New Jersey	Disposal Date TBD	City, State Morrisville, Pennsylvania	
Completed by Dimo Golcev	Title Project Manager	Signature 	Date 04/10/2015

Page 2 of 2

Page 2 of 2

CHECK # 8716

J				
206				
Phone Number				
(than K-12) commercial buildings, homes,				
Floors <u>2</u>		Bldg. Age <u>62</u>		
(demolished)				
<u>9</u>)				
License No. <u>00156</u>				
Inc.				
Negative Pressure				
Non-Friable Procedure				
Amount Specified (F or LF)	Abatement Type			
	Removal	Repair	Encapsulation	Enclosure
<u>135 SF</u>	<u>X</u>			
red Landfill				
Lehem Landfill Corp.				
ode				
PA 18015				
Date <u>4/8/15</u>				

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

CHECK # 8716

Date of Notification (1) 4/8/15		Name of Building Owner/Operator (2) ALFRED JONES	
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 712 BELMONT ROAD
			City, State, Zip Code RIABESWOOD NJ 07450
			Name of Contact ALFRED
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JONES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other) <input checked="" type="checkbox"/> Other (i.e. private & etc.)	
Street Address 712 BELMONT ROAD		Square Feet 2800	# of _____
City (5) RIABESWOOD		Current Use (Prior if being demolished) RES	
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841
Start Date (10) 4/21/15	Scheduled Completion Date (11) 4/25/15		Name of OSHA Monitor Omega Environmental Service
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 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and N	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	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	
			HEAT DUCT SEAM TAPE
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Name of Registered IESI PA Bethlehem
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/21/15	City, State, Zip Code Bethlehem, PA
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>

one Number			
an K-12 commercial buildings, homes, etc.)			
ors	Bldg. Age 65		
emolished)			
ense No. 10156			
ic.			
itive Pressure			
-Friable Procedure			
nt fy (F)	Abatement Type		
	Removal	Repair	Encapsulation
LF	X		
andfill			
n Landfill Corp.			
015			
Date 4/8/15			

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

Date of Notification (1) <div style="text-align: center;">4 / 8 / 15</div>		Name of Building Owner/Operator (2) E.I. duPont de Nemours		2015 APR 4 4:12:47	
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 250 Cheesequake Road		ASBESTOS & LEAD TESTING	
		City, State, Zip Code Parlin, NJ 08859			
		Name of Contact Nichol Reinhold		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 425				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address 250 Cheesequake Road				Square Feet	
City (5) Parlin				# of Floors	
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040	
Start Date (10) <div style="text-align: center;">4 / 21 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">4 / 22 / 15</div>		License No. 005	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM -AM				Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Street Address 1123 BEAVER STREET					
City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)					
<input 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	
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 (Specified SF or LF)	Abatement Type
	Yes	No			
Building 425 Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	19
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<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 3	
City, State NEW CASTLE, DE 19720		Disposal Date 4/22/2015		Name of Registered Landfill GROWS Landfill	
City, State Morrisville, PA 190					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>	
				Date 4/8/15	

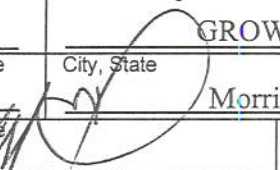
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CL# 1990

Date of Notification (1) <div style="text-align: center;">4 / 8 / 15</div>		Name of Building Owner/Operator (2) E.I. duPont de Nemours	
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 250 Cheesequake Road	
		City, State, Zip Code Parlin, NJ 08859	
		Name of Contact Nichol Reinhold	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 190		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 250 Cheesequake Road		Square Feet	# of Floors
City (5) Parlin		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 215-788-6040
Start Date (10) <div style="text-align: center;">4 / 21 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">4 / 22 / 15</div>	Licensure No. 005
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM -AM		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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
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	
Building 190	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation
	<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 2
City, State NEW CASTLE, DE 19720		Disposal Date 4/22/2015	Name of Registered Landfill GROWS Landfill
Completed By (Print or Type) Gino Pizzigoni		Title Estimator	Signature <i>Gino Pizzigoni</i>
			Date 4/8/15

CK# 2475

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

Date of Notification (1) <u>4/7/15</u>		Name of Building Owner/Operator (2) <u>Angelone Homes</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>175 Bertrand Drive</u> City, State, Zip Code <u>Princeton, NJ 08540</u>			
		Name of Contact <u>Joe Angelone</u>	Telephone Number <u>-</u>		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, etc.) <input checked="" type="checkbox"/> Other (i.e., private & commercial homes, etc.)			
Street Address <u>175 Bertrand Drive</u>		Square Feet <u>3500</u>	# of Floors <u>1</u>		
City (5) <u>Princeton, NJ 08540</u>		Bldg. Age <u>45+/-</u>			
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>		
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>			
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08101</u>			
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>		
Start Date (10) <u>4/16/15</u>	Scheduled Completion Date (11) <u>4/30/15</u>	Name of OSHA Monitor <u>MECS</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: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable					
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)		
	Yes No N/A				
	<u>Kitchen</u>			<u>Sheet Flooring</u>	<u>175</u>
	<u>Basement Stairwell</u>			<u>Joint Compound</u>	<u>200</u>
	<u>Exterior</u>			<u>Siding</u>	<u>3000</u>
<u>Exterior</u>	<u>Window Chalk</u>	<u>22</u>	<u>lb</u>		
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>15 CU</u>		
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/30/15</u>	Name of Registered Landfill <u>GROW</u>		
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 		

CHECK#24854

Telephone Number _____

ther than K-12)
 le and commercial buildings)

# of Floors	Bldg. Age

License No.
 00676

it with Negative Pressure

dure
 (*) & Non-Friable Procedures

or	Abatement Type			
	Removal	Repair	Encapsulate	Enclosure
	X			

Landfill

A Date
 4/3/2015

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

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

Date of Notification (1) <div style="text-align: center;">April 10, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Messiercola Excavating Co., Inc.</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="text-align: center;">P O Box 790</div> City, State, Zip Code <div style="text-align: center;">Matawan, NJ 07747</div> Name of Contact <div style="text-align: center;">Fernando</div>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (homes, private & commercial buildings, etc.)	
Street Address <div style="text-align: center;">519 Stevens Drive</div>			Square feet <div style="text-align: center;">1200 sf</div> # of Bldg. Age <div style="text-align: center;">60</div>	
Beach Haven West	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
Street Address		Street Address <div style="text-align: center;">1889 Route 9</div>		
City, State, Zip Code		City, State, Zip Code <div style="text-align: center;">Toms River, NJ</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	
Scheduled Start Date (10) <div style="text-align: center;">4/13/15</div>	Scheduled Completion Date (11) <div style="text-align: center;">4/15/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Anderson</div>	
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 <div style="text-align: center;">1056 Stelton Road</div> City, State, Zip Code <div style="text-align: center;">Piscataway, NJ</div>	
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 checked="" type="checkbox"/> Demolition				

Location of Asbestos-Containing Material (ACM) 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)	Area (Square Feet)
	YES	NO	N/A		
Exterior		X		Asbestos siding	125
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">4/16/15</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 	

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

RECEIVED
APR 14 AM 12:54
NJDEP

Abatement Type				
R	R	E	E	E
E	E	N	N	N
M	P	C	C	C
O	A	A	A	A
V	I	P	S	S
A	R	U	U	U
L		L	L	L

Amount by SF (F)				
f	X			

Date <div style="text-align: center;">4/10/2015</div>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">April 10, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Cleaver Construction</div>	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">537 Princess Court</div>	<div style="text-align: center;">Toms River, NJ 08753</div>
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	<div style="text-align: center;">Donald</div>	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)	
Street Address <div style="text-align: center;">501 West Lake Avenue</div>			<input type="checkbox"/> School	
			<input type="checkbox"/> Subch	
Bay Head			<input checked="" type="checkbox"/> Other homes	
County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">2000 sf</div>	# of floors	Bldg. Age <div style="text-align: center;">60</div>
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
Street Address		Street Address <div style="text-align: center;">1889 Route 9</div>		
City, State, Zip Code		City, State, Zip Code <div style="text-align: center;">Toms River, NJ</div>		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">4/13/15</div>	Scheduled Completion Date (11) <div style="text-align: center;">4/15/15</div>	Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analyst</div>		
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 <div style="text-align: center;">1056 Stelton Rd</div>		
		City, State, Zip Code <div style="text-align: center;">Piscataway, NJ</div>		
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 checked="" type="checkbox"/> Demolition				

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Area (Square Feet)
Exterior	<div style="text-align: center;">X</div>	Asbestos siding	240
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">4/16/15</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>	Signature
			Date <div style="text-align: center;">4/10/2015</div>

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

OK 1535102745

Print Form

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

Date of Notification (1) 4/06/15		Name of Building Owner/Operator (2) Christina Robinson	
Agencies Notified	Type Notification	Street Address 58 Central Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Christina Robinson	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & co-ops, etc.)	
Street Address 58 Central Ave		Square Feet N/A	# of Floors N/A
City (5) Montclair		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being changed) N/A	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
Start Date (10) 4/23/15	Scheduled Completion Date (11) 4/24/15	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
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 N/A	
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)
	Yes	No	
basement		X	pipe insulation
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Waste Manager Tullytown, PA
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Date 4/06/15			

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

Date of Notification (1) 4/06/15		Name of Building Owner/Operator (2) Sylvia Baker	
Agencies Notified	Type Notification	Street Address 152 East 6th Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203	
		Name of Contact Sylvia Baker	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address 152 East 6th Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other t <input checked="" type="checkbox"/> Other (i.e. private & c etc.)	
City (5) Roselle		Square Feet N/A	# of Floors N/A
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
Start Date (10) 4/21/15	Scheduled Completion Date (11) 4/22/15	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<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: Occupied		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<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 N
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)
	Yes	No	
basement		X	pipe insulation
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Waste Manager Tullytown, PA
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>
		Date 4/06/15	

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

B & G proj. #: 2015-26

ADDITIONAL FOOTAGES

Che # 7159

Date of Notification (1)

10/4/10 19/11/15

Name of Building Owner/Operator (2)

Atlantic Health System

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Street Address

100 Madison Avenue

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Peter Palmer

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Morristown Medical Center, Franklin Building

Street Address

100 Madison Avenue,

City (5)

Morristown

County (6)

Morris

County Code (7)

(State use only)

Type of Facility

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial)

Bldg. Age

Square Feet

of Floors

Bldg. Age

Current Use

Hospital

Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

T&M Associates

ASCM No.

0145

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

11 Tindall Road

City, State, Zip Code

Middletown, NJ 07748

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Kevin Burns

Phone Number

732-676-4000

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

03/06/2015

Sched. Completion Date (11)

04/30/2015

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: work shift 5:00pm - 1:30am

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

Location of asbestos-containing material 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)

Amount (Spec LF)

2 Quality Ofcs Franklin 1E

☒

floor tile & mastic

346 sf

Pathology Dept Franklin C

☒

floor tile & mastic

960 sf

Pathology Dept Franklin C

☒

pipe insulation & fittings

110 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
18 ydsName of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
03/06/15 - 04/30/15City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

04/09/2015

B & G proj. #: 2015-26

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)
 ADDITIONAL FOOTAGES

Ch #: 7143

Date of Notification (1)

01/13/2015

Name of Building Owner/Operator (2)

Atlantic Health System

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Street Address

100 Madison Avenue

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Peter Palmer

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Morristown Medical Center, Franklin Building

Street Address

100 Madison Avenue,

City (5)

Morristown

County (6)

Morris

County Code (7)

(State use only)

Type of Facility

☐ School☐ Subchapter 8 (Other than K-12)☒ Other

Block

(4)

School (K - 12)

Subchapter 8 (Other than K-12)

(Private/Commercial
Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use

Prior if being demolished)

Hospital

Name of Monitoring Firm Hired by Bldg. Owner (8)

T&M Associates

ASCM No.

0145

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

11 Tindall Road

Street Address

105 Ryerson Road

City, State, Zip Code

Middletown, NJ 07748

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Kevin Burns

Phone Number

732-676-4000

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

03/06/2015

Sched. Completion Date (11)

04/15/2015

Name of OSHA Monitor

B & G Restoration, Inc.

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: work shift 5:00pm - 1:30am

Street Address

105 Ryerson Road

City, State, Zip Code

LincolnPark, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ Full Containment w/negative pressure☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☐ Mini-enclosure☐ Glovebag procedure☐ Non-friable procedureLocation of
asbestos-containing
material 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)Amount
(Special
LF)Women's Association Ofcs
& waiting area☐☐☒

floor tile & mastic

352 sf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
5 ydsName of Registered Landfill
Tullytown Resource &City, State
Lincoln Park, NJDisposal Date
03/06/15 - 04/16/15City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

03/26/2015

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

Date of Notification (1) 4/10/15		Name of Building Owner/Operator (2) Advanced Auto	
Agencies Notified	Type Notification	Street Address 1752 Springfield Avenue	City, State, Zip Code Maplewood, NJ
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Lockwood	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Advanced Auto		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than school) <input checked="" type="checkbox"/> Other (i.e. private & commercial, etc.)	
Street Address 1752 Springfield Avenue			
City (5) Maplewood		Square Feet 2100	# of Floors 1
County (6) Essex	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)


Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services,
Street Address		Street Address PO Box 483, 4 E Gate Drive
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500
		Lice 703

Start Date (10) 4/19/15	Scheduled Completion Date (11) 6/1/15	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)		Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		City, State, Zip Code

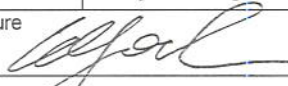
Scope of Work (Check All That Apply)

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

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)
	Yes	No	N/A		
front canopy			x	transite soffit	1200 SF

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill
City, State Freehold		Disposal Date TBD	City, State Birdsboro PA
Completed by A. Scott Higgins	Title President	Signature 	

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

Date of Notification (1) 4/10/2015		Name of Building Owner/Operator (2) Unity Fellowship Church	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	501 North Third Street	
		City, State, Zip Code Millville, NJ 08332	
		Name of Contact Patrick Jones	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 501 North 3rd Street		Type of Facility (4)	
Street Address 501 North 3rd Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Millville		Square Feet 1200	# of Floors 1
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concept		ASCM No. _____	Name of Abatement Contractor (9) ELCON Environmental Inc
Street Address 286 Sunset Road		Street Address 150 Glenwood Drive	
City, State, Zip Code Barrington NJ 08007		City, State, Zip Code Washington Crossing, PA 187	
Project Manager for Monitoring Firm Michael Menz		Telephone No. 856-628-6020	Telephone No. 267-240-6356
Start Date (10) 4/27/15		Scheduled Completion Date (11) 4/30/15	Name of OSHA Monitor Same
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: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input 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-Exempted (**)	
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	
Basement			X
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD
City, State New Castle, DE 19720		Disposal Date TBD	Name of Registered Lessor Minerva ENTERPRISE
Completed by Elizabeth Gosek		Title President	Signature 

Bldg. Age 65+			
Date 4/10/15			

Postponed until Summer, facility will be occupied

Print Form

EDS15-101

NO CK

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

check # 1416

Page 1 of 1

Date of Notification (1) 3-31-2015		Name of Building Owner/Operator (2) Board of Education Township of Edison			
Agencies Notified	Type Notification	Street Address 312 Pierson Avenue			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837			
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Ken Stromsland	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) John P. Stevens High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)			
Street Address 855 Grove Avenue		Square Feet 50,000+	# of Floors 2		
City (5) Edison	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc		
Street Address 300 Grand Avenue		Street Address 140 Hamburg Turnpike			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomingdale, NJ 07403			
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201.569.6708	Telephone No. 201-710-9725		
Start Date (10) 4-6-2015	Scheduled Completion Date (11) 4-11-2015	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike			
		City, State, Zip Code Bloomingdale, NJ 07403			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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-Exempted (**) and Non-Exempted (***)					
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 (Spec SF or LF)
	Yes	No	N/A		
Gym two-story closet	X			Pipe Insulation	27 LF
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Waste Disposal Site Grows	
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 3-31-2015

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Date 3-31-2015			

EDS15-101

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

check # 1416

Page 1 of 1

Date of Notification (1) 3-31-2015		Name of Building Owner/Operator (2) Board of Education Township of Edison	
Agencies Notified	Type Notification	Street Address 312 Pierson Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Ken Stromsland	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) John P. Stevens High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 855 Grove Avenue		Square Feet 50,000+	# of Floors 2
City (5) Edison	County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc
Street Address 300 Grand Avenue		Street Address 140 Hamburg Turnpike	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomingtondale, NJ 07403	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201.569.6708	Telephone No. 201-710-9725
Start Date (10) 4-6-2015	Scheduled Completion Date (11) 4-11-2015	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike	
		City, State, Zip Code Bloomingtondale, NJ 07403	

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 checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedures

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 L)
	Yes	No	N/A		
Gym two-story closet	X			Pipe Insulation	27 LF

Name of Registered Waste Hauler GL Group, Inc	NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered L Grows
City, State Bloomingtondale, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Elena Solakov	Title President	Signature <i>Elena Solakov</i>	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Date 3-31-2015			

EDS15-109

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

Page of 1
Check # 442

Date of Notification (1) 4-3-2015		Name of Building Owner/Operator (2) Plainfield Public School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 Park Ave	
		City, State, Zip Code Plainfield, NJ 07060	
		Name of Contact Eugene Campbell	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cedarbrook Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1049 Central Ave		Square Feet 40,000	# of Floors 1
City (5) Plainfield	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) TTI Environmental Inc		ASC No. 00003	Name of Abatement Contractor (9) GL Group, Inc
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725
Start Date (10) 4-6-2015		Scheduled Completion Date (11) 4-8-2015	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike	
		City, State, Zip Code Bloomingdale, NJ 07403	

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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Hallway outside of Custodial Office		X		Pipe Insulation	8 LF

Name of Registered Waste Hauler GL Group, Inc	NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered L Grows
City, State Bloomingdale, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Michael B Solakov	Title P.M.	Signature 	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Date 4-3-2015			

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

Date of Notification (1) 3/25/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-4/10/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 67 Bloomfield Avenue City, State & Zip Code Newark New Jersey Name of Contact ALEX BAYLOR	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Humboldt Central Office Street Address 67 Bloomfield Avenue City (5) Newark		County (6) Essex	County Code (7)
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) Square Feet 46596 # of Floors 4		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT Street Address 8436 ENTERPRISE AVE City, State & Zip Code PHILADELPHIA PA 19153		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC. Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040
Scheduled Start Date (10) ON HOLD	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 Hours – 7am to 3pm Describe: 5:00 PM -1:00 AM <input type="checkbox"/> Facility Occupied During Abatement		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 type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Process <input type="checkbox"/> Non-Exempted			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (SF) (14)
1st Floor Generator Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exhaust duct insulation	55
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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. City, State NEW CASTLE, DE 19720		NJDEP Waste Hauler ID No. 20990 Cubic Yards of Waste 3 Disposal Date	Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBURG, OH
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>

Telephone Number 				
Bldg. Age 75				
Use Number 00509				
with Negative Pressure				
Non-Friable Procedure				
Abatement Type (F)	Removal	Repair	Encapsulate	Enclosure
	<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"/>
4688				
Date 3/25/15				

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

C #2784

Date of Notification (1) 3/25/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA 1944 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 1920 <input checked="" type="checkbox"/> DOH 1937 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 67 Bloomfield Avenue City, State & Zip Code Newark New Jersey Name of Contact ALEX BAYLOR	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Humboldt Central Office		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 67 Bloomfield Avenue		Square Feet 46596	# of Floors 4
City (5) Newark	County (6) Essex	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL II	
Street Address 8436 ENTERPRISE AVE		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 Number 215-365-5810	Telephone Number 215-788-6040
Scheduled Start Date (10) 4/13/15	Scheduled Completion Date (11) 4/15/15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL II	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM -1:00 AM <input type="checkbox"/> Facility Occupied During Abatement		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 checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Process
		<input type="checkbox"/> Non-Exempted

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)	Area (S or SF)
	Yes	No	N/A		
1 st Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<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 3	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH
Completed By (Print or Type) PATRICK T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>
			Date 3/25/15

Telephone Number																																
Bldg. Age 75																																
Use Number 00509																																
Abatement Type																																
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 12 / 11 / 14		Name of Building Owner / Operator (2) HOFFMAN LAROCHE, INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact TOM AIELLO		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE			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 340 KINGSLAND AVENUE			Building Age 50+	
City (5) CLIFTON	County (6) PASSAIC	County Code (7)	Square Feet 250,000	# Of Floors 3
Current Use (Prior if being demolished) RESEARCH/WAREHOUSE				
Name of Monitoring Firm Hired by Bldg. Owner (8) EMILCOTT ASSOCIATES, INC. / EHI		ASCM NO. N/A	Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 190 PARK AVE / 655 WEST SHORE TRAIL			Street Address 32 WILLIAMS PARKWAY	
City, State, Zip Code MORRISTOWN, NJ 07960 / SPARTA, NJ 07871			City, State, Zip Code EAST HANOVER, NJ 07936	
Project Mngr. For Monitoring Firm DAVID TOMSEY / BILL KIRBIL		Telephone Number 973-538-1110/729-5649	Telephone Number 973-772-3660	
Sched. Completion Date (11) 12 / 22 / 14		License Number 00860		

Occupancy Status During Abatement (Check Only 1) <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: MON-FRI 7:00AM-3:30PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 WILLIAMS PARKWAY City, State, Zip Code EAST HANOVER, NJ 07936	
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Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process
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Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L
	YES	NO	N/A			
EXTERIOR FORMER B-30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM SOIL	2,400 C.Y.	<input checked="" type="checkbox"/>
EXTERIOR FORMER B-35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXPANSION JOINT	2,400 LF	<input checked="" type="checkbox"/>
BLDG 115, 1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	20 SF	<input checked="" type="checkbox"/>

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT	
City, State EAST HANOVER, NJ		Disposal Date	City, State TULLYTOWN, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 04/10/15

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 R E M O V A L	Type	
	YES	NO	N/A				ENCAPSULATION	ENCLOSURE
BLDG 115, 1ST & 2ND FLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FORMER B-30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE/TAR PIPE	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115, 1ST FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR MASTIC	18,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115, 2ND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR MASTIC	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115, 3RD FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR MASTIC	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115, STAIRWELL C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR MASTIC	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115, STAIRWELL D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR MASTIC	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRROR MASTIC	525 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115 ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115 ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TAR	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	145 EA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115 A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	3,735 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115 A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115 A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	875 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG. 115 A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	40 EA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FORMER B 59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SLAB CAULK	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> </

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

che kn 2401

Date of Notification (1) 04 / 13 / 15		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		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 76 South Street		City, State, Zip Code Akron, Ohio 44308	
Name of Contact Jim Halsey		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 6 LADY BESS DRIVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) DEAL	County (6) OCEAN	County Code (7)	Square Feet # Of Floors
Current Use (Prior if being demolished) Telephone Pole		Building Age	

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO NORTHSTAR CONTRACTING GROUP INC	
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code East Hanover, NJ 07036	
Project Mng. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Scheduled Start Date (10) 04 / 28 / 15	Sched. Completion Date (11) 05 / 01 / 15	Telephone Number 973-884-8682	Licence Number 00860

Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:30 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: TUES-FRI		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP INC Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036	
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Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos Containing 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 REMOVABLE	Enclosure Type ENCLOSURE
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	30 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 NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste Disposal Date	Name of Registered Landfill I.E.S.I. City, State BETHLEHEM, PA 18105
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Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature 	Date 04/13/15
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 8720

Date of Notification (1) 4/10/15		Name of Building Owner/Operator (2) METROVEST EQUITIES, LLC	
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 550 JOHNSTON AVE. City, State, Zip Code JERSEY CITY Name of Contact DAVE H.	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 550 JOHNSTON AVE.		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 etc.)	
City (5) JERSEY CITY		Square Feet 14,000	# of Floors 2
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being changed) WAREHOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841
Start Date (10) 4/20/15	Scheduled Completion Date (11) 5/5/15	Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) and Non-Exempted (***)			
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	
BOILER ROOM			BOILER INSULATION
WINDOWS			CAULKING
1ST FLOOR			TRANSITE
2ND FLOOR			TILE
ROOF			ROOFING
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/20/15	Name of Registered Landfill Corp. IESI PA Bethlehem, PA
Completed by R. McDonald		Title President	Signature R. McDonald

Abatement Type			
Removal	Repair	Encapsulation	Enclosure
31 SF	X		
1 SF	X		
1 SF	X		
1 SF	X		
1 SF	X		
1 SF	X		
Landfill Corp.			
Date 4/10/15			

CK 005943

D&S Proj. #: 2015-115

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

Date of Notification (1) 04/10/18		Name of Building Owner/Operator (2) paul dlugos	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	64 west magnolia avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	maywood, nj 07607	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	paul dlugos	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) paul dlugos			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Summer camp (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial/Bldg./Homes, etc.)
Street Address 64 west magnolia avenue			
City (5) maywood	County (6) BERGEN	County Code (7) (State use only)	Square Feet
			Current Use prior if being demolished

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 04/20/15		Sched. Completion Date (11) 05/05/15	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours-Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify in LF)
	Yes	No	N/A		
GARAGE		X		PIPE INSULATION	34 lf

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE
City, State PATERSON, NJ 07503	Disposal Date 04/21/15	City, State TULLYTOWN, PA	

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/08/15
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CR 005946

State of NJ

ie Number

(4)
 ol (K - 12)
 Chapter 8 (Other than K-12)
 (Private/Commercial
 /Homes, etc.)

# of Floors	Bldg. Age

Prior if being demolished)

License Number
01169

w/negative pressure

ire

and Non-friable procedure

3F or	R e m o v e	R e p a i r	E n c a p	E n c L
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

ECOVERY

Date
04/08/ 2015

B & G proj. #: 2015-64

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

Che # 7161

Date of Notification (1) 10/4/10/11/15		Name of Building Owner/Operator (2) Sylvia Donnelly	
Agencies Notified	Type Notification	Street Address 31 Hilton Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code East Orange, NJ 07017	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Sylvia Donnelly	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sylvia Donnelly			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Supermarket <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address 31 Hilton Street			Square Feet	
City (5) East Orange, NJ	County (6) Essex	County Code (7) (State use only)	# of Floors	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Bldg. Age	
Street Address			Current Use (prior if being demolished) residential	
City, State, Zip Code				
Project Manager for Monitoring Firm			License Number 00378	
Phone Number				
Scheduled Start Date (10) 04/22/2015			Name of Abatement Contractor (9) B & G Restoration, Inc.	
Sched. Completion Date (11) 04/23/2015			Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure				

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specified LF)
	Yes	No	N/A		
basement			<input checked="" type="checkbox"/>	pipe insulation	130 lf

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/23/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	
			Date 04/10/2015

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

B & G proj. #: 2015-61A1

Check # 7162

Date of Notification (1) <u>10/14/15</u>		Name of Building Owner/Operator (2) <u>South Orange/Maplewood School District</u>	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>525 Academy Street</u>	
		City, State, Zip Code <u>Maplewood, NJ 07040</u>	
		Name of Contact <u>William Kyle</u>	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Maplewood Middle School (Non Sub 8)</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (Private/Commercial/Bldg./Homes, etc.)
Street Address <u>7 Burnet Street</u>			Square Feet # of Floors Bldg. Age
City (5) <u>Maplewood</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use <u>school (N-SUB 8)</u>
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>AHERA Consultants</u>		ASCM No. <u>0057</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>
Street Address <u>PO BOX 385</u>		Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code <u>OCEANVILLE, NJ 08231-0385</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm <u>Eric Clarkson</u>		Telephone Number <u>(973)696-6869</u>	
Scheduled Start Date (10) <u>04/20/2015</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Sched. Completion Date (11) <u>04/22/2015</u>		Street Address <u>105 Ryerson Road</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- Describe: <input type="checkbox"/> Other-Describe:		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Sf or Lf)
	Yes	No	N/A		
Classrooms #160 # 162		<input checked="" type="checkbox"/>		Lab & sink tabletops beaker holders	50 sf
Classroom # 160		<input checked="" type="checkbox"/>		VAT & Mastic	72 sf
Classroom # 162		<input checked="" type="checkbox"/>		VAT & Mastic	80 sf

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yard</u>	Name of Registered Landfill <u>Tullytown Resource</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>04/20-22/2015</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	

- ☐ Glovebag procedure
☒ Non-friable procedure

Material	Removal	Repair	Encapsulation	Enclosure
Classroom #160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #162	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #162	<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"/>

Recovery Center

Date
04/10/2015

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

B & G proj. #: 2015-61A

Chk # 7153

Date of Notification (1) 04/10/15		Name of Building Owner/Operator (2) South Orange/Maplewood School District	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 525 Academy Street	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact William Kyle	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maplewood Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input type="checkbox"/> Private/Commercial Bldg. Age	
Street Address 7 Burnet Street			Square Feet	
City (5) Maplewood	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) school (b8)	
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (5) B & G Restoration, Inc.	
Street Address PO BOX 385			Street Address 105 Ryerson Road	
City, State, Zip Code OCEANVILLE, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Eric Clarkson		Phone Number (609) 652-1833	Telephone Number (973) 696-6869	
Scheduled Start Date (10) 04/20/2015		Sched. Completion Date (11) 04/22/2015	Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code LincolnPark, NJ 07035	

License Number
00378

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative press ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Sf or Lf)
	Yes	No	N/A		
Classrm#160 storage rm		<input checked="" type="checkbox"/>		pipe fitting insulation	22
Classroom#162 storage rm		<input checked="" type="checkbox"/>		pipe fitting insulation	41

Amount (Sf or Lf)	Remove	Repair	Encap	Encl
	<input checked="" type="checkbox"/>	<input 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource
City, State Lincoln Park, NJ	Disposal Date 04/20-22/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	

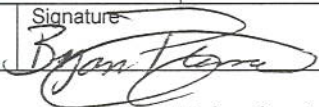
Recovery Center

Date
04/10/2015

MO 222 528 480 74

Print Form

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


Date of Notification (1) 04/10/15		Name of Building Owner/Operator (2) Sipporah Tracer			
Agencies Notified	Type Notification	Street Address 335 Griggf ave			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666			
		Name of Contact	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Sipporah Tracer		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 335 Griggf ave		Square Feet	# of Floors		
City (5) Teaneck		Bldg. Age			
County (6) Bergen County	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) Pro Abatement		
Street Address		Street Address 1009 87th Street Suite A4			
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047			
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	Lic. No. 0113		
Start Date (10) 04/22/15	Scheduled Completion Date (11) 05/02/15	Name of OSHA Monitor HILMAMM CONSULTING LLC			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 1			
		City, State, Zip Code UNION NJ 07083			
Scope of Work (Check All That Apply)					
<input 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)			
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)
	Yes	No	N/A		
Basement				TSI	30 LF
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Waste Disposal Facility MEDOWLAND	
City, State KENILWORTH, NJ		Disposal Date	City, State KEARNY, NJ		
Completed by Bryan Parra		Title Project Manager	Signature 		Date 04/10/15

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

Emergency

CR

476 REC

Date of Notification (1) 4/10/15		Name of Building Owner/Operator (2) County Of Cumberland			
Agencies Notified	Type Notification	Street Address 790 East Commerce Street			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton NJ 08302			
		Name of Contact Ken Mecouch	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input type="checkbox"/> Other (i.e. private & etc.)			
Street Address 164 West Broad St.		Square Feet 1000+	# of Floors 1		
City (5) Bridgeton NJ 08302		County Code (7) (STATE USE ONLY)			
County (6) Cumberland		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Horizon Envir. Group		ASCM No.	Name of Abatement Contractor Pernaco Inc.		
Street Address PO Box 316		Street Address PO Box 329			
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm Steve Flanagan		Telephone No. 8568480800	Telephone No. 856-753-9800		
Start Date (10) 4/13/15	Scheduled Completion Date (11) 4/16/15	Name of OSHA Monitor Same			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
		City, State, Zip Code			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
		<input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and			
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)	Area (SF)
	Yes	No	N/A		
Basement	X			Pipe insulation	2
				<i>Wet WRAPE & Cut</i>	
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Waste Management Company CCIA	
City, State W Berlin NJ		Disposal Date 4/16/15	City, State Millville NJ 08342		
Completed by Anthony T Perna		Title President	Signature 		Date 4/10/15

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

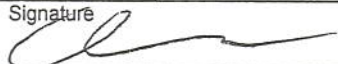
Date of Notification (1) 4-9-2015		Name of Building Owner/Operator (2) T. BUILIONE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 HARTSHORN DRIVE	
		City, State, Zip Code SHORT HILLS, NJ 07078	
		Name of Contact T. BUILIONE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) T. BUILIONE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
Street Address 250 HARTSHORN		Square Feet 8700	# of Floors 2
City (5) SHORT HILLS		Bldg. Age 74 YRS	
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 0760	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444
Start Date (10) 4-20-2015		Scheduled Completion Date (11) 5-14-2015	License No. 003
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
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	
BASEMENT		<input checked="" type="checkbox"/>	THERMAL INSULATION
FIRST FLOOR		<input checked="" type="checkbox"/>	THERMAL INSULATION
CRAWL SPACE		<input checked="" type="checkbox"/>	THERMAL INSULATION
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 30 YOS
City, State Hackensack, N.J. 07601		Disposal Date 5-14-15	Name of Registered Landfill Minerva Enterprises, LLC
Completed by R. Veldran		Title Estimator	Signature R. Veldran

ASB-41

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

Date 4-9-2015			
Time 1:03			
Number			
Bldg. Age 74 YRS			
License No. 003			
City, State, Zip Code 07606			
Procedure			
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
25 LF X			
75 LF X			
50 LF X			
Circles, LLC			
1,44688			

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

Date of Notification (1) 3/31/15		Name of Building Owner/Operator (2) Alex Wyckoff Private Home			
Agencies Notified	Type Notification	Street Address 391 White Horse Ave			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton NJ 08075			
		Name of Contact Phil	Telephone Number 7530		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Alex Wyckoff Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 391 White Horse Ave		Square Feet 1000+	# of Floors 1		
City (5) Trenton NJ 08075		Bldg. Age 35+			
County (6) mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.		
Street Address		Street Address PO Box 329			
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 0017		
Start Date (10) 4/10/15	Scheduled Completion Date (11) 4/15/15	Name of OSHA Monitor Same			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
		City, State, Zip Code			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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-Exempted (**)			
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 (Spec SF or %)
	Yes	No	N/A		
basement			X	Floor tile only	400
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Waste Disposal Site G.R.O.W.S.	
City, State Elm NJ		Disposal Date 4/15/15	City, State Morrisville PA 17057		
Completed by Anthony T Perna		Title President	Signature 		Date 4/31/15

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

Date of Notification (1) 4-9-15		Name of Building Owner/Operator (2) Patrick Sweeney	
Agencies Notified	Type Notification	Street Address 75 Maolis Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bloomfield, NJ, 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Patrick Sweeney	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)	
Street Address			<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2400	# of Floors 2
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	

Scheduled Start Date (10) 4-21-15		Sched. Completion Date (11) 4-22-15		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
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»					

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 type="checkbox"/> 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)
	Yes	No	N/A		
Basement			X	Pipe Insulation	60 LF

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 4-23-15		City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>
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Pressure

Abatement Type			
R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
X			

fill

Date
4-9-15

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

Date of Notification (1) 4-8-15		Name of Building Owner/Operator (2) Ronald Marzoli	
Agenies Notified	Type Notification	Street Address 27 North VanDien Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Ridgewood, NJ, 07450	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Ronald Marzoli	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address			Square Feet	# of Floors
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if 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) 4-24-15	Sched. Completion Date (11) 4-28-15		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year			

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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)				[X] Full Containment with Negative Pressure	
[X] >3 sf or >3 lf		[X] Renovation		[] Mini-Enclosure	
[] >160 sf or >260 lf		[] Demolition		[X] Glovebag Procedure	
				[] Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			X	Pipe Insulation	110 LF
Basement			X	VAT	450 SF

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 4-29-15	City, State Morrisville, P 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CV</i>	Date 4-8-15
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Abatement Type			
REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
X			
X			