

CK 2323

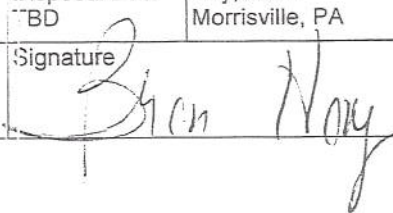
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 3:60 and 12:120)

Date of Notification (1) 7-29-2015		Name of Building Owner / Operator (2) Mr. Village Supermarkets Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 733 Mountain Avenue	
		City, State & Zip Code Springfield, NJ	
		Name of Contact Enzo Pevese	
		Telephone Number	


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Shoprite		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 1153 Valley Road		Square Feet 80,000	# of Floors 1
		Bldg. Age 50	
City (5) Stirling, NJ	County (6) Morris	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	
Street Address P.O. Box 365		Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Berlin, NJ 08009		Street Address 2115 Hamilton Ave, Suite 202	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 7/29/2015	Scheduled Completion Date (11) 8/11/2015	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 3rd Shift Describe: 10:00pm to 7:00am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag 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	Encapsulat	Enclosure
Various areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile Debris	1,000 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste ~BD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date ~BD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature 	Date 07/29/2015

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

Date of Notification (1) 7/30/15		Name of Building Owner/Operator (2) Robert Rosa							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Lincoln Dr.							
		City, State, Zip Code Ocean, NJ 07712							
		Name of Contact Eric Plackis	Telephone Number 7120						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1 Lincoln Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ocean	Square Feet 1308	# of Floors 2	Bldg. Age 91						
County (6) Morrmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Brick Industries Inc.							
City, State, Zip Code		Street Address P.O. Box 915							
Project Manager for Monitoring Firm		City, State, Zip Code Brick, New Jersey 08723							
Telephone No.		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 7/31/15	Scheduled Completion Date (11) 8/31/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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
				X Asbestos pipe insulation	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey		Disposal Date 8/19/15		City, State PA					
Completed by Eric Plackis		Title President		Signature 			Date 7/30/15		

CK 1114

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

Date of Notification (1) 07/25/15		Name of Building Owner/Operator (2) OSCAR GOMEZ	
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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 150 DELAVAN AVE
			City, State, Zip Code BELLEVILLE, NJ, 07109
			Name of Contact OSCAR GOMEZ
Telephone Number ---			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GOMEZ ESTATE		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 150 DELAVAN AVE			
City (5) BELLEVILLE, NJ, 07109		Square Feet 1,600	# of Floors 2
		Bldg. Age 1930	
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	
		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIAL/CSCO
Street Address		Street Address 144 MILL ST.	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07501	
Project Manager for Monitoring Firm		Telephone No. 943 653 9652	License No. 1257
Start Date (10) 08/12/15		Scheduled Completion Date (11) 08/30/15	
Name of OSHA Monitor GORAN IGEV			
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 144 MILL ST.	
		City, State, Zip Code PATERSON, NJ, 07501	
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
ATIC		<input checked="" type="checkbox"/>	VERNYCULITE
			400 SF
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD.
Name of Registered Landfill G.R.O.W.S.			
City, State WAYNE, NJ		Disposal Date TBD	
City, State TULLYTOWN, PA			
Completed by GORAN IGEV		Title EL	Signature [Signature]
		Date 07/25/15	

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

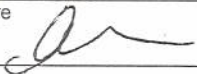
REC-11-50
2015 AUG 3 AM 7:48
LIC-11-50

Date of Notification (1) July 28, 2015		Name of Building Owner/Operator (2) Stephanie McCormick	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 12 Page Street City, State, Zip Code Madison, NJ Name of Contact Stephanie McCormick	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 12 Page Street		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years	
City (5) Madison	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Street Address 511 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) August 19, 2015	Scheduled Completion Date (11) August 20, 2015	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Vacant- Day Shift		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI Amount (Specify SF or LF) 15 LF
		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date August 20, 2015	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date July 28, 2015

GAC # 2015-498

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

Check 14126

Date of Notification (1) 7/29/15		Name of Building Owner/Operator (2) Gail Ingalls <i>2015 496-3 AM 7:52</i>							
Agencies Notified	Type Notification	Street Address 41 Afterglow Way							
<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 Verona, NJ 07044							
		Name of Contact Gail Ingalls	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 41 Afterglow Way		Square Feet 2700	# of Floors 2						
City (5) Verona		Bldg. Age 55							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
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. 973-764-2276	License No. 703						
Start Date (10) 8/12/15	Scheduled Completion Date (11) 8/26/15	Name of OSHA Monitor							
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>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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> 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			x	pipe insulation	250 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/29/15			

B & G proj. #: 2015-140

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

*** EMERGENCY ***

Check #7328

Date of Notification (1) 07/12/15		Name of Building Owner/Operator (2) Harvest Restaurant Group		2015 AUG -3 AM 7:53	
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 2230 Rt. 10 West	
		City, State, Zip Code Morris Plains, NJ 07950			
		Name of Contact Mark Zakrzewski		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) 115 Elm 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 (Private/Commercial Bldgs./Homes, etc.)		
City (5) Westfield			County (6) Union		Square Feet
			County Code (7) (State use only)		# of Floors
					Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		Current Use (Prior if being demolished) commercial
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 07/28/2015			Sched. Completion Date (11) 07/29/2015		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: Start: 11:00 a.m. <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			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						
roof			<input checked="" type="checkbox"/>	roofing & parapet wall flashing	800 sqft & 100sq	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/29/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 07/28/2015

CK 14765

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 07/28/15		Name of Building Owner/Operator (2) Verona Public Schools District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 151 Fairview Av		City, State, Zip Code Verona, NJ 07044	
Name of Contact Mr. Paul McDevitt		Tel. Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verona High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 151 Fairview Av			
City (5) Verona	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 00127	
Street Address 307 N Walnut Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code West Chester, PA 19380		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Matt Abraham		Telephone Number 610-996-3515	License Number 00809
Scheduled Start Date (10) 7/28/2015		Scheduled Completion Date (11) 7/29/2015	
Occupancy Status During Abatement (Check only one) <input checked="" 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: _____		Name of OSHA Monitor MTM Metro Corporation Street Address 135-137 McBride Avenue City, State, Zip Code Paterson, NJ 07501	
Source 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"/> Mini-Enclosure <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Hallway by Main Entrance	<input checked="" type="checkbox"/>	TSI-pipe and fittings	4 LF
Hallway By Main Entrance(Wrap&Cut)	<input checked="" type="checkbox"/>	TSI-pipe and fittings	26 LF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 5
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 7/28/2015	

ASB-41

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

Jul 28 2015 07:59AM NJ Asbestos Control 609.633.0664

page 1

07/27/2015 11:51AM 2013297440

BEST REMOVAL INC

CK #5720 PAGE 02/04

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)**

Date of Notification (1) 7/27/15		Name of Building Owner/Operator (2) JUDITH GINGERLEW					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 163 COPELAND AVE City, State, Zip Code LYNDHURST, N.J. 07071 Name of Contact MS GINGERLEW Telephone Number 8					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. GINGERLEW		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & noncommercial buildings, homes, etc.)					
Street Address 163 COPELAND AVE		Square Feet 2500	# of Floors 2				
City (5) LYNDHURST		Reg. No. 1940					
County (6) BERGEN		County Code (7) (STANDARD USE ONLY)	Customs Line (Price if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 7/29/15		Scheduled Completion Date (11) 7/30/15	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≤ 3 of ≤ 3 ft <input type="checkbox"/> ≥ 100 of ≥ 200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fragile Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (16)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			NA	Removal	Repair
Basement			Thermal system insulation	15 LF	<input checked="" type="checkbox"/>		
Basement			Thermal surfacing	45 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.2	Name of Registered Landfill Cumberland County Landfill			
City, State Hackensack, N.J. 07601		Disposal Date 7/30/15	City, State Newburgh, PA. 17240				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 7/27/15				

A82-01

* Do not use this form for asbestos removal abatement activities.

NK 3387

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

RECEIVED

2015 AUG - 2 7:57

Date of Notification (1) 7/25/15		Name of Building Owner/Operator (2) Mrs STEPHANIE NASH						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 237 MUNSEE WAY City, State, Zip Code WESTFIELD NJ 07090 Name of Contact Mrs Nash Telephone Number 112-2						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 237 MUNSEE WAY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) WESTFIELD NJ		Square Feet 2500	# of Floors 2					
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 65					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) HOUSE						
Street Address		Name of Abatement Contractor (9) NOVATECH INC						
City, State, Zip Code		Street Address P.O. Box 814						
Project Manager for Monitoring Firm		City, State, Zip Code OLD BRIDGE NJ 08857						
Telephone No.		Telephone No. 732 238-7500						
Start Date (10) 07/31/15		License No. 00806						
Scheduled Completion Date (11) 08/30/15		Name of OSHA Monitor NOVATECH 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 P.O. Box 814						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code OLD BRIDGE NJ 08857						
<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 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
LAUNDRY ROOM			X	HOOD LINE	550 SF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE NJ 08857		Disposal Date 08/31/15		City, State HARRISVILLE PA.		Date 7/25/15		
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature (Signature)				

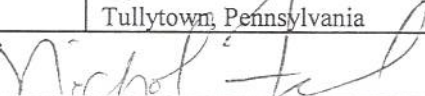
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) July 29, 2015		Name of Building Owner/Operator (2) NJ Site & Utility Contractors, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Stephanie Court	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact Bob	Telephone Number 7 1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 46 Gilbert Road			Square feet 1500 sf		
City Springfield	County (6) Union	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 7/30/15		Scheduled Completion Date (11) 7/31/15		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 38 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/3/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 	Date 7/29/2015

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

Check # 10046

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;">7 / 31 / 15</div>		Name of Building Owner/Operator (2) City of Camden						
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 PO Box 95120						
		City, State, Zip Code Camden, NJ 08101						
		Name of Contact John Bond	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) TIOGA STREET RESIDENCES		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 1742, 1744, 1807, 1809, 1810, 1813, 1815, 1817, 1823, 1825, 1827 TIOGA ST								
City (5) Camden		Square Feet varies	# of Floors varies					
		Bldg. Age 50+						
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	License No. 00847					
Start Date (10) <div style="text-align: center;">8 / 10 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 30 / 15</div>	Name of OSHA Monitor CES						
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: 7:00AM-5:00PM / ____ PM - ____ AM		Street Address 1121 N Bethlehem Pike -Suite 60						
		City, State, Zip Code Spring House, PA 19477						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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) 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residence	Name of Registered Landfill GROWS				
City, State Fairless Hills, PA		Disposal Date 9/30/15		City, State Tullytown PA				
Completed By (Print or Type) Patricia Visco	Title Office Manager		Signature <i>Patricia Visco</i>		Date 7/31/15			

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

Date of Notification (1) 7/28/15		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University			
Agencies Notified		Type Notification			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		Street Address EA McMillan Building			
		City, State, Zip Code Princeton, NJ 08544			
		Name of Contact Bob Ortego		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Butler Apartments				Type of Facility (4)	
Street Address Butler Avenue and Marshall Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Princeton				Square Feet See Attached	# of Floors 1
				Bldg. Age 50+	
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500			
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341			
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875		Telephone No. 484-872-8884	License No. 01161
Start Date (10) 8/17/15		Scheduled Completion Date (11) 9/30/15		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Cinnaminson, NJ	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" 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)
	Yes	No	N/A		
See attached information sheet					
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 15	Name of Registered Landfill GROWS Landfill
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>	Date 7/28/15

RECEIVED
2015 AUG -3 AM 9:58
A. BENTLEY CONTROL
& LICENSING

Butler Apartments**Phase I**

Building ID	No. of Units
214 Halsey Court	4
216 Halsey Court	3
218 Halsey Court	3
220 Halsey Court	3
222 Halsey Court	3
224 Halsey Court	3
226 Halsey Court	3
228 Halsey Court	3
414 Devereaux Avenue	4
416 Devereaux Avenue	2
418 Devereaux Avenue	3
415 Devereaux Avenue	2
417 Devereaux Avenue	3
417 Butler Avenue	2
419 Butler Avenue	2
421 Butler Avenue	3
418 Butler Avenue	2
420 Butler Avenue	2
422 Butler Avenue	2
217 Halsey Court	4
219 Halsey Court	4
221 Halsey Court	4
223 Halsey Court	4
218 Eisenhower Street	3
220 Eisenhower Street	3
222 Eisenhower Street	3
224 Eisenhower Street	3

ecoservices, LLC

Butler Apartments

2 Unit Building ~1,100 square feet

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? 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	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	1,100 SF	X			
Exterior	N/A	Transite Skirt	400 SF	X			
1st Floor	N/A	Sink under coating	2 Each	X			
Attic / Crawlspace	N/A	Transite panel debris	900 SF	X			
Attic	N/A	Flue pipe insulation	12 LF	X			

REC-111-111

2015 AUG -3 AM 9:58

APPL TO JLC CONTROL
& LICENSING

ecoservices, LLC

Butler Apartments

3 Unit Building ~2,000 square feet

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? 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	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	1,980 SF	X			
Exterior	N/A	Transite Skirt	475 SF	X			
1st Floor	N/A	Sink under coating	3 Each	X			
Attic / Crawlspace	N/A	Transite panel debris	1,600 SF	X			
Attic	N/A	Flue pipe insulation	23 LF	X			

2015 AUG -3 AM 9:58
AUGUST 3, 2015
LICENSING

Butler Apartments
4 Unit Building ~2,600 square feet

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? 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	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	2,580 SF	X			
Exterior	N/A	Transite Skirt	643 SF	X			
1st Floor	N/A	Sink under coating	4 Each	X			
Attic / Crawl space	N/A	Transite panel debris	2,115 SF	X			
Attic	N/A	Flue pipe insulation	8 LF	X			

2015 AUG -3 AM 9:58

4 - 100% - 100%
X LICEN INC

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

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Date of Notification (1) 7-31-15		Name of Building Owner/Operator (2) NEWPORT CENTER							
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 30 MALL DRIVE WEST City, State, Zip Code JERSEY CITY, NJ 07310 Name of Contact JEREMY J. STRIFE Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AMC Lowes Newport Center Movie Theatre		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 30 - 300 Mall Drive West		Square Feet 55,000	# of Floors 2						
City (5) Jersey City		Bldg. Age 40 +/-							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Movie Theatre							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 220 Church Road		Street Address 407 W. Lincoln Hwy							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm ERIC Houseknecht		Telephone No. 908-218-1108	Telephone No. 484-872-8884						
License No. 01161		Name of OSHA Monitor EMSL							
Start Date (10) PHASE I - 8/17/15 PHASE II - 10/15/15		Scheduled Completion Date (11) PHASE I - 8/25/15 PHASE II - 10/22/15							
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: Individual Auditoriums will be vacant during work		Street Address 200 Route 130 N. 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditoriums 1 - 11		X		Cove Base	1800 sf	x			
Name of Registered Waste Hauler Waste Management Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Joe White		Title Project Manager		Signature Joe W. White			Date 7/31/15		

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

Date of Notification (1) <div style="text-align: center;">July 29, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Schweitzer-Mauduit</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	85 Main Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Spotswood, New Jersey 08884-0401</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Hal Bernstein</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Schweitzer-Mauduit-Production Building</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">85 Main Street</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Spotswood</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Middlesex</div>		
County Code (7) (STATE USE ONLY)		Square feet <div style="text-align: center;">100,000 sf</div>		# of Floors <div style="text-align: center;">2</div>	Bldg. Age <div style="text-align: center;">80</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Production Building</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Guardian Contracting, Inc.</div>			ASCM No.		
Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08755</div>			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm <div style="text-align: center;">Nicholas Fernicola</div>			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Telephone Number <div style="text-align: center;">732-349-9932</div>		Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">7/30/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/31/15</div>			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input checked="" type="checkbox"/> Other - Describe area we are working in is closed					
City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>					
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) <u>TO BE ABATED</u> 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	E N C L O S U R E
MCC roll storage			X	Asbestos pipe insulation	50 lf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">5</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">8/3/15</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature <div style="text-align: center;"><i>Nicholas Fernicola</i></div>	Date <div style="text-align: center;">7/29/2015</div>

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

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

Date of Notification (1) 07/28/2015		Name of Building Owner/Operator (2) Faileigh Dickinson University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 River Road City, State, Zip Code Teaneck, NJ 07601 Name of Contact Craig Gorczyca Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COURT # 5		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 1000 RIVER ROAD		Square Feet	# of Floors						
City (5) TEANECK		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DORMITORY							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 5434 King Avenue		Street Address 208 Piaget Ave							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 07/30/2015		Scheduled Completion Date (11) 07/30/2015							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3 PM - 11 PM		Name of OSHA Monitor VMC Co. Inc							
		Street Address							
		City, State, Zip Code							
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 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) <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
BASEMENT			<input checked="" type="checkbox"/>	PIPE/FITTING INSULATION	7 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski	Date 07/28/2015					

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

CK # 2849

Date of Notification (1) <u>7</u> / <u>28</u> / <u>15</u>			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction						
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 200 Elm Dr.					
				City, State, Zip Code Princeton, NJ 08544					
		Name of Contact Robert Ortego		Telephone 841					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Moffett Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Washington Rd.									
City (5) Princeton				Square Feet	# of Floors				
				Bldg. Age					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>8</u> / <u>7</u> / <u>15</u>		Scheduled Completion Date (11) <u>8</u> / <u>7</u> / <u>15</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:30PM-11:30PM-AM</u>				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Room 074	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	40 SF	<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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 7/28/15			

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

Ch #2850

Date of Notification (1) 7/28/15		Name of Building Owner / Operator (2) Old Bridge Township 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 Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta	
		Telephone Number ---	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Alan B Shepard Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 33 Bushnell Road		Square Feet 38,902	# of Floors 1
City (5) Old Bridge	County (6) Middlesex	Bldg. Age 50+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Roland C Jones		Telephone Number 609-392-4200	License Number 00509
Scheduled Start Date (10) 8/17/15	Scheduled Completion Date (11) 8/21/15	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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	Enclosure
Boiler Room 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Packing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope	40 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 8/21/15	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>	Date 7/28/15

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

CL # 2850

Date of Notification (1) 7/28/15		Name of Building Owner / Operator (2) Twp of Woodbridge, Dept of Public Works	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 225 Smith Street
			City, State & Zip Code Woodbridge, NJ 07095
			Name of Contact Mr. Dennis Henry
			Telephone Number 11
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 2+ Structures		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 342 N Williams Street		Square Feet # of Floors Bldg. Age	
City (5) Woodbridge	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	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 Dominick Dercole		Telephone Number 609-392-4200	License Number 00509
Scheduled Start Date (10) 8/11/15	Scheduled Completion Date (11) 8/21/15		Name of OSHA Monitor Bristol Environmental 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement 7AM 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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) See Attached	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)
	Yes	No	
	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 35 Cu Yd
City, State New Castle, DE		Disposal Date 8/21/15	Name of Registered Landfill
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>
			Date 7/28/15

Base Bid Asbestos Abatement and Disposal Scope of Work 3 Story Residence

Location	ACM	Approximate Quantity	Abatement Method
Basement	Air-Cell Pipe Insulation, Mudded Pipe Fittings and Flue Packing	350 Linear Feet of Pipe Insulation, 35 Fittings and 10 Square Feet of Flue Packing	Limited Containment Tent Enclosure with negative pressure of area then Glove Bag every 10 FT then use Wrap and Cut Methodology to remove remaining pipe
Floor 1 Bedroom	9"x9" Green Vinyl Floor Tile	250 Square Feet	Temporary Enclosure
Floor 1 Kitchen	9"x9" Brown Vinyl Floor Tile	275 Square Feet	Temporary Enclosure
Floor 1 Bathroom	12"x12" White Vinyl Floor Tile	90 Square Feet	Temporary Enclosure
Floor 2 Bedroom	12"x12" White Vinyl Floor Tile	140 Square Feet	Temporary Enclosure
Floor 2 (Far Side) Kitchen and Bedroom	12"x12" Beige Vinyl Floor Tile	150 Square Feet	Temporary Enclosure
Throughout Residence	Wire Insulation	Approximately 300 LF	Controlled Demolition of plaster to access wiring throughout

Base Bid Asbestos Abatement and Disposal Scope of Work Former Bar Building

Location	ACM	Approximate Quantity	Abatement Method
Throughout Building	9"x9" Red and Black Vinyl Floor Tile and Black Mastic	1500 Square Feet Total. (NOTE: the wood substrate which the floor is attached to is in poor condition The wood floor will have to be removed with the floor tile and disposed of as ACM)	Limited containment with negative pressure.
Basement	Air Cell Pipe Insulation, Mudded Pipe Fittings and Boiler insulation	250 Linear Feet of Pipe insulation (on pipes and on the ground) 20 Pipe fittings and 15 SF of Boiler insulation	Limited Containment Tent Enclosure of the basement then Cleanup of Pipe Insulation Debris then Wrap and Cut Methodology
Exterior Metal Windows	Grey Window Caulk	10 Linear Feet	Exterior Non-Friable Removal
Main Building Roof	Roof Field Membrane	1500 Square Feet	Exterior Non-Friable Removal
Main Building Roof	Roof Flashing	225 Linear Feet	Exterior Non-Friable Removal
Bathroom Roof	Roof Flashing	65 Linear Feet	Exterior Non-Friable Removal

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

CR# 2850

Date of Notification (1) 7/28/15		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747	
		Name of Contact	Telephone Number
		Mr. Frank Frazzitta	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) John H Glenn Junior School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 185 Cindy Street		Square Feet 35,000	# of Floors 1
City (5) Old Bridge	County (6) Middlesex	Bldg. Age 60+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Roland C Jones		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 8/17/15	Scheduled Completion Date (11) 8/21/15	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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	Enclosure
Boiler Room 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Packing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rope	40 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill
City, State New Castle, DE	Disposal Date 8/21/15	City, State	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 7/28/15

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

Check # 8805

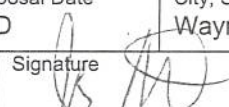
Date of Notification (1) <u>7/28/15</u>		Name of Building Owner/Operator (2) <u>FLANDERS 46, LLC</u> 2015 AUG -3 AM 8:32							
Agencies Notified	Type Notification	Street Address <u>2 FLANDERS ROAD</u>							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>NETCOWG, NJ 07857</u>							
		Name of Contact <u>ARIE</u>	Telephone No. <u>45</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>VACANT BUILDING</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>2 FLANDERS ROAD</u>		Square Feet <u>40,000</u>	# of Floors <u>1</u>						
City (5) <u>NETCOWG</u>		Bldg. Age <u>55</u>							
County (6) <u>MORRIS</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior, if being demolished) <u>STORE / WAREHOUSE / DEMO</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>						
Street Address		Street Address <u>185 Vreeland Ave.</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, N.J.</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>8/6/15</u>	Scheduled Completion Date (11) <u>8/16/15</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>							
		City, State, Zip Code <u>Hackensack, N.J. 07606</u>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <u>1,270 LF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>ROOF</u>			<u>X</u>	<u>FLASHING</u>	<u>X</u>				
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>8</u>	Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>					
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>8/6/15</u>		City, State <u>Pen Argyl, PA 08072</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R McDonald</u>		Date <u>7/28/15</u>			

NO CK

Print Form

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

RECEIVED

Date of Notification (1) 07-29-15		Name of Building Owner/Operator (2) Township of Livingston		2015 AUG -3 AM 7:49	
Agencies Notified	Type Notification	Street Address 81 Naylon Avenue			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Livingston, NJ 07039			
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joseph Greco		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 81 Naylon Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Livingston			Square Feet 500SF	# of Floors 1	Bldg. Age 40 yrs.
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commerical		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.		
Street Address		Street Address 200 Broad Street			
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565	License No. 00756	
Start Date (10) (2)08-03-15		Scheduled Completion Date (11) 12-31-15		Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 10-59 Jackson Avenue		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Long Island City, NY 11101		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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> 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		
Digester / Heat Exchange (Grnd Fl.)			x	Pipe Insulation	2LF
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688	
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 07-29-15	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Original checked
27362

Date of Notification (1) July 29, 2015		Name of Building Owner/Operator (2) NJ Site & Utility Contractors, Inc.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [x] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 8 Stephanie Court City, State, Zip Code Jackson, NJ 08527 Name of Contact Bob Telephone Number ---	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 46 Gilbert Road			Square feet 1500 sf		
City Springfield	County (6) Burlington	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 7/30/15			License Number 00624		
Scheduled Completion Date (11) 7/31/15			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf [] Renovation [x] Demolition			City, State, Zip Code Piscataway, New Jersey 08854		
[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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) 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			E N C L O S U R E			
Exterior		X		Asbestos siding	1500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/3/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 7/29/2015

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