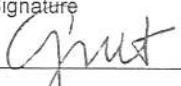


NO CF

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

Date of Notification (1) <u>4</u> / <u>23</u> / <u>15</u>		Name of Building Owner/Operator (2) NJ American Water / Job #1503-4885		COURTESY					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 James Street</b>							
		City, State, Zip Code <b>Lakewood, NJ 08701</b>							
		Name of Contact <b>Tim Green</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Lakewood Township Water Main</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>Massachusetts at North Drive</b>			Square Feet	# of Floors	Bldg. Age				
City (5) <b>Lakewood Township</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) <b>Ocean</b>		<b>Water Main</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>609-265-2107</b>	License # <b>00529</b>					
Start Date (10) <u>4</u> / <u>15</u> / <u>15</u>		Scheduled Completion Date (11) <u>5</u> / <u>8</u> / <u>15</u>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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 <b>200 Route 130 North</b>						
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite water main pipe	1,825 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/8/15</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>5/23/15</b>					

NO OK

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

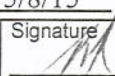
Date of Notification (1) <u>4</u> / <u>23</u> / <u>15</u>		Name of Building Owner/Operator (2) Middlesex County College / Job #1504-4898 COURTESY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input 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 2600 Woodbridge Ave.						
			City, State, Zip Code Edison, NJ 08818						
			Name of Contact Dan Fuchs						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Middlesex County College- South Hall Construction Site		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than -12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2600 Woodbridge Avenue		Square Feet	# of Floors						
City (5) Edison		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Rick Beach		Telephone No. 609-392-4200	Telephone No. 609-265-2107						
			License # 00529						
Start Date (10) <u>5</u> / <u>4</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>8</u> / <u>15</u>	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 checked="" 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
South Hall- Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	200 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/8/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 4/23/15			



CK 24790

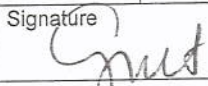
CK# 24790

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

Date of Notification (1) <u>4/28/15</u>		Name of Building Owner/Operator (2) <u>Judge</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"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>530 Metlers Lane</u>						
	City, State, Zip Code <u>Piscataway, NJ</u>		Name of Contact <u>Denise Judge</u>						
	Telephone Number _____		Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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 than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>530 Metlers Lane</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>						
City (5) <u>Piscataway, NJ</u>		Bldg. Age <u>75+/-</u>							
County (6) <u>Middlesex</u>		County Code (7) (STATE USE ONLY) _____							
Current Use (Prior if being demolished) _____		Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>4 Berkely Place</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08101</u>							
Project Manager for Monitoring Firm <u>Dave Bonocore</u>		Telephone No. <u>(732) 740-8408</u>	Telephone No. <u>(609) 259-9688</u>						
License No. <u>00493</u>		License No. <u>00493</u>							
Start Date (10) <u>5/7/15</u>		Scheduled Completion Date (11) <u>5/8/15</u>							
Name of OSHA Monitor <u>DB Environmental</u>		Name of OSHA Monitor <u>DB Environmental</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 checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>4 Berkely Place</u>							
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Freehold, NJ 07728</u>							
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 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) <u>TO BE ABATED</u> <u>IN Facility</u> (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
<u>Basement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>11 lf</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWSON</u>		<u>Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/8/15</u>	City, State <u>Morrisville, PA</u>		<u> </u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 		Date <u>4/28/15</u>				



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

Date of Notification (1) <u>4</u> / <u>27</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Verizon Communications / Job #1504-4896 Check #7160</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>100 Greenwood Avenue</b>						
			City, State, Zip Code <b>Jenkintown, PA 19046</b>						
			Name of Contact <b>Alex Baylor</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon- Pemberton CO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>111 Hough Street</b>		Square Feet	# of Floors						
City (5) <b>Pemberton</b>		Bldg. Age							
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>8436 Enterprise Ave.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00521</b>						
Start Date (10) <u>5</u> / <u>11</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>25</u> / <u>15</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <u>5</u> PM- <u>1</u> AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>**SEE ATTACHED**</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>**SEE ATTACHED**</b>	<b>SEE ATTACHED</b>	<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 <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>						
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/25/15</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>4/27/15</b>					

Pemberton Central Office  
 111 Hough Street  
 Pemberton, NJ, 08068

BASE BID			
Location	Quantity	Number of Estimated Shifts	Total Dollar Amount *
1 <sup>st</sup> Floor-New Engine Room	Removal of 700 SF of double layer 9"x9" VAT/Mastic		
1 <sup>st</sup> Floor-New Engine Room	Removal of 50 SF of double layer 9"x9" VAT/Mastic (Separate Mobilization)		
First Floor-New HSB Room	Removal of 50 SF of 9"x9" VAT/Mastic		
First Floor-Men's Room	Removal of 25 SF of 9"x9" VAT/Mastic		
First Floor-Generator Room	Removal of 5 SF of VDC		
First Floor-Frame Area	Removal of 300 SF of 9"x9" VAT/Mastic (2 Phases)		

Pemberton Central Office  
111 Hough Street  
Pemberton, NJ, 08068

ALTERNATE #1 BID			
Location	Quantity	Number of Estimated Shifts	Total Dollar Amount *
First Floor-Generator Room	Removal of 80 SF of 9"x9" VAT/Mastic		
First Floor-Generator Room	Removal of 50 SF of 9"x9" VAT/Mastic (Separate Mobilization)		



(K 58548)

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

# 0312-03

Date of Notification (1) <b>4 / 9 / 15</b>		Name of Building Owner/Operator (2) <b>Virtua</b>								
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>20 STOW ROAD SUITE 3</b>							
			City, State, Zip Code <b>MARLTON, NJ. 08053</b>							
			Name of Contact <b>PAT GIORDANO</b>	Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>VIRTURA HEALTH DR. OFFICES</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address <b>129-131 MADISON AVE</b>		Square Feet <b>&gt;50,000</b>	# of Floors Bldg. Age							
City (5) <b>MT. HOLLY</b>		County Code (7)(STATE USE ONLY)								
County (6) <b>BURLINGTON</b>		Current Use (Prior if being demolished)								
Name of Monitoring Firm hired by Building Owner (8) <b>VERTEX ENVIRONMENTAL</b>		ASCM No.	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>700 TURNER WAY, SUITE 105</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>								
City, State, Zip Code <b>ASTON, PA 19014</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>								
Project Manager for Monitoring Firm <b>DON HEIM</b>		Telephone No. <b>610 558-8902</b>	Telephone No. <b>215 322-2900</b>							
			License No. <b>00788</b>							
Start Date (10) <b>4 / 24 / 15</b>		Scheduled Completion Date (11) <b>7 / 31 / 15</b>								
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: <b>7AM-11PM</b> /____PM-____AM		Name of OSHA Monitor <b>CRITERION LAB</b>								
		Street Address <b>3370 PROGRESS DRIVE</b>								
		City, State, Zip Code <b>BENSALEM, PA 19020</b>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	
<b>DOCTORS OFFICE-1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>CEILING TILE</b>	<b>450 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DOCTORS OFFICE-2</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>CEILING TILE</b>	<b>250 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DOCTORS OFFICE</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>LINOLUMN</b>	<b>60 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ROOFING</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ROOFING TO BE DONE IN STAGES</b>	<b>2,500 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GRP.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>						
City, State <b>58 PYLES LANE, NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>						
Completed By (Print or Type) <b>DAMIAN LAVELLE</b>		Title <b>PROJECT MGR</b>	Signature <i>Damian Lavelle</i>			Date <b>4/29/2015</b>				

0312-03


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) VIRTUA										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 20 STOW ROAD SUITE 3									
			City, State, Zip Code MARLTON NJ 08053									
		Name of Contact PAT GIORDANO	Telephone Number									
<b>FACILITY INFORMATION</b>												
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 than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 129-131 MADISON AVE		Square Feet >50,000	# of Floors Bldg. Age									
City (5) MT. HOLLY	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 18966										
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610 558-8902	Telephone No. 215 322-2900									
Start Date (10) 4/23/2015		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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable 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					
DOCTORS OFFICE-1		X		CEILING TILE	450 SF	X						
DOCTORS OFFICE-2		X		CEILING TILE	250 SF	X						
DOCTORS OFFICE		X		LINOLUMN	60 SF	X						
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL								
City, State 58 PYLES, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, PA		H 44688						
Completed by DAMIAN LAVELLE		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>		Date 4/9/2015							



OK 1030

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

Date of Notification (1) <u>4</u> / <u>27</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Glopak Industries Inc</b>					
Agencies Notified <input checked="" 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 <b>1037 State Street</b>					
		City, State, Zip Code <b>Perth Amboy, NJ 08861</b>					
		Name of Contact <b>Al Shjarback</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Garage</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>1027 State Street</b>		Square Feet	# of Floors				
City (5) <b>Perth Amboy, NJ 08861</b>		Bldg. Age					
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>				
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>					
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>					
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>				
Start Date (10) <u>5</u> / <u>06</u> / <u>15</u>		Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>15</u>	License No. <b>1188</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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) <b>TO BE ABATED</b> 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			
				Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Flashing	210 LF	<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 <b>All Pro Management LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>			
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>				
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>	Signature 		Date <b>4-27-15</b>		