


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

Date of Notification (1) April 10, 2015		Name of Building Owner/Operator (2) Jonni Moore		Ch #1987	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 435 E. Camden Avenue City, State, Zip Code Moorestown, NJ 08057 Name of Contact Jonni Moore	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Moore Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & etc.)	
Street Address 435 E. Camden Avenue				Square Feet 5,000	# of Floors 2
City (5) Moorestown				Bldg. Age 100	
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08015		Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	
Start Date (10) May 12, 2015		Scheduled Completion Date (11) May 14, 2015		Name of OSHA Monitor EMSL Analytical, 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N					
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		XXX		Pipe Insulation	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 2	
City, State Freehold, NJ		Disposal Date 5/14/2015		Name of Registered Landfill Cumberland Co Newburg, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	
				Date 4/10/2015	

CK 009671

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

Date of Notification (1) 4/7/15		Name of Building Owner/Operator (2) HMS Host			
Agencies Notified	Type Notification	Street Address 6905 Rockledge Drive			
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bethesda, MD 20817			
		Name of Contact Daniel Coppinger	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Grover Cleveland Service Plaza		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 New Jersey Turnpike Northbound		Square Feet 15,000	# of Floors 1		
City (5) Woodbridge	County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being changed) Service Plaza		
Name of Monitoring Firm Hired by Building Owner (8) Environetics		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.		
Street Address 180 Sylvan Avenue		Street Address 135 Kinnelon Road			
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Kinnelon, NJ 07405			
Project Manager for Monitoring Firm Valdemar Fracz		Telephone No. 201-894-1000 x _____	Telephone No. 908-218-0880		
Start Date (10) 4/8/15	Scheduled Completion Date (11) 4/15/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road			
		City, State, Zip Code Kinnelon, NJ 07405			
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 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-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 (Specify SF or LF)
	Yes	No	N/A		
Inside Wall Cavity			x	Pipe insulation	100
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 5 CY	Name of Registered Waste Disposal Site IESI	
City, State Kinnelon, NJ		Disposal Date		City, State Bethlehem, PA	
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>		Date 4/7/15



OK 5264

Print Form

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

Date of Notification (1) 04/13/2015		Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companies	
Agencies Notified	Type Notification	Street Address 125 High Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Boston, MA 02110	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Enrique Bellido	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		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 75 Demarest Drive		Square Feet 190,000	# of Floors 2
City (5) Wayne		Current Use (Prior if being demolished) Factory - Vacant for Demolition	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) CTSI Environmental Safety & Health Profess.	
Street Address 237 West 35th Street, Suite 805		ASCM No. 00109	
City, State, Zip Code New York, NY 10001		Name of Abatement Contractor (9) Incinia Contracting, Inc.	
Project Manager for Monitoring Firm Farhood Selamie		Street Address 1360 Clifton Avenue, Unit 36	Telephone No. (973) 450-9500
Start Date (10) 04/15/2015		City, State, Zip Code Clifton, NJ 07012	
Scheduled Completion Date (11) Estimated 04/22/2015		Telephone No. (212) 929-3451	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Incinia Contracting, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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 No		Street Address 1360 Clifton Avenue, Unit 36	
		City, State, Zip Code Clifton, NJ 07012	

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		
Structural Beam		X	X	Fireproofing	300 SF

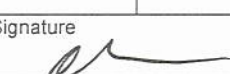
Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem
City, State Wayne, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed by Milena Zoric	Title Executive Director	Signature <i>Milena Zoric</i>	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Date 04/13/2015			

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

**RECEIVED**  
*Check*

**13804**

Date of Notification (1) 4/13/15		Name of Building Owner/Operator (2) Estate of Margaret Sanfelice		2015 APR 16 AM 1:11	
Agencies Notified	Type Notification	Street Address 1 High 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Southborough, MA			
		Name of Contact Maria Cutts		Telephone Number	
<b>FACILITY INFORMATION</b>					
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 & commercial buildings, homes, etc.)		
Street Address 117 Orchard Street			Square Feet 2100		# of Floors 2
City (5) Summit			County Code (7) (STATE USE ONLY)		Bldg. Age 60
County (6) Union			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, Inc.	
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	
Start Date (10) 4/22/15		Scheduled Completion Date (11) 5/8/15		License No. 703	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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) <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	20 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Lessor Western Berks Landfill
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro PA	
Completed by A. Scott Higgins		Title President		Signature 	
					Date 4/13/15



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

Check#2162

Date of Notification (1) 04 / 13 / 15		Name of Building Owner/Operator (2) Wayne Sabins	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 Lafayette Avenue City, State, Zip Code Chatham, NJ 07928 Name of Contact Wayne Sabins	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address 128 Lafayette Avenue		Square Feet	# of Floors
City (5) Chatham, NJ 07928		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 04 / 23 / 15	Scheduled Completion Date (11) 04 / 24 / 15	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E 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 type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Product
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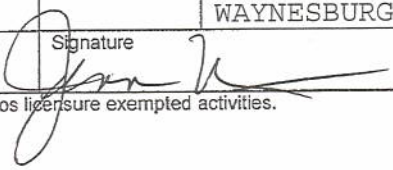
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SIF or LF)
	Yes	No	N/A		
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	160 LF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA

Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 04/13/2015
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OK 3817

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

Date of Notification (1) 4/15/15		Name of Building Owner/Operator (2) HOUSING AUTHORITY OF THE CITY OF CAMDEN	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2021 WATSON STREET City, State, Zip Code CAMDEN, NJ 08105 Name of Contact WYNFIELD ANDERSON	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) BRANCH VILLAGE		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 1800 SOUTH 9TH STREET, 1, 3 & 5		Square Feet 18000	# of Floors 2
City (5) CAMDEN		Bldg. Age +/-50	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) A. SEINC LIGHTHOUSE		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.
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. 972-275-5000	License No. 01166
Start Date (10) 4/23/15	Scheduled Completion Date (11) 5-4-15	Name of OSHA Monitor HEALTH & SAFETY	
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 checked="" type="checkbox"/> Other - Describe: outside removal		Street Address P.O. BOX 365 City, State, Zip Code BERLIN, NJ 08009	
Scope of Work (Check all that apply) * abatement prior to demo <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) IN Facility (13)  TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
ROOF		X	ASPHALT ROOF SHINGLES 20,000 SF
KITCHEN AND BATHROOM			FLOOR TILE & MASTIC 1,200 SF
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
City, State Morrisville, PA		Name of Registered Landfill MINERVA LANDFILL	
Disposal Date		City, State WAYNESBURG, OH	
Completed by Jennifer Niven	Title Dir. of Operations	Signature 	
Date 4/15/15			



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

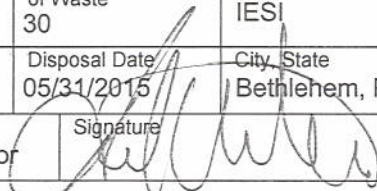
OFFICE  
12-12

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"/> Initial <input type="checkbox"/> Amended Amendment # _____	2021 WATSON STREET				
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08105				
		Name of Contact	Telephone Number			
		WYNFIELD ANDERSON				
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 K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial b 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 demolished) APARTMENTS				
Name of Monitoring Firm Hired by Building Owner (8) A. SEINC LIGHTHOUSE		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERV			
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	License No. 01166			
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor HEALTH & SAFETY SERVICES INC				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 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						
*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)	Amount (Specify SF or LF)	Abatement Type
	Yes	No	N/A			
ROOF			N/A	ASPHALT ROOF SHINGLES	20,000 SF	Repair
KITCHEN & BATHROOM			N/A	FLOOR TILE & MASTIC	1200 SF	Encapsulate
						Enclosure
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL		
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH		
Completed by DENISE M. NIVEN		Title ADMIN. ASST.	Signature <i>Denise M. Niven</i>	Date 04/2015		

OK 9079120297

Print Form

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

Date of Notification (1) 04/15/2015		Name of Building Owner/Operator (2) IMTT - Bayonne			
Agencies Notified	Type Notification	Street Address 250 East 22nd Street			
<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 Bayonne, New Jersey 07002			
		Name of Contact Aubrey Hotard	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than school buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 250 East 22nd Street		Square Feet	# of Floors		
City (5) Bayonne, New Jersey 07002		Bldg. Age 30+			
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCN No. 00079	Name of Abatement Contractor (9) Insulations, Inc.		
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue			
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan			
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 504-733-5033	Lic. No. 011		
Start Date (10) 05/04/2015	Scheduled Completion Date (11) 05/19/2015	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: Area unoccupied		Street Address 20-21 Wagaraw Road, Bldg. 34A			
		City, State, Zip Code Fair Lawn, New Jersey 07410			
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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-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 L)
	Yes	No	N/A		
Tank 2155		X		Mastic Type Material	7,000
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste 30	Name of Registered Lessor IESI	
City, State Dunmore, PA		Disposal Date 05/31/2015	City, State Bethlehem, PA		
Completed by Aubrey Hotard	Title Corporate Safety Director	Signature 			Date 04/15/2015



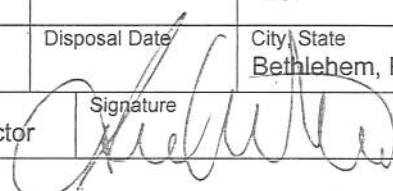
CK 9079120298

Print Form

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

For 2015 - Open Filing

2015 Annual Filing

Date of Notification (1) April 15, 2015		Name of Building Owner/Operator (2) IMTT - Bayonne			
Agencies Notified	Type Notification	Street Address 250 East 22nd Street			
<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 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 Bayonne, New Jersey 07002			
		Name of Contact Aubrey Hotard	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		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 250 East 22nd Street		Square Feet	# of Floors		
City (5) Bayonne, New Jersey 07002		Bldg. Age 30+			
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASC No. 00079	Name of Abatement Contractor (9) Insulations, Inc.		
Street Address 20 - 21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue			
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan			
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 504-733-5033	Lic. No. 011		
Start Date (10) open	Scheduled Completion Date (11) open	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 type="checkbox"/> Other - Describe: area unoccupied		Street Address 20 - 21 Wagaraw Road, Bldg. 4A			
		City, State, Zip Code Fair Lawn, New Jersey 07410			
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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-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 L)
	Yes	No	N/A		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste	Name of Registered L	
City, State Dunmore, PA		Disposal Date	City, State Bethlehem, PA		
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature 		Date 04/15/2015