

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

MO# 2181047325108
Date of Notification (1)
04/09/2014

Name of Building Owner/Operator (2)
NEW HOPE URBAN RENWAL LP

APR 15 2014

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☐ DOH
☒ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
654 BERGEN AVENUE

City, State, Zip Code
JERSEY CITY NEW JERSEY 07304

Name of Contact
ZAK BROWN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
654 BERGEN AVENUE

Street Address
654 BERGEN AVENUE

City (5)
JERSEY CITY 07304

County (6)
BERGEN

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
12000

of Floors
5

Bldg. Age
45

Current Use (Prior if being demolished)
RESIDENCIAL

Name of Monitoring Firm Hired by Building Owner (8)
TURNINGPOINT CONTRACTING CORP

ASCM No.
44331

Name of Abatement Contractor (9)
APEX DEVELOPMENT, INC

Street Address
51 BERKELEY TR.

Street Address
658 RUTGERS PLACE

City, State, Zip Code
IRVINGTON NJ 07111

City, State, Zip Code
PARAMUS NJ 07652

Project Manager for Monitoring Firm
EMEKA OKEKE

Telephone No.
2019276225

Telephone No.
9733500101

License No.
01205

Start Date (10)
04/25/2014

Scheduled Completion Date (11)
05/30/2014

Name of OSHA Monitor
CPC ENVIRONMENTAL SERVICES CORP

Occupancy Status During Abatement (Check Only One)

Street Address
142 NORTH 13TH STREET

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: AREA WILL BE RESTRICTED AND CORDON OFF.

City, State, Zip Code
NEWARK NJ 07107

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT LOCKER ROOM 3			x	NON-FRIABLE FLOOR TILES	1550 SF	x			
BASEMENT LOCKER ROOM 2 /1			x	NON- FRIABLE FLOOR TILES	2620 SF	x			

Name of Registered Waste Hauler
CPC ENVIRONMENTAL SERVICES

NJDEP Waste Hauler ID No.
NJ727

Cubic Yards of Waste
6

Name of Registered Landfill
MINERVA ENTERPRISES INC

City, State
142 NORTH 13TH STREET NEWARK NJ 07107

Disposal Date

City, State
WAYNSBURG OHIO 44688

Completed by
CHIKA ONWUKAIFE

Title
SUPERVISOR

Signature

Date
04/09/2014

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

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

Date of Notification (1) 04 / 11 / 14			Name of Building Owner/Operator (2) PSE&G / Job #1404-4743 Check #6138 APR 15 2014						
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 Matt Dandurand		Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Bergen Switching Station				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1148 Hendricks Cswy.				Square Feet # of Floors Bldg. Age					
City (5) Ridgefield		County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address 318 12th Street			City, State, Zip Code Hammonton, NJ 08037		Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Lumberton, NJ 08048				
Project Manager for Monitoring Firm Jim Proctor			Telephone No. 609-704-8850		Telephone No. 609-265-2107 License No. 00529				
Start Date (10) 04 / 21 / 14		Scheduled Completion Date (11) 04 / 22 / 14		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House 1 st Flr Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.		NJDEP Waste Hauler ID No. 412852		Cubic Yards of Waste 10	Name of Registered Landfill Wayne Disposal Inc.				
City, State Flanders, NJ		Disposal Date 4/22/14		City, State Belleville, MI					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 4/11/14			

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

D&S Proj. #: 2014-142

Check # 005638

Date of Notification (1) 04/10/14		Name of Building Owner/Operator (2) PATRICK FLYNN		APR 15 2014
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 55 COLLINWOOD ROAD
		City, State, Zip Code MAPLEWOOD, NJ 0740		Telephone Number
		Name of Contact PATRICK FLYNN		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PATRICK FLYNN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 55 COLLINWOOD ROAD			Square Feet	# of Floors
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)	

Street Address		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		Telephone Number 973-345-8020	License Number 01169
Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 04/21/14	Sched. Completion Date (11) 04/30/14	Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	37 L FT						
GARAGE		X		PIPE INSULATION	33 L FT						
CRAWL SPACE		X		PIPE INSULATION	12 L FT						

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/13/14	City, State TULLYTOWN, PA	Date
Completed by (Print or Type)	Title	Signature	

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

Check # 1567

Date of Notification (1) 04 / 11 / 14		Name of Building Owner/Operator (2) Pamela E. Garvey	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 72 Wooton Road	
		City, State, Zip Code Essex Fells, NJ 07021	
		Name of Contact Pamela Garvey	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 72 Wooton Road			
City (5) Essex Fells	Square Feet	# of Floors	Bldg. Age
County (6) Essex	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)

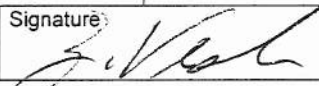
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188	
Start Date (10) 04 / 20 / 14	Scheduled Completion Date (11) 04 / 25 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

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

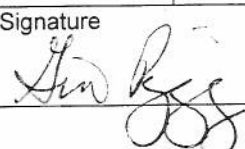
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Pipe Insulation	20LF	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA	

Completed By (Print or Type) Zvonko Veskov	Title President	Signature 	Date 4/11/14
--	---------------------------	---	------------------------

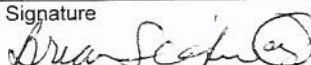
ck 2598

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

Date of Notification (1) 4/11/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street							
		City, State & Zip Code Trenton, NJ 08638							
		Name of Contact Mr. Everett O. Collins							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet 							
City (5) Trenton		# of Floors 							
County (6) Mercer	County Code (7) 	Bldg. Age 							
		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Steven Faress		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 4/23/14	Scheduled Completion Date (11) 4/30/14	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 – 4PM:12:30AM Describe: <input type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
B-24, B-30, B-40, B-44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	2355 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10 Cu yd	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 4/30/14		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 			Date 4/11/14			

OK 2598

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 / 11 / 14</div>		Name of Building Owner/Operator (2) Verizon						
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 15 East Montgomery Place, Lower Level					
			City, State, Zip Code Pittsburgh, PA 15212					
			Name of Contact Anthony Porta					
Telephone Number _____								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Vineland CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 100 S. 6th St.		Square Feet						
City (5) Vineland		# of Floors						
County (6) Cumberland		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
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 No. 215-365-5810	Telephone No. 215-788-6040					
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Start Date (10) <div style="text-align: center;">4 / 21 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 22 / 14</div>	Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 1:30 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 12 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement Diesel Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 4/22/14		City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature 		Date 4/11/14		

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

B & G proj. #: 2014-55

Check #6474

Date of Notification (1) <u>04/11/14</u>		Name of Building Owner/Operator (2) <u>Bernard C Jacobs, III</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>12 Dawson Terrace</u>	
		City, State, Zip Code <u>Livingston, NJ 07039</u>	
		Name of Contact <u>Bernard C Jacobs, III</u>	
		Telephone Number 	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Bernard C Jacobs, III</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>12 Dawson Terrace</u>			Square Feet 	
City (5) <u>Livingston, NJ 07039</u>			# of Floors 	
County (6) <u>Essex</u>		Bldg. Age 		
County Code (7) (State use only)		Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No. 		
Street Address		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
City, State, Zip Code		Street Address <u>105 Ryerson Road</u>		
Project Manager for Monitoring Firm		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Phone Number		Telephone Number <u>973-696-6869</u>		
Scheduled Start Date (10) <u>04/24/2014</u>		License Number <u>0378</u>		
Sched. Completion Date (11) <u>04/24/2014</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one)		Street Address <u>105 Ryerson Road</u>		
<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)

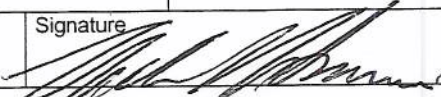
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input 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 (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage			X	duct insulation	7 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>05/25/2014</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>	
				Date <u>04/11/2014</u>


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

Check # 23693

Date of Notification (1) 4 / 11 / 14		Name of Building Owner/Operator (2) Northvale Shopping Center Associates							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1355 15th Street Ste 130							
		City, State, Zip Code Fort Lee NJ 07024							
		Name of Contact Gregg Slater							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street		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 252 Livingston Street									
City (5) Northvale		Square Feet 15,380	# of Floors 1						
		Bldg. Age 56							
County (6) Bergen		County Code (7) (STATE USE ONLY) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	License No. 00411						
Start Date (10) 04 / 21 / 14		Scheduled Completion Date (11) 04 / 22 / 14							
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: ____AM-____PM/____PM-____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 type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	175 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	3 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 4/22/14		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 4-11-14			

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

Check # 23693

Date of Notification (1) 04 / 11 / 14		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 St. City, State, Zip Code Newark, NJ 07102 Name of Contact Rev. Mellisa Hall						
			Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) St. James Church Street Address 581 Valley Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Upper Montclair		Square Feet 7,852	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY) Church	Bldg. Age 106						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	License No. 00411						
Start Date (10) 4 / 22 / 14		Scheduled Completion Date (11) 4 / 29 / 14							
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: ___AM-___PM/___PM-___AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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) 2850 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classrooms and Hallways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tiles/Mastic		<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 Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 4/29/14		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 			Date 4-11-14		

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

Date of Notification (1) 04 / 01 / 14		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		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <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 1																													
FACILITY INFORMATION																															
Name of Facility Where Abatement is Taking Place (3) Street Address 321 MAIN STREET		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.)																													
City (5) SAYREVILLE	County (6) Middlesex	County Code (7)	Square Feet # Of Floors Building Age Current Use (Prior if being demolished) Telephone Pole																												
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO.																													
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 Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271																													
Scheduled Start Date (10) 04 / 16 / 14	Sched. Completion Date (11) 04 / 17 / 14	Telephone Number 973-884-8682	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: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036																													
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																															
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Abatement Type <table border="1" style="width:100%; text-align: center;"> <tr> <td>R</td> <td>R</td> <td>E</td> <td>E</td> </tr> <tr> <td>E</td> <td>E</td> <td>N</td> <td>N</td> </tr> <tr> <td>M</td> <td>P</td> <td>C</td> <td>C</td> </tr> <tr> <td>O</td> <td>A</td> <td>A</td> <td>L</td> </tr> <tr> <td>V</td> <td>I</td> <td>P</td> <td>S</td> </tr> <tr> <td>A</td> <td>R</td> <td>S</td> <td>U</td> </tr> <tr> <td>L</td> <td></td> <td>L</td> <td>L</td> </tr> </table>	R	R	E	E	E	E	N	N	M	P	C	C	O	A	A	L	V	I	P	S	A	R	S	U	L		L	L
R	R	E	E																												
E	E	N	N																												
M	P	C	C																												
O	A	A	L																												
V	I	P	S																												
A	R	S	U																												
L		L	L																												
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF																												
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																														
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																														
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																														
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.																												
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105																													
Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature <i>Steven Stiles</i>	Date 04/14/14																												

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

Check # 1962

Date of Notification (1) 04 / 14 / 14		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		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308 Name of Contact Jim Halsey	
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		APR 15 2014	

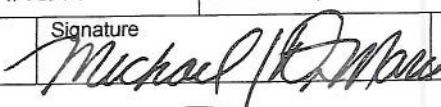
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 50 KNOLLWOOD DRIVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) TINTON FALLS	County (6) MONMOUTH	County Code (7)	Square Feet # Of Floors Building Age
		Current Use (Prior if being demolished) Telephone Pole	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO LVI Demolition Services 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 Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Scheduled Start Date (10) 04 / 25 / 14	Sched. Completion Date (11) 04 / 26 / 14	Telephone Number 973-884-8682	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: 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036	
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			

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature <i>Steven Stiles</i>	Date 04/14/14

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

Check # 008832

Date of Notification (1) 4/14/14		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 440 Eagle Rock Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland, NJ 07068							
		Name of Contact Dawn Neville							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Laurel Ave Substation		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 102 Laurel Ave		Square Feet 500	# of Floors 1						
City (5) Livingston, NJ 07039		Bldg. Age 48							
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Electrical Control House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. (631) 924-8111						
Start Date (10) 4/15/14		Scheduled Completion Date (11) 4/16/14	License No. 33039						
Name of OSHA Monitor Michael J. DiMaria									
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 5 Washington Ave							
		City, State, Zip Code Holtsville, NY 11742							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Soil/Ground			X	Transite Pipe	20 LFT	X			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste 1 YD	Name of Registered Landfill Wayne Disposal, Inc.					
City, State 1 Eden Lane, Flanders, NJ 07836		Disposal Date 4/16/14		City, State Belleville, MI 48111					
Completed by Michael J. DiMaria		Title WRS Site Supervisor		Signature 			Date 4/14/14		