

NO CK

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

Date of Notification (1) <u>7</u> / <u>25</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>State of NJ Department of Corrections</b>							
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 checked="" type="checkbox"/> Amended Amendment # <u>1-8/1/14</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>500 Ward Ave</b>		Telephone Number				
			City, State, Zip Code <b>Bordentown NJ 08505</b>						
			Name of Contact <b>John Giberson</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Albert Wagner Correctional</b>			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 <b>500 Ward Ave</b>			Square Feet <b>20000</b>	# of Floors <b>2</b>	Bldg. Age <b>40+</b>				
City (5) <b>Bordentown</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) <b>Burlington</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>120 N Warren Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Richard Beach</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) ____ / ____ / ____		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</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>5:00PM-2:30AM</u>			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Water Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	12 LF	<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"/>
Name of Registered Waste Hauler <b>Service Transport Group Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>8/5/14</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>8/1/14</b>			

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

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

*Cl# 2675*

Date of Notification (1) <u>7</u> / <u>25</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>State of NJ Department of Corrections</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <i>Y194</i> <input checked="" type="checkbox"/> DHSS <i>8200</i> <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>500 Ward Ave</b>		Telephone Number				
			City, State, Zip Code <b>Bordentown NJ 08505</b>						
			Name of Contact <b>John Giberson</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Albert Wagner Correctional</b>			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 <b>500 Ward Ave</b>			Square Feet <b>20000</b>	# of Floors <b>2</b>	Bldg. Age <b>40+</b>				
City (5) <b>Bordentown</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) <b>Burlington</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>120 N Warren Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Richard Beach</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <u>8</u> / <u>4</u> / <u>14</u>		Scheduled Completion Date (11) <u>8</u> / <u>5</u> / <u>14</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</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: <u>5:00</u> PM- <u>2:30</u> AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Water Closet</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>7 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stairwell</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>12 LF</b>	<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"/>
Name of Registered Waste Hauler <b>Service Transport Group Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>8/5/14</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>7/25/14</b>			

NO CK

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

Date of Notification (1) <b>7/16/14</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-8/1/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>1700 Riverton Road</b>
			City, State & Zip Code <b>Cinnaminson NJ 08077</b>
			Name of Contact <b>ALEX BAYLOR</b>

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>RIVERTON CENTRAL OFFICE</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 & commercial buildings, homes, etc.)		
Street Address <b>1700 RIVERTON ROAD</b>			Square Feet <b>17000</b>	# of Floors <b>2</b>	Bldg. Age
City (5) <b>CINNAMINSON</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11)	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</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 Hours - 7am to 3pm Describe: <b>5:00 PM -1:00 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>			
		City, State & Zip Code <b>BRISTOL, PA 19007</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 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
<b>Basement Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>1900 SF</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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCaro</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>7/16/14</b>

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

*Cl # 2665*

Date of Notification (1) <b>7/16/14</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA 9661 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9654 <input checked="" type="checkbox"/> DOH 9647 <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 <b>1700 Riverton Road</b>	
		City, State & Zip Code <b>Cinnaminson NJ 08077</b>	
		Name of Contact <b>ALEX BAYLOR</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>RIVERTON CENTRAL OFFICE</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 & commercial buildings, homes, etc.)		
Street Address <b>1700 RIVERTON ROAD</b>			Square Feet <b>17000</b>	# of Floors <b>2</b>	Bldg. Age
City (5) <b>CINNAMINSON</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>8/4/14</b>	Scheduled Completion Date (11) <b>8/15/14</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</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 Hours - 7am to 3pm Describe: <b>5:00 PM -1:00 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>			
		City, State & Zip Code <b>BRISTOL, PA 19007</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 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
<b>Basement Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>1900 SF</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"/>
	<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>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCaro</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. DeCaro / jle</i>		Date <b>7/16/14</b>

NO CK

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

AMENDMENT # 1

ETS JOB # 4243/14

2014 AUG -5 PM 3:40

Date of Notification (1) <b>7/31/14</b>		Name of Building Owner / Operator (2) <b>THE PORT AUTHORITY OF NEW YORK &amp; NEW JERSEY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>241 ERIE STREET, ROOM 236</b>	
		City, State & Zip Code <b>JERSEY CITY, NJ 07310</b>	
		Name of Contact <b>MR. RALPH CAMPIONE</b>	Telephone Number -----

**FACILITY INFORMATION**

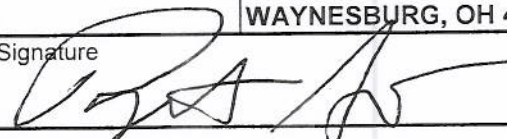
Name of Facility Where Abatement is Taking Place (3) <b>ALASKA AIRLINES - TERMINAL A - PASSENGER SELF TICKETING MACHINES</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7)	Square Feet <b>1.2 MIL.</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>CARDNO ATC</b>			ASCM No. <b>98</b>	Name of Abatement Contractor (9) <b>ETS CONTRACTING, INC.</b>	
Street Address <b>104 E. 25TH STREET - 10<sup>TH</sup> FLOOR</b>			Street Address <b>160 CLAY STREET</b>		
City, State & Zip Code <b>NEW YORK 10010</b>			City, State & Zip Code <b>BROOKLYN, NY 11222</b>		
Project Manager for Monitoring Firm <b>PATRICK SISK</b>		Telephone Number <b>212-353-8280</b>	Telephone Number <b>718-706-6300</b>	License Number <b>00511</b>	
Scheduled Start Date (10) <b>HOLD</b>	Scheduled Completion Date (11) <b>10/30/2014</b>		Name of OSHA Monitor <b>TESTOR TECH.</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: <b>MONDAY - FRIDAY 9:00 PM - 5:30 AM</b> <input type="checkbox"/> Other - Describe:		Street Address <b>10 59 JACKSON AVENUE</b>	
		City, State & Zip Code <b>LONG ISLAND CITY, NY 11101</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other:	

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>GROUND FL. - TERMINAL A - PASSENGER SELF TICKETING MACHINES</b>	<b>NO</b>	<b>FIREPROOFING</b>	<b>12 SF</b>	<b>MINI ENCLOSURE</b>

Name of Registered Waste Hauler <b>TRI-STATE TRANSFER</b>	NJDEP Waste Hauler ID # <b>2A-456</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES, INC.</b>
City, State <b>1199 RANDALL AVENUE, BRONX, NY 10474</b>		Disposal Date <b>TBD</b>	City, State <b>9000 MINERVA ROAD, WAYNESBURG, OH 44688</b>

Completed By (Print or Type) <b>Richie Smith</b>	Title <b>Project Executive</b>	Signature 	Date <b>7/31/14</b>
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CK 19265

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

Date of Notification (1) 07/31/2014		Name of Building Owner/Operator (2) ROCKAWAY BOROUGH SCHOOL DISTRICT	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 103 EAST MAIN STREET
			City, State, Zip Code ROCKAWAY, NJ 07866
			Name of Contact ED APPLETON

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) LINCOLN 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 37 KELLER AVENUE		Square Feet	# of Floors
City (5) ROCKAWAY		Bldg. Age	
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) WEST CHESTER ENVIRONMENTAL, LLC		ASCM No. 00127	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address 307 NORTH WALNUT STREET		Street Address 250 RUTHERFORD BOULEVARD		
City, State, Zip Code WEST CHESTER, PA 19380		City, State, Zip Code CLIFTON, NJ 07014		
Project Manager for Monitoring Firm PHILLIP CONTEH		Telephone No. 610-431-7545	Telephone No. 973-956-8700	License No. 00494

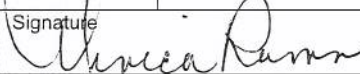
Start Date (10) 08/01/2014	Scheduled Completion Date (11) 08/04/2014	Name of OSHA Monitor SAME AS NO 9 (ABOVE)		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: FRIDAY AFTER 4PM		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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 B7			X	CEILING TILE	400 SF	X			
ROOM B7			X	PIPE INSULATION	4 LF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 4	Name of Registered Landfill GROWS	
City, State CLIFTON, NJ 07014		Disposal Date 08/04/2014		City, State MORRISVILLE, PA 19067	

Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature 	Date 07/31/2014
------------------------------	------------------------------	---	--------------------

07/31/2014 15:12 Two Brothers Contracting

(FAX) 973 858 8811

P.002/005

REMEMBER - MAIL IN HARD COPY

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

**DOL - 10 DAY**  
AUG 1 2014  
WAIVER APPROVED

Date of Notification (1) 07/31/2014		Name of Building Owner/Operator (2) ROCKAWAY BOROUGH SCHOOL DISTRICT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 103 EAST MAIN STREET	
		City, State, Zip Code ROCKAWAY, NJ 07866	
		Name of Contact ED APPLETON	Telephone Number

Name of Facility Where Abatement is Taking Place (3) LINCOLN ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 37 KELLER AVENUE		Square Feet	# of Floors
City (5) ROCKAWAY		Bldg. Age	
County (4) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) WEST CHESTER ENVIRONMENTAL, LLC	ASCM No. 00127	Name of Abatement Contractor (8) TWO BROTHERS CONTRACTING, INC.	
Street Address 307 NORTH WALNUT STREET		Street Address 250 RUTHERFORD BOULEVARD	
City, State, Zip Code WEST CHESTER, PA 19380		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm PHILLIP CONTEH	Telephone No. 610-431-7545	Telephone No. 973-858-8700	License No. 00494

Start Date (10) 08/01/2014	Scheduled Completion Date (11) 08/04/2014	Name of OSHA Monitor SAME AS NO 9 (ABOVE)	
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: FRIDAY AFTER 4PM		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 1 of or ≥ 2 ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 180 sf or ≥ 280 ft	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Practical 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
ROOM B7			X	CEILING TILE	400 SF	X			
ROOM B7			X	PIPE INSULATION	4 LF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING, INC.	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 4	Name of Registered Landfill GROWS
City, State CLIFTON, NJ 07014		Disposal Date 08/04/2014	City, State MORRISVILLE, PA 19067
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 07/31/2014

2014 AUG -5 PM 3:00

MO 22149809741

State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

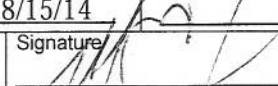
414 AUG -5 PM 3:10

Date of Notification (1): 07/29/2014		Name of Building Owner/Operator (2) Newark HOUSING Authority						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address: 500 Broad Street		Telephone Number:			
			City, State, Zip Code: Newark, NJ 07104					
			Name of Contact: Al Morino					
<b>FACILITY INFORMATION</b>								
Name of Facility ADMINISTRATIVE BUILDING			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.)					
71 LUDLOW STREET			Square Feet: # of Floors: 1					
City/ (5) NEWARK	County (6): ESSEX	County Code (7): 07104	Bldg. Age Current Use : House					
Name of Monitoring Firm Hired by Building Owner: DIVINE ENVIRONMENTAL		ASCM No.: 00146	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 358 BROADWAY			Street Address: <b>658 Rutgers Place</b>					
City, State, Zip Code: Newark, NJ 07104			City, State, Zip Code: <b>Paramus, NJ 07652</b>					
Project Manager for Monitoring Firm: NKIRUKA		Telephone No.: 201-483-9788	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>				
Start Date (10): 08/8/14	Scheduled Completion Date (11): 10/12/14		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:  <input type="checkbox"/> Other Describe:			Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>					
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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	Encapsulat
Caulking Exterior		X	Caulking Door and window	705 LF	*			
ROOF			Flashing, Pitch pocket and Vent Tar	2093 SF	*			
PIPE			Pipe and Boiler Insulation	1437 LF	*			
Floor Tiles			VAT	400 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President	Signature: 		Date: 07/29/2014			



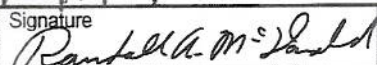
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

CK# 24607  
174-005-5 P12  
LICENSING

Date of Notification (1) <u>7/31/14</u>		Name of Building Owner/Operator (2) <u>Rosario</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>1115 Revere Ave.</u>					
			City, State, Zip Code <u>Trenton, NJ 08629</u>					
			Name of Contact <u>Ms. Rosario</u>	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>1115 Revere Ave.</u>								
City (5) <u>Trenton, NJ</u>			Square Feet <u>1400</u>	# of Floors <u>2</u>	Bldg. Age <u>70+/-</u>			
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Lou Laureti</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>				
Start Date (10) <u>8/13/14</u>	Scheduled Completion Date (11) <u>8/15/14</u>		Name of OSHA Monitor <u>MECS</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 - 4pm</u>			Street Address <u>PO Box 341</u>					
			City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)								
<input 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
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Boiler Insulation</u>	<u>50 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Pipe Insulation</u>	<u>25 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/15/14</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 		Date <u>7/31/14</u>			

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

CHECK #: 8515

Date of Notification (1) <b>7/31/14</b>		Name of Building Owner/Operator (2) <b>Styertowne Apts Inc</b>							
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 <b>1051 Bloomfield Ave</b>		Telephone Number 				
			City, State, Zip Code <b>Clifton NJ</b>						
			Name of Contact <b>Rich Shatwell</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Styertowne Apartments</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 & commercial buildings, homes, etc.)					
Street Address <b>12 Meadow Court</b>									
City (5) <b>Clifton NJ</b>		Square Feet <b>40,000</b>	# of Floors <b>3</b>	Bldg. Age <b>60</b>					
County (6) <b>Passaic</b>		County Code (7) <small>(STATE USE ONLY)</small> _____		Current Use (Prior if being demolished) <b>Apartments</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>						
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, NJ 07452</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>					
Start Date (10) <b>8/21/14</b>	Scheduled Completion Date (11) <b>9/21/14</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</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 <input type="checkbox"/> Other - Describe: _____			Street Address <b>280 Huyer Street</b>						
			City, State, Zip Code <b>Hackensack, NJ 07606</b>						
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
<b>Boiler Room 3-2</b>			<b>X</b>	<b>API</b>	<b>110 LF</b>	<b>X</b>			
<b>Boiler Room 3-2</b>			<b>X</b>	<b>breaching</b>	<b>40 SF</b>	<b>X</b>			
<b>Boiler Room 3-2</b>			<b>X</b>	<b>Boiler Insulation</b>	<b>240 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Disposal Date <b>8/21/14</b>		City, State, Zip Code <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature 		Date <b>7/31/14</b>				

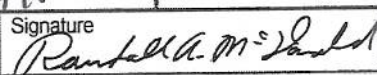
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

CHECK #: 8515

Date of Notification (1) <u>7/30/14</u>		Name of Building Owner/Operator (2) <u>Julie Winters</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>1160 Harding Road</u> City, State, Zip Code <u>Glen Rock NJ 07452</u> Name of Contact <u>Julie Winters</u> Telephone Number _____		
	<b>FACILITY INFORMATION</b>				
	Name of Facility Where Abatement is Taking Place (3) <u>Residence</u> Street Address <u>1160 Harding Road</u> City (5) <u>Glen Rock NJ 07452</u> County (6) <u>Bergen</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.) Square Feet <u>1700</u> # of Floors <u>2</u> Bldg. Age <u>150</u> County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____		ASCM No. _____	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u> Street Address <u>105 Lowell Road</u> City, State, Zip Code <u>Glen Rock, NJ 07452</u> Telephone No. <u>201-262-5841</u> License No. <u>00156</u>		
Project Manager for Monitoring Firm _____ Telephone No. _____		Start Date (10) <u>8/18/14</u> Scheduled Completion Date (11) <u>8/28/14</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 Huyer Street</u> City, State, Zip Code <u>Hackensack, NJ 07606</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 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) <u>Attic / top floor</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>asbestos containing Vermiculite GOLF</u>	
				Amount (Specify SF or LF) <u>X</u>	
				Abatement Type Removal Raipair Encapsulation Enclosure <u>X</u>	
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State, Zip Code <u>Riverdale, NJ 07457</u>		Disposal Date <u>8/18/14</u>		City, State, Zip Code <u>Bethlehem, PA 18015</u>	
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>Ronald A. McDonald</u>	Date <u>7/30/14</u>

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

CHECK #: 8515

Date of Notification (1) <b>7/30/14</b>		Name of Building Owner/Operator (2) <b>New York Community Bancorp Inc</b>							
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 <b>615 Merrick Ave</b>						
	City, State, Zip Code <b>Westbury NY 11590</b>			Telephone Number <b>516-339-1100</b>					
	Name of Contact <b>Andrea Barragan</b>				Telephone Number <b>516-339-1100</b>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NYCB Branch 458</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 & commercial buildings, homes, etc.)					
Street Address <b>36 Ferry Street</b>				Square Feet <b>8000</b>	# of Floors <b>1</b>				
City (5) <b>Newark NJ</b>				Bldg. Age <b>+50</b>					
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>commercial</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Weir Environmental LLC</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>						
Street Address <b>5732 Salmes St. Suite 13</b>			Street Address <b>105 Lowell Road</b>						
City, State, Zip Code <b>New Orleans LA 70123</b>			City, State, Zip Code <b>Glen Rock, NJ 07452</b>						
Project Manager for Monitoring Firm <b>Aubrey</b>		Telephone No. <b>504-324-9167</b>	Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>					
Start Date (10) <b>8/11/14</b>	Scheduled Completion Date (11) <b>9/11/14</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</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 <input type="checkbox"/> Other - Describe: _____			Street Address <b>280 Huyer Street</b>						
			City, State, Zip Code <b>Hackensack, NJ 07606</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 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			Renoval	Repair	Encapsulate	Enclose
Basement			X	VAT	1190 SF	X			
Bathrooms + closet			X	VAT + mastic	76 SF	X			
Bathrooms + closet			X	Plaster	190 SF	X			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Disposal Date <b>8/11</b>	City, State, Zip Code <b>Bethlehem, PA 18015</b>						
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature 		Date <b>7/30/14</b>				

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

CHECK #: 8515

Date of Notification (1) 7/30/14		Name of Building Owner/Operator (2) DORIS McCullum							
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 21 Buena Vista Ave						
			City, State, Zip Code Hawthorne NJ 07506						
			Name of Contact Doris McCullum						
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 21 Buena Vista Ave			Square Feet 1700	# of Floors 2	Bldg. Age +50				
City (5) Hawthorne NJ 07506		County (6) Passaic	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) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156					
Start Date (10) 8/15/14	Scheduled Completion Date (11) 8/25/14		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement			X	pipe	80 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 8/13/14	City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature <i>Randall A. McDonald</i>		Date 7/30/14				

Jul 31 2014 10:00am

P001/001

NJ Dept of Health & Senior Services  
*Cee*  
(signature)  
Date: 7/30/14 Time: 3:30

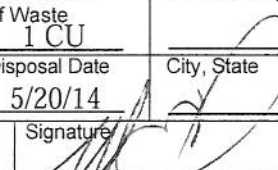
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK #: 8515  
2014 ALG-5

Date of Notification (1) 7/30/14		Name of Building Owner/Operator (2) Brett Boffard								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 402 Summit Ave								
		City, State, Zip Code Westfield NJ 07090								
		Name of Contact Brett Boffard	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Apartment Building		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 402 Summit Ave		Square Feet 12000	# of Floors 2							
City (5) Westfield NJ 07090		Bldg. Age +50								
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence / Apt Bldg								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc							
Street Address		Street Address 106 Lowell Road								
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452								
Project Manager for Monitoring Firm		Telephone No. 201-262-6841	License No. 00156							
Start Date (10) 7/31/14	Scheduled Completion Date (11) 8/10/14	Name of OSHA Monitor Omega Environmental Services Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Haver Street								
		City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	Encapsulated	Enclosure	
Basement / Balcony			X	Pipe insulation	180 LF	✓				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State, Zip Code Rivardale, NJ 07457		Disposal Date 7/31/14		City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature <i>Ronald McDonald</i>			Date 7/30/14				

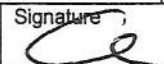
CK# 24603

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

Date of Notification (1) <u>7/31/14</u>		Name of Building Owner/Operator (2) <u>SI.MAO.HAI., LLC</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>43 Albemarle Rd</u>								
		City, State, Zip Code <u>Lawrence, NJ 08648</u>								
		Name of Contact <u>Joe Shelmet</u>	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>43 Albemarle Rd</u>		Square Feet <u>1100</u>	# of Floors <u>1</u>							
City (5) <u>Lawrence NJ</u>		Bidg. Age <u>70</u>								
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>								
Street Address		Street Address <u>PO Box 322</u>								
City, State, Zip Code		City, State, Zip Code <u>Allentown, NJ 08501</u>								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>							
Start Date (10) <u>8/13/14</u>	Scheduled Completion Date (11) <u>8/18/14</u>	Name of OSHA Monitor <u>MECS</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 AM-4:30 PM</u>		Street Address <u>PO Box 341</u>								
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<u>Exterior House</u>			<input checked="" type="checkbox"/>	<u>transite siding</u>	<u>200 sf</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>						
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/20/14</u>	City, State <u>Morrisville, PA</u>							
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 				Date <u>7/31/14</u>			

CK 4263

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

Date of Notification (1) 7/31/14		Name of Building Owner/Operator (2) City Of Atlantic City											
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1301 Bacharach Blvd Suite 306 City, State, Zip Code Atlantic City NJ 08401 Name of Contact Lois Anderson Telephone Number _____										
	<b>FACILITY INFORMATION</b>												
	Name of Facility Where Abatement is Taking Place (3) Demo Street Address 1834 Grant Ave City (5) Atlantic City NJ 08401 County (6) Atlantic		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.) Square Feet 1000+ # of Floors 2 Bldg. Age 35 + County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) apartment										
Name of Monitoring Firm Hired by Building Owner (8) N/a Street Address City, State, Zip Code		ASCM No. _____ Telephone No. 609-314-1683	Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 License No. 00727										
Start Date (10) 8/13/14 Scheduled Completion Date (11) 8/20/14		Name of OSHA Monitor Same											
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code											
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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) 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	Yes No N/A	Yes No N/A			Removal Repair Encapsulate Enclosure	Removal Repair Encapsulate Enclosure	Removal Repair Encapsulate Enclosure	Removal Repair Encapsulate Enclosure	Removal Repair Encapsulate Enclosure			
Roof	Yes No N/A	Yes No N/A	Yes No N/A	Roof	1920 SF	x	x	x	x	x	x	x	x
Name of Registered Waste Hauler Earth Teck		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 16429	Name of Registered Landfill ACUA		City, State Greenfield NJ Disposal Date 8/20/14 City, State 6700 Delilah Rd EHT NJ 08234							
Completed by Anthony T Perna		Title President	Signature 			Date 7/31/14							



*Emergency*

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

CK-4248

2014 AUG 5 PM 0:00  
 LICENSURE

Date of Notification (1) 8/31/14		Name of Building Owner/Operator (2) The Children's Home							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 243 Pine Street						
	City, State, Zip Code Mt Holly NJ 08060			Name of Contact Brian					
			Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Children's Home			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 & commercial buildings, homes, etc.)						
Street Address 243 Pine Street			Square Feet 1000+	# of Floors 1+	Bldg. Age 35 +				
City (5) Mt Holly NJ 08060		County (6) Burlington		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) JAG Environmental		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address 3111 Route 38 Suite 11			Street Address PO Box 329						
City, State, Zip Code Mt Laurel NJ 08054			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm Rosa Izzi		Telephone No. 609-314-1683		License No. 00727					
Start Date (10) 8/1/14		Scheduled Completion Date (11) 8/2/14		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			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 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
Gymnasium Kitchen Area	x			Floor Tile / mastic	100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 8/4/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 7/31/14			

*Emergency*

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

CK 4249

Date of Notification (1) 8/31/14		Name of Building Owner/Operator (2) Melody Bernhardt Private Home							
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	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 109 West 11th Street		Telephone Number				
			City, State, Zip Code Ship Bottom NJ 08008						
			Name of Contact Ashley						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Melody Bernhardt Private Home			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 & commercial buildings, homes, etc.)						
Street Address 109 West 11th Street			Square Feet 1000+	# of Floors 1.5	Bldg. Age 35 +				
City (5) Ship Bottom NJ 08008		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <i>House</i>					
County (6) Ocean		Name of Monitoring Firm Hired by Building Owner (8) N/a		ASCM No.					
Street Address		Name of Abatement Contractor (9) Pernaco Inc.		ASCM No.					
City, State, Zip Code		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. 609-314-1683	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 8/1/14		Scheduled Completion Date (11) 8/5/14		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) 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
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 8/5/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature <i>ce</i>			Date 7/31/14		

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

Check # 9010

Date of Notification (1) <b>July 30, 2014</b>		Name of Building Owner / Operator (2) <b>MCP 8 King Road LLC</b>	
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 Amendment # ___ <input type="checkbox"/> Cancellation	<b>260 Franklin Street, Suite 620</b>	
		City, State & Zip Code <b>Boston, MA 02110</b>	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Spectra Laboratories</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 & commercial buildings, home, etc.)	
Street Address <b>East Building - 8 King Road</b>		Square Feet <b>200,000</b>	# of Floors <b>2</b>
City (5) <b>Rockleigh</b>		Bldg. Age <b>70</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Medical Laboratories</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>35 Columbia Road</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Alex Hernandez</b>	Telephone Number <b>908-526-1000</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>August 11, 2014</b>	Scheduled Completion Date (11) <b>December 31, 2014</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Facility occupied outside of work areas <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
1 <sup>st</sup> Flr AA Lab, Hematology, Specimen Handling, Lab Hallway, Lab Administration, Chemical Lab, IT Offices, Southwest Office Hallway and Logistics. 2 <sup>nd</sup> Flr South Office Area, Accounting and Conference Room			X	Adhesive associated with Blue Cove Base	4,230 SF	X			
1 <sup>st</sup> Flr Corridors; 2 <sup>nd</sup> Flr Vacant Break Room; Northeast Stairwell; E Lab			X	Floor Tile and Mastic	6,000 SF	X			
Beneath Flooring in E Lab and IT Storage			X	Black ACM Mastic	9,700 SF	X			
2 <sup>nd</sup> Flr Throughout (except SW Offices)			X	Black/Yellow Carpet Mastic	25,000 SF	X			
North Stairwell			X	Yellow/Black Rubber Flooring Mastic	150 SF	X			
MER 5			X	ACM Transite Wall Panels	650 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID # <b>27429</b>	Cubic Yards of Waste <b>160</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>September 15, 2014</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>July 30, 2014</b>

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

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

Date of Notification (1) <b>7-30-14</b>		Name of Building Owner/Operator (2) <b>Isaac Pinper</b>	
Agencies Notified	Type Notification	Street Address <b>4603 Park Street</b>	
[ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	[X] Initial Notification [ ] Amended Notification [ ] EMERGENCY [ ] Cancellation	City, State, Zip Code <b>Union City, NJ,</b>	
		Name of Contact <b>Isaac Pinper</b>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>12000</b>	# of Floors <b>4</b>	Bldg. Age <b>54</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>		
Scheduled Start Date (10) <b>8-9-14</b>	Sched. Completion Date (11) <b>8-12-14</b>		Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ] Other - Describe: «Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf	[X] Renovation	[ ] Full Containment with Negative Pressure
[ ] >160 sf or >260 lf	[ ] Demolition	[ ] Mini-Enclosure
		[X] Glovebag Procedure
		[ ] 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			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Outside of boiler room			X	Pipe Insulation	35 lf	X			
				Flu Piping wash/clean	40 sf			X	

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8-15-14</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C. Vivian</i>	Date <b>7-30-14</b>		

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

Date of Notification (1) <b>7-30-14</b>		Name of Building Owner/Operator (2) <b>Carolyn Mitchell</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>35 Douglas Road</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	<b>Glen Ridge, NJ, 07028</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Carolyn Mitchell</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			<b>3200</b>	<b>3</b>	<b>104</b>
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address		
			<b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code		
			<b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
		<b>N/A</b>	<b>(973) 744-8800</b>		<b>00371</b>
Scheduled Start Date (10) <b>8-12-14</b>		Sched. Completion Date (11) <b>8-14-14</b>		Name of OSHA Monitor	
Month Day Year		Month Day Year		<b>N/A</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: <u>OffHours Descript</u>					
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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 N C L O S U R E
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	80 lf	<input checked="" type="checkbox"/>			
				Boiler	35 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8-15-14</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>CVivian</i>		Date <b>7-30-14</b>

CK 006278

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

D&S Proj. #: 2014-281

Date of Notification (1) 10/7/10/19/14		Name of Building Owner/Operator (2) CHURCH OF THE SCIENTIST	
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 211 BROAD STREET	
		City, State, Zip Code RED BANK, NJ 07701	
		Name of Contact TOM MINDEN	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHURCH OF THE SCIENTIST			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 211 BROAD STREET			Square Feet	# of Floors	Bldg. Age
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 07/21/14	Sched. Completion Date (11) 08/15/14		Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" 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)	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						
CHURCH BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION-WRAP&CUT	200 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION-WRAP&CUT	900 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		TRANSITE PANELS	700 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH CAFERIA/BATHROOM		<input checked="" type="checkbox"/>		PIPE INSULATION-WRAP&CUT	280 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 22 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/09/2014

PK 006278

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

D&S Proj. #: 2014-281

Date of Notification (1) 10/17/12 19/1/14		Name of Building Owner/Operator (2) CHURCH OF THE SCIENTIST	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 211 BROAD STREET	
	City, State, Zip Code RED BANK, NJ 07701		Telephone Number
	Name of Contact TOM MINDEN		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHURCH OF THE SCIENTIST			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 211 BROAD STREET			Square Feet	# of Floors	Bldg. Age
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 07/21/14	Sched. Completion Date (11) 08/15/14	Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
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		City, State, Zip Code Paterson, NJ 07503		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
CHURCH BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION-WRAP&CUT	200 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION-WRAP&CUT	900 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		TRANSITE PANELS	700 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH CAFERIA/BATHROOM		<input checked="" type="checkbox"/>		PIPE INSULATION-WRAP&CUT	280 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH 2nd flr. O's		<input checked="" type="checkbox"/>		CEILING PLASTER	256 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 25 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/29/2014

CK 1000  
022254

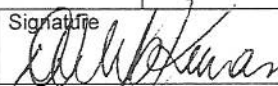
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/23/14 Amended 7/28/14		Name of Building Owner/Operator (2) Passaic Valley Sewerage Commission							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 Wilson Ave City, State, Zip Code Newark, NJ 07105 Name of Contact James McCarthy Telephone Number						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Passaic Valley Sewerage Commission			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 & commercial buildings, homes, etc.)						
Street Address 600 Wilson Ave			Square Feet 4575	# of Floors 2	Bldg. Age 1971				
City (5) Newark, NJ 07105		County (6) Essex		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates, Division of H&R Environmental		ASCM No. 0004	Name of Abatement Contractor (9) New States Contracting, LLC						
Street Address 3 Crosswicks Street		Street Address 2400 Main Street Extension, Suite 10							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 732-525-0100	License No. 00749					
Start Date (10) 7/8/14	Scheduled Completion Date (11) 8/1/14 Amended 8/29/14		Name of OSHA Monitor Tiger Environmental Show Desktop.scf						
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 16 W Elizabeth Ave City, State, Zip Code Linden, NJ 07036						
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 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
Solids Handling Maintenance Bldg	X			Thermal Pipe insulation	300 lf	X			
				Added Scope-Clean and Wipe 1000sf of duct	1000 sf			XX	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks					
City, State Freehold, NJ		Disposal Date 7/31/14	City, State Birdsboro, PA 19508						
Completed by Michael Migliore		Title Sr Account Manager	Signature <i>Michael Migliore</i>		Date 7/28/14				



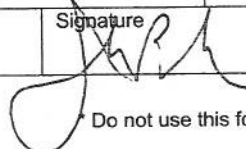
CK 23237

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

Date of Notification (1) <u>07</u> / <u>30</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>Merck Sharp and Dohme Corporation</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>2000 Galloping Hill Road</b>				
			City, State, Zip Code <b>Kenilworth, NJ 07033</b>				
			Name of Contact <b>Mike Latronica</b>		Telephone Number		
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Building 5</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>2000 Galloping Hill Road</b>							
City (5) <b>Kenilworth</b>		Square Feet <b>115000</b>	# of Floors <b>4</b>	Bldg. Age <b>46</b>			
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Atlantic Environmental, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>				
Street Address <b>2 E. Blackwell Street</b>		Street Address <b>8436 Enterprise Avenue</b>					
City, State, Zip Code <b>Dover, NJ 07801</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>					
Project Manager for Monitoring Firm <b>Ray Pirnat</b>		Telephone No. <b>973-366-4660</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>			
Start Date (10) <u>08</u> / <u>13</u> / <u>14</u>		Scheduled Completion Date (11) <u>09</u> / <u>13</u> / <u>14</u>		Name of OSHA Monitor <b>USA Environmental Management, Inc</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: <u>7:00</u> AM- <u>3:30</u> PM/ <u>    </u> PM- <u>    </u> AM			Street Address <b>8436 Enterprise Avenue</b>				
			City, State, Zip Code <b>Philadelphia, PA 19153</b>				
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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>Lower Level Rooms</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>Floor Tile and Mastic</b>	<b>4700 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lower Level</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>Pipe Fittings</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage Inc.</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Lycoming County RMS</b>			
City, State <b>Freehold, NJ</b>		Disposal Date <b>9/13/2014</b>		City, State <b>Montgomery, PA</b>			
Completed By (Print or Type) <b>Dilip Kumar</b>		Title <b>Program Manager</b>	Signature 	Date <b>7-30-14</b>			

PK 008687

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

Date of Notification (1) 7/29/14		Name of Building Owner/Operator (2) Princeton Municipality		2014 AUG -5 PM 3:37					
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	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 Witherspoon St		& LICENSED				
			City, State, Zip Code Princeton, NJ						
		Name of Contact Robert Kiser		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Flood damaged property			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 59 Meadowbrook Dr.			Square Feet 2100	# of Floors 1	Bldg. Age 50+				
City (5) Princeton		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) unoccupied					
County (6) Mercer									
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. n/a	Name of Abatement Contractor (9) Yannuzzi Environmental Inc.						
Street Address 2693 Pennel Rd		Street Address 152 Route 206 South							
City, State, Zip Code Media PA 19063		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm Eric Houskenecht		Telephone No. 610-891-0114	Telephone No. 908-218-0880	License No. 01228					
Start Date (10) 8/11/14		Scheduled Completion Date (11) 8/18/14		Name of OSHA Monitor Yannuzzi Environmental Services, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 152 Rte 206 South						
			City, State, Zip Code Hillsborough, NJ 08844						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Water Heater & utility closet rooms			x	Transite panels	50sf	x			
Drywall ceilings			x	Spackling Compound	500sf	x			
Living area walls			x	Spackling Compound	500 sf	x			
Name of Registered Waste Hauler Yannuzi Group Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill GROWS					
City, State Hillsborough, NJ		Disposal Date 8/12 - 18		City, State Morrisville, PA					
Completed by John Mucha		Title Project manager	Signature 		Date 7/29/14				

NO CK

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

Date of Notification (1) 07 / 11 / 14		Name of Building Owner / Operator (2) HOFFMAN LAROCHE	
Agencies Notified		Street Address 340 KINGSLAND AVENUE	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code NUTLEY, NJ 07110	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact BILL LICHTENAU	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification		
	<input checked="" type="checkbox"/> Cancellation		

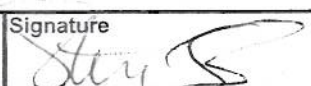
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE			Type of Facility (4)		
Street Address 340 KINGSLAND 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 bldgs., homes, etc.)		
City (5) NUTLEY	County (6) ESSEX	County Code (7)	Square Feet 80,000	# Of Floors 3	Building Age 40+
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			Name of Abatement Contractor (9) LVI DEMOLITION SERVICES INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 WILLIAMS PARKWAY		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code EAST HANOVER, NJ 07936		
Project Mngr. For Monitoring Firm BILL KIRBIL		Telephone Number 973-729-5649	Telephone Number 973-772-3660		License Number 00860
Sched. Completion Date (11) 08 / 05 / 14		09 / 30 / 14			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI DEMOLITION SERVICES INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7:00AM-3:00PM			Street Address 32 WILLIAMS PARKWAY		
			City, State, Zip Code EAST HANOVER, NJ 07936		

Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition                    | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥3sf or ≥3lf                  |  | <input checked="" type="checkbox"/> Mini - Enclosure                           |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input checked="" 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
BUILDING 103	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name of Registered Waste Hauler LVI DEMOLITION SERVICES INC.	NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT
City, State EAST HANOVER, NJ		Disposal Date	City, State TULLYTOWN, PA
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature 
			Date 08/04/14

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 N C L O S U R
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTINGS	1450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTINGS	1750 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	4500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	57 EA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PITCH POCKETS	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING & FLASHING	16000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 103/EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	1650 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STATE OF NEW JERSEY  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

*Check # 2194*

Date of Notification (1) 07 / 18 / 14		Name of Building Owner / Operator (2) AAK					
Agencies Notified		Street Address 499 Thornall Street, 5th Floor					
Type of Notification		City, State, Zip Code Edison, NJ					
<input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact / Telephone Number Kevin Doyle			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) AAK			Type of Facility (4)				
Street Address 131 Marsh 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 bldgs., homes, etc.)				
City (5) Port Newark	County (6) Essex	County Code (7)	Square Feet 8,000	# Of Floors 10	Building Age 40+		
Name of Monitoring Firm Hired by Bldg. Owner (8) CARDNO ATC			Name of Abatement Contractor (9) LVI Demolition Services Inc.				
Street Address 104 E. 25TH Street			Street Address 32 Williams Parkway				
City, State, Zip Code NEW YORK, NY			City, State, Zip Code East Hanover, Nj 07936				
Project Mngr. For Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	Telephone Number 973-884-8682		License Number 00860		
Scheduled Start Date (10) 08 / 19 / 14		Sched. Completion Date (11) 09 / 19 / 14					
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Demolition Services Inc.				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>5:00AM - 1:30PM - MON - FRI</u>			Street Address 32 Williams Parkway				
			City, State, Zip Code East Hanover, Nj 07936				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation		<input 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
MAIN/BOILER ROOF	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	ROOF FLASHING	2,200 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"/>
Name of Registered Waste Hauler LVI Demolition Services Inc.		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill GROWS			
City, State East Hanover, NJ		Disposal Date	City, State Morrisville, PA 19067				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 08/14/14		

Date of Notification (1) 7-24-2014		Name of Building Owner/Operator (2) Plainfield Public School								
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 920 Park Ave							
			City, State, Zip Code Plainfield, NJ 07060							
			Name of Contact Eugene Campbell							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Woodland 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 730 Central Street		Square Feet 40,000	# of Floors 1							
City (5) Plainfield		Bldg. Age 50+								
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc							
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725							
		License No. 01084								
Start Date (10) 8-11-2014		Scheduled Completion Date (11) 8-17-2014								
Name of OSHA Monitor GL Group, Inc										
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike								
		City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)										
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Crawlspace	X			Pipe Insulation	385 LF	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows						
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Michael B Solakov		Title P.M.		Signature 				Date 7-24-2014		

GL14-008

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


Page 1 of 2

Check #1311

Date of Notification (1) 7-25-14		Name of Building Owner/Operator (2) Rutherford Board of Education										
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 176 Park Avenue									
			City, State, Zip Code Rutherford, NJ 07070									
		Name of Contact Joseph P Kelly	Telephone Number									
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Rutherford Sylvan School MS		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 & commercial buildings, homes, etc.)										
Street Address 109 Sylvan Street		Square Feet 30,000	# of Floors 2									
City (5) Rutherford		Bldg. Age 50+										
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School										
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 118	Name of Abatement Contractor (9) GL Group, Inc									
Street Address 464 Valley Brook, Ave #3A		Street Address 140 Hamburg Turnpike										
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomingtondale, NJ 07403										
Project Manager for Monitoring Firm John Chiaviello		Telephone No. (201) 438-4839	License No. 01084									
Start Date (10) 6-26-2014	Scheduled Completion Date (11) 7-29-2014	Name of OSHA Monitor GL Group, Inc										
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike										
		City, State, Zip Code Bloomingtondale, NJ 07403										
Scope of Work (Check All That Apply)												
<input 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)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A						Removal	Repair	Encapsulate	Enclosure
See Attached			X					X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS								
City, State Bloomingtondale, NJ		Disposal Date TBD		City, State Morrisville, PA								
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>					Date 7-25-2014				

Location(s)	Material Description	Estimated Quantity
	<u>ACM-2</u> = 3 1/2" Sleeved Penetrations	10
	<u>ACM-3</u> = Removal of Wall Plaster	115 SF
	<u>ACM-7</u> = Install 5" wide Vertical Raceway back channel	150 LF
	<u>ACM-8</u> = Install Back Channel for Horizontal Raceway	50 LF
	<u>ACM-9</u> = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	2 Sleeves
	<u>ACM-10</u> = Install Raceway back Channel Above Existing Casework (35" AFF to Act as Backsplash)	110 LF
	<u>ACM-11</u> = Modify Illustration Board/ for Vertical Raceway	2 Modification
	<u>ACM-16</u> = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	<u>ACM-17</u> = 3' Long Slotted Channel Mounted on the Ceiling	4 Channels
Second Floor	<u>ACM-1</u> = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5'	115 Channels
	<u>ACM-2</u> = 4 1/2" Sleeved Penetrations	9
	<u>ACM-2</u> = 3 1/2" Sleeved Penetrations	9
	<u>ACM-3</u> = Removal of Wall Plaster	225 SF
	<u>ACM-7</u> = Install Back Box for 5" Vertical Raceway	160 LF
	<u>ACM-8</u> = Install Back box for Horizontal Raceway	65 LF
	<u>ACM-9</u> = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	1 Sleeve
	<u>ACM-10</u> = Install Raceway Above Existing Casework (35" AFF to Act as Backsplash)	20 LF
	<u>ACM-11</u> = Modify Illustration Board/ for Vertical Raceway	2 Modification
	<u>ACM-12</u> = Cut and Remove Existing Coat Hook Strip. Patch the wall for holes and prepare it to receive paint finish.	5 LF
<u>ACM-16</u> = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels	
<u>ACM-17</u> = 3' Long Slotted Channel Mounted on the Ceiling	6 Channels	
Lower Level	<u>ACM-1</u> = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5' Apart	40 Channels
	<u>ACM-2</u> = 4 1/2" Sleeved Penetrations	10
	<u>ACM-2</u> = 3 1/2" Sleeved Penetrations	4
	<u>ACM-3</u> = Removal of Wall Plaster	115 SF
	<u>ACM-4</u> = 6" Sleeved Penetrations	2
	<u>ACM-5</u> = 2' High Unistrut 3' Apart Parallel in Hallway	4 Channels
	<u>ACM-6</u> = Install 6x6 Pull Box	7 Boxes
	<u>ACM-7</u> = Install Back Channel for 5" Vertical Raceway	30 LF
	<u>ACM-8</u> = Install Back Channel for Horizontal Raceway	60 LF
	<u>ACM-9</u> = 4 1/2" Sleeves Thru Floor / Ceiling Assembly	4 Sleeves
	<u>ACM-15</u> = Sleeve Thru Exterior Wall Assembly for 6" Sleeved Penetration	1
	<u>ACM-16</u> = 3' Long Slotted Channel Mounted on the Ceiling	4
	Repair/ Replace Spalling Plaster Behind Stage	470 SF
First Floor	<u>ACM-1</u> = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5' Apart	90 Channels
	<u>ACM-2</u> = 4 1/2" Sleeved Penetrations	10



Date of Notification (1) 7-30-14		Name of Building Owner/Operator (2) West Orange Board of Education							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 179 Eagle Rock Avenue <span style="float:right">2014 AUG -5 PM 5:32</span>						
			City, State, Zip Code West Orange, NJ 07052						
			Name of Contact Robert Csigi		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Thomas A. Edison Central Six 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 75 William Street			Square Feet 60,000 +	# of Floors 2	Bldg. Age 40+				
City (5) West Orange		County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057		Name of Abatement Contractor (9) GL Group, Inc					
Street Address PO Box 385			Street Address 140 Hamburg Tpke						
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833		Telephone No. (201)710-9725					
				License No. 01084					
Start Date (10) 8-4-2014		Scheduled Completion Date (11) 8-11-2014		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 140 Hamburg Tpke						
			City, State, Zip Code Bloomingdale, NJ 07403						
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
Kitchen/Food Service Area		X		Pipe Insulation	350 LF	X			
Kitchen suite &, food service area		X		Pipe Insulation	32 Fittings	X			
Name of Registered Waste Hauler GL Group, Inc									
		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS			
City, State Bloomingdale, NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Elena Solakov			Title President		Signature 		Date 7-30-2014		

EDS14-099

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

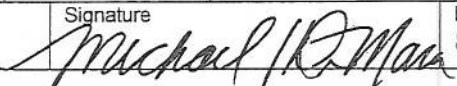
Page 1 of 1

Check #1306

Date of Notification (1) 7-30-14		Name of Building Owner/Operator (2) West Orange Board of Education		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">New Jersey Dept. of Health &amp; Senior Services</p> <p style="text-align: center;">(signature)</p> <p>Date: <u>7/31/14</u> Time: <u>11:47</u></p> </div>								
Agencies Notified		Street Address 179 Eagle Rock Avenue										
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation										
		City, State, Zip Code West Orange, NJ 07052										
		Name of Contact Robert Csigi		Telephone Number								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Thomas A. Edison Central Six School			Type of Facility (4)									
Street Address 75 William Street			<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.)									
City (5) West Orange		Square Feet 60,000 +	# of Floors 2	Bldg. Age 40+								
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc									
Street Address PO Box 385		Street Address 140 Hamburg Tpke										
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403										
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. (201) 710-9725	License No. 01084								
Start Date (10) 8-4-2014		Scheduled Completion Date (11) 8-11-2014		Name of OSHA Monitor GL Group, Inc								
Occupancy Status During Abatement (Check Only One)			Street Address 140 Hamburg Tpke									
<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 Bloomingdale, NJ 07403									
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
Kitchen/Food Service Area		X			Pipe Insulation		350 LF		X			
Kitchen suite &, food service area		X			Pipe Insulation		32 Fittings		X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS							
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA								
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 7-30-2014						

NO CK

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

Date of Notification (1) 8/1/14		Name of Building Owner/Operator (2) PSEG		2014 AUG -5 PM 6:29					
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 440 Eagle Rock Rd  City, State, Zip Code Roseland NJ 07068  Name of Contact Dawn Neville						
				Telephone Number					
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Street Excavation			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 160 Rochelle Ave			Square Feet n/a						
City (5) Rochelle Park NJ 07662			# of Floors n/a	Bldg. Age n/a					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc						
Street Address n/a			Street Address 17 Old Dock Rd						
City, State, Zip Code n/a			City, State, Zip Code Yaphank NY 11980						
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 631-924-8111	License No. 01136					
Start Date (10) 7/31/14	Scheduled Completion Date (11) 7/31/14		Name of OSHA Monitor same as above						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address n/a						
			City, State, Zip Code n/a						
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
street excavation			x	Transite Pipe	3LF	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste 1/4	Name of Registered Landfill Wayne Disposal					
City, State 1 Eden Lane, Flanders NJ 07863			Disposal Date 8/8/14	City, State Belleville, MI					
Completed by Michael J DiMaria		Title Proj Mgr/ Supervisor	Signature 		Date 8/1/14				

CK 3431

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

2014 AUG -5 PM 6:20

Date of Notification (1) 8-4-14		Name of Building Owner/Operator (2) Environmental Resolutions, Inc.						
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 525 Fellowship Road, Suite 300		City, State, Zip Code Mt. Laurel, NJ 08054			
			Name of Contact Joseph Hirsch		Telephone Number			
	<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) vacant kitchen bldg, storage/mech bldg.			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 512 Lakeland Road			Square Feet 7,000	# of Floors 2	Bldg. Age +/-50			
City (5) Gloucester Township		County Code (7) (STATE USE ONLY) Camden		Current Use (Prior if being demolished) vacant				
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.					
Street Address 515 Grove St., Suite 1B		Street Address 2251 Fraley Street						
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 215-533-5155	License No. 01166				
Start Date (10) 8-13-14	Scheduled Completion Date (11) 9-30-14		Name of OSHA Monitor Pennoni Associates					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: outside removal			Street Address 515 Grove St., Suite 1B					
			City, State, Zip Code Haddon Heights, NJ 08035					
Scope of Work (Check all that apply) * abatement prior to demo								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure				
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Demolition		<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
			X	*see attached*		X		
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA		Disposal Date	City, State Libson, OH					
Completed by Jennifer Niven	Title Dir. of Operations	Signature 		Date 8-4-14				

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

512 Lakeland Road

Kitchen Bldg.				
DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
fire door insulation	storage/mechanical bldg.	6	SF	REM
window glazing putty a/w partition walls	storage/mechanical bldg.	150	LF	REM
9x9 gray floor tile	storage/mechanical bldg.	170	SF	REM
mastic a/w gray 9x9 floor tile	storage/mechanical bldg.	170	SF	REM
roofing system materials(a/w all layers of the flat roof	storage/mechanical bldg.	3000	SF	REM
window glazing putty	storage/mechanical bldg.	500	SF	REM
block pipe insulation	crawlspace	160	LF	REM
corrugated pipe insulation	conn hallway from senior ctr to WIC	8	LF	REM
brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
mastic/paper a/w brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
fire door insulation	conn hallway from senior ctr to WIC	6	SF	REM
window glazing putty	conn hallway from senior ctr to WIC	750	SF	REM
fire door insulation	original kitchen bldg.	6	SF	REM
9x9 brown floor tile	original kitchen bldg.	60	SF	REM
mastic a/w brown 9x9 floor tile	original kitchen bldg.	60	SF	REM
window glazing putty	original kitchen bldg.	200	LF	REM

NOK

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

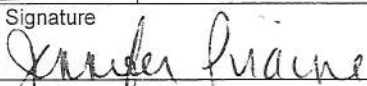
Page 1 of 2

Date of Notification (1) <u>7</u> / <u>30</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>US Army Corps of Engineers Philadelphia District Job#1310-4695 CK#</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>5</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>Wanamaker Building 100 Penn Square East</b>						
			City, State, Zip Code <b>Philadelphia, PA 19107-3390</b>						
			Name of Contact <b>Matthew Turner</b>	Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Walson Hospital</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>5250 New Jersey Ave.</b>		Square Feet	# of Floors						
City (5) <b>Fort Dix</b>		Bldg. Age							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Air Force Base</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>M.E.C.S.</b>		ASCM No. <b>38135</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>Po Box 341</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone No. <b>(609) 298-4070</b>	Telephone No. <b>609-265-2107</b>						
		License No. <b>00529</b>							
Start Date (10) <u>01</u> / <u>20</u> / <u>14</u>		Scheduled Completion Date (11) <u>10</u> / <u>31</u> / <u>14</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM		Name of OSHA Monitor <b>EMSL Analytical</b>							
		Street Address <b>108 Haddon Ave.</b>							
		City, State, Zip Code <b>Westmont, NJ 08108</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 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) 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
SEE ATTACHED	<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"/>	<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>780</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>10/31/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>				Date <b>7/30/14</b>	

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
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling	1,785 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Roof	921 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window/Door Caulk	33,158 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Window Glazing	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	23,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Hatch Gasket	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Misc Debris	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gaskets	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	3,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Backsplash	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Penetrations	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3,770 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stick Pin Mastic	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING 5250 Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	2,650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO CK

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

Date of Notification (1) <u>07</u> / <u>30</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>State of New Jersey, Dept of Treasury / Job #1405-4764 Check #</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>Division of Property Management &amp; Construction PO Box 0034</b> City, State, Zip Code <b>Trenton, NJ 08625-0034</b> Name of Contact <b>Steven Pietrzak, Building Manager</b>						
	Telephone Number <b>609-265-2107</b>								
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>NJ State House Garage Mechanical Room Relocation</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>165 West State Street</b>			Square Feet    # of Floors    Bldg. Age						
City (5) <b>Trenton</b>									
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Utility</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>344 West State Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber, Jr.</b>		Telephone No. <b>609-656-8101</b>	Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>				
Start Date (10) <u>06</u> / <u>16</u> / <u>14</u>		Scheduled Completion Date (11) <u>08</u> / <u>31</u> / <u>14</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"/> ≥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) 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
1 Window @ Powerhouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	34 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Window @ Powerhouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	70 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"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/31/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature 					
				Date <b>7/30/14</b>					

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



NO CK

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

Date of Notification (1) <u>7</u> / <u>30</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>Newark Community Health Centers, Inc. Job #1206-4508 Check #</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>741 Broadway</b>											
			City, State, Zip Code <b>Newark, NJ 07107</b>											
			Name of Contact <b>Business Office</b>	Telephone Number 										
<b>FACILITY INFORMATION</b>														
Name of Facility Where Abatement is Taking Place (3) <b>Newark Community Health Center</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>741 Broadway</b>														
City (5) <b>Newark</b>			Square Feet	# of Floors	Bldg. Age									
County (6) <b>Essex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Health Center</b>										
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>											
Street Address <b>120 North Warren Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>												
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>												
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>										
Start Date (10) <u>5</u> / <u>27</u> / <u>14</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>14</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: <u>7:00AM-3:30PM</u> / <u>      </u> PM- <u>      </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"/> ≥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) <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				
1 <sup>st</sup> Floor		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic		2,720 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>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>									
City, State <b>Lumberton, NJ</b>			Disposal Date <b>8/31/14</b>		City, State <b>Tullytown, PA</b>									
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>7/30/14</b>							

NOCK

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

Date of Notification (1) <u>07</u> / <u>31</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>NJSDA / Job #1406-4781 Check #</b>		<b>PAGE 1 OF 2</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>32 East Front Street</b>		Telephone Number
			City, State, Zip Code <b>Trenton, NJ 08625</b>		
		Name of Contact <b>Gary Elliott</b>			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>West NY PS#5</b>			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 and commercial buildings, homes, etc.)		
Street Address <b>5401 Hudson Avenue</b>					
City (5) <b>West New York</b>			Square Feet	# of Floors	Bldg. Age
County (6) <b>Hudson</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm hired by Building Owner (8) <b>Whitman Companies</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>7 Pleasant Hill Rd.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>	
Start Date (10) <u>06</u> / <u>30</u> / <u>14</u>		Scheduled Completion Date (11) <u>08</u> / <u>06</u> / <u>14</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"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Back of Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose & Flaking Paint (Clean up)	130 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Wells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loose & Flaking Paint (Clean up)	5,520 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	3,720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**see page 2**	<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>125</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/6/14</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>	Date <b>7/31/14</b>

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

NO CK

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

Date of Notification (1) <u>07</u> / <u>31</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>NJSDA / Job #1406-4781 Check #</b>		<b>PAGE 2 OF 2</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>32 East Front Street</b>		Telephone Number				
			City, State, Zip Code <b>Trenton, NJ 08625</b>						
			Name of Contact <b>Gary Elliott</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>West NY PS#5</b>			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 and commercial buildings, homes, etc.)						
Street Address <b>5401 Hudson Avenue</b>			Square Feet	# of Floors	Bldg. Age				
City (5) <b>West New York</b>			Current Use (Prior if being demolished) <b>School</b>						
County (6) <b>Hudson</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Companies</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>7 Pleasant Hill Rd.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>					
Start Date (10) <u>06</u> / <u>30</u> / <u>14</u>		Scheduled Completion Date (11) <u>08</u> / <u>06</u> / <u>14</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"/> ≥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) 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
North Side Light Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Paint	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Side Light Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Paint	72 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Paint	34 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>125</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/6/14</b>	City, State <b>Tullytown, PA</b>						
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>	Signature <i>Jennifer Piraine</i>		Date <b>7/31/14</b>				

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

Date of Notification (1) <u>07</u> / <u>30</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>Dunellen Board of Education</b> / Job #1407-4796-Check #6536							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>High and Lehigh Streets</b>							
		City, State, Zip Code <b>Dunellen, NJ 08812</b>							
		Name of Contact <b>Brian DeLucia</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Dunellen High School</b>		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 and commercial buildings, homes, etc.)							
Street Address <b>411 1<sup>st</sup> Street</b>		Square Feet <b>81,881</b>	# of Floors <b>2</b>						
City (5) <b>Dunellen</b>		Bldg. Age <b>85</b>							
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>High School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>	ASCM No. <b>00030</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>120 North Warren St.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Dominick Dercole</b>	Telephone No. <b>609-462-3218</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <u>07</u> / <u>31</u> / <u>14</u>	Scheduled Completion Date (11) <u>07</u> / <u>31</u> / <u>14</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 checked="" 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
3 <sup>rd</sup> Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10" diameter pipe (wet wrap)	25 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/31/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>7/30/14</b>		

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

*Cl # 2678*

Date of Notification (1) <u>8</u> / <u>1</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</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>250 Cheesequake Road</b>							
		City, State, Zip Code <b>Parlin, NJ 08859</b>							
		Name of Contact <b>Nichol Reinhold</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility - Bldg. 425</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>250 Cheesequake Road</b>		Square Feet	# of Floors						
City (5) <b>Parlin</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>Cardno ATC</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>John Lutz</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <u>8</u> / <u>18</u> / <u>14</u>	Scheduled Completion Date (11) <u>8</u> / <u>25</u> / <u>14</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</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: <b>7:00AM-3:30PM</b> /____PM-____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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> 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
Building 425 Room 110area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	486	<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>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>						
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>8/25/14</b>	City, State <b>Morrisville, PA 19067</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>8/1/14</b>						

*GI 14125*

CK 006285

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

D&S Proj. #: 2014-311

2014 AUG 20 PM 5:58

Date of Notification (1) 10/17/13 11/14		Name of Building Owner/Operator (2) ANNA KRUPKIN	
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 27 CLAREMONT DRIVE	
	City, State, Zip Code MAPLEWOOD, NJ 07040		
	Name of Contact ANNA KRUPKIN		
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANNA KRUPKIN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 27 CLAREMONT DRIVE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/14/14		Sched. Completion Date (11) 08/29/14			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input checked="" 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		DUCT INSULATION	135 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE		<input checked="" type="checkbox"/>		DUCT INSULATION	3 SQ FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/15/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/31/2014

CK 006284

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

D&S Proj. #: 2014-310

2014 AUG -8 PM 5:57

Date of Notification (1) 10/17/13 11/14		Name of Building Owner/Operator (2) PAUL MACCHIA	
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 663 RAMAPO ROAD	
	City, State, Zip Code TEANECK, NJ 07666		Telephone Number
	Name of Contact PAUL MACCHIA		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAUL MACCHIA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 663 RAMAPO ROAD			Square Feet	# of Floors	Bldg. Age
City (5) TEANECK	County (6) BERGEN	County Code (7) (State use only) BERGEN	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 08/14/14	Sched. Completion Date (11) 08/29/14				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue		
City, State, Zip Code Paterson, NJ 07503			City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULAITON	1101 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/15/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/31/2014

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

check #1326

Page 1 of 1

GL14-026

Date of Notification (1) 8-1-14		Name of Building Owner/Operator (2) Old Bridge 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4207 Highway 516							
		City, State, Zip Code Matawan, NJ 07747							
		Name of Contact Joseph Marra		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Memorial Elementary School				Type of Facility (4)					
Street Address 11 Ely Avenue				<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.)					
City (5) Laurence Harbor		Square Feet 40,000+	# of Floors 1	Bldg. Age 50+					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Elementary School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc.		ASCM No. 030	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 120 North Warren Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Brian Brill		Telephone No. (609) 392-4200	Telephone No. 201-710-9725	License No. 01084					
Start Date (10) 8-1-2014 at 4pm		Scheduled Completion Date (11) 8-4-2014		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One)			Street Address 140 Hamburg Turnpike						
<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: _____			City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Kindergarten Classroom		X		Wrap & Cut Pipe Insulation	62 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 8-1-2014				



REMEMBER - MAIL IN HARD COPY  
GL14-026

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

check #1326  
Page 1 of 1  
**DOL - 10 DAY**

Date of Notification (1) 8-1-14		Name of Building Owner/Operator (2) Old Bridge Board of Education		AUG 1 2014	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address # 4207 Highway 516		<b>WAIVER APPROVED</b>
			City, State, Zip Code Matawan, NJ 07747		
			Name of Contact Joseph Marra		Telephone Number

Name of Facility Where Abatement is Taking Place (3) Memorial 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 11 Ely Avenue			Square Feet 40,000+		
City (5) Laurence Harbor			# of Floors 1		Bldg. Age 50+
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc.		ASCM No. 030		Name of Abatement Contractor (9) GL Group, Inc	
Street Address 120 North Warren Street		Street Address 140 Hamburg Turnpike			
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Bloomingdale, NJ 07403			
Project Manager for Monitoring Firm Brian Brill		Telephone No. (809) 382-4200		Telephone No. 201-710-9726	
				License No. 01084	

Start Date (10) 8-1-2014 at 4pm		Scheduled Completion Date (11) 8-4-2014		Name of OSHA Monitor GL Group, Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turnpike	
				City, State, Zip Code Bloomingdale, NJ 07403	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kindergarten Classroom		X		Wrap & Cut Pipe Insulation	62 LF	X			

Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Grows	
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 8-1-2014	

CK 0000281

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

D&S Proj. #: 2014-307

2014 AUG -5 PM 5:55

Date of Notification (1) 10/7/13 10/14/14		Name of Building Owner/Operator (2) THE ESTATE OF ELVIRA ELFLEIN	
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 508 MADISON AVENUE	
		City, State, Zip Code DUNELLEN, NJ	
		Name of Contact FREDERICK ELFLEIN, EXECUTOR	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THE ESTATE OF ELVIRA ELFLEIN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 508 MADISON AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) DUNELLEN	County (6) MIDDLESEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020		License Number 01169	
Start Date (10) 08/15/14	Sched. Completion Date (11) 08/31/14	Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER/FAMILY RMS		X		PIPE INSULATION	170 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 08/16/14	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 07/30/2014

PK 006282

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

D&S Proj. #: 2014-309

2014 AUG -5 PM 5:59

Date of Notification (1) 10/7/13 11/14		Name of Building Owner/Operator (2) JON MCGUIRE	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	49 COLIN AVENUE	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	CLIFTON, NJ 07013	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	JON MCGUIRE	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JON MCGUIRE		Type of Facility (4)	
Street Address 49 COLIN AVENUE		<input type="checkbox"/> School (K - 12)	
City (5) CLIFTON		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) PASSAIC		<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
County Code (7) (State use only)		Square Feet	# of Floors
		Bldg. Age	
Current Use (Prior if being demolished)			

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)		Sched. Completion Date (11)	Telephone Number	License Number
08/13/14		08/28/14	973-345-8020	01169
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor			Street Address	
D & S Restoration, Inc.			20 California Avenue	
City, State, Zip Code			City, State, Zip Code	
Paterson, NJ 07503			Paterson, NJ 07503	

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILBOILER/LAUNDRY/BAR AREA		X		PIPE INSULATION	70 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/14/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/31/14

CK 006280

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

D&S Proj. #: 2014-308

2014 AUG -5 PM 5:54

Date of Notification (1) 10/17/13 11/11/14		Name of Building Owner/Operator (2) JERI AND JOHN ENNIS	
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 1 COUNTRY CLUB DRIVE	
		City, State, Zip Code CHATHAM TWP., NJ 07928	
		Name of Contact JERI AND JOHN ENNIS	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JERI AND JOHN ENNIS		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 1 COUNTRY CLUB DRIVE		Square Feet	# of Floors
City (5) CHATHAM TWP.	County (6) MORRIS	Bldg. Age	
		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 08/11/14	Sched. Completion Date (11) 08/29/14	Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		X		DUCT INSULATION	80 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/12/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/31/14

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

B & G proj. #: 2014-57B

Check #6656

2014 AUG -5 PM 5:54

Date of Notification (1) <u>08/01/14</u>		Name of Building Owner/Operator (2) Estate of Lenore Weinstein Decd	
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 13 Norfolk Avenue	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Paul Ribardo	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Lenore Weinstein Decd			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 13 Norfolk Avenue			Square Feet		Bldg. Age
City (5) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 08/11/2014		Sched. Completion Date (11) 08/12/2014			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (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						
front porch crawl space			X	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room behind sink, washer & stove			X	pipe insulation	7 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"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 08/12/2014		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/01/2014

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

B & G proj. #: 2014-128

\*\*\* NON Sub 8 \*\*\*

Check # 6651

2014 AUG -5 PM 5:53

Date of Notification (1) <u>08/10/11/14</u>		Name of Building Owner/Operator (2) St Peter's Prep	
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 144 Grand Street	
		City, State, Zip Code Jersey City, NJ 07302	
		Name of Contact Kevin Albers	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mulry Hall***** (NON SUB 8)*****			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 144 Grand Street			Square Feet		
City (5) Jersey City, NJ 07302			County (6) Hudson		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) school non sub 8

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/12/2014		Sched. Completion Date (11) 08/16/2014			
Occupancy Status During Abatement (Check only one)					
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>work shift 8:00am - 4:30pm</u>					
			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                       | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 312 (3rd floor)			x	VAT & Mastic	480 sf	x			
Room 212 (2nd floor)			x	VAT & Mastic	480 sf	x			
Main Entrance			x	exterior doorway caulk	30 lf	x			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 08/18/2014		City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/01/2014	

B & G proj. #: 2014-132

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

Check # 6658

Date of Notification (1)   0   8   /   0   1   1   /   1   1   4		Name of Building Owner/Operator (2) Township of Hillside		2014 AUG -5 PM 5:53	
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 1409 Liberty Avenue	
City, State, Zip Code Hillside, NJ 07205				Telephone Number	
Name of Contact Anamarie Novoa-Gomez (GC)					

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hillside Public Library ***** (NON SUB 8) *****			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1409 Liberty Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Hillside	County (6) Union		County Code (7) (State use only)		
Current Use (Prior if being demolished) Public library					

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/12/2014	Sched. Completion Date (11) 08/15/2014		Name of OSHA Monitor B & G Restoration, 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: _____ <input checked="" type="checkbox"/> Other-Describe: work shift 8:00am - 4:30pm			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

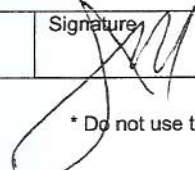
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
3 construction offices (southeast corner)			X	VAT & Mastic	900 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 12	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 08/18/2014	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/01/2014

CK 008704

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

Date of Notification (1) August 1, 2014		Name of Building Owner/Operator (2) City of East Orange				2014 AUG -5 PM 5:51							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 44 City Hall Plaza		City, State, Zip Code East Orange, NJ 07019								
			Name of Contact Lloyd Rahim		Telephone Number								
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) Emergency Fire Burn-out 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 311 William St				Square Feet 2890		# of Floors 3	Bldg. Age 50+						
City (5) East Orange, NJ		County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Burnt -out unoccupied building							
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.									
Street Address n/a				Street Address 152 Route 206 South									
City, State, Zip Code n/a				City, State, Zip Code Hillsborough, NJ 08844									
Project Manager for Monitoring Firm n/a			Telephone No. n/a	Telephone No. 908-218-0880		License No. 01228							
Start Date (10) n/a		Scheduled Completion Date (11) 8/7/14		Name of OSHA Monitor Yannuzzi Group, Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 152 Rte 206 South									
				City, State, Zip Code Hillsborough, Nj 08844									
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) <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	
Entire fire damaged structure				x	All assumed		2800 sf bldg		x				
Name of Registered Waste Hauler Yannuzzi Group, Inc			NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 400	Name of Registered Landfill IESI								
City, State Hillsborough, NJ				Disposal Date 8/5/14	City, State Bethlehem, PA								
Completed by John Mucha		Title Project Manager		Signature 		Date 8/1/14							