


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

CK 4289

Date of Notification (1) 8/19/14		Name of Building Owner/Operator (2) Pennsville High School							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 South Broadway							
		City, State, Zip Code Pennsville NJ 08070							
		Name of Contact Tom	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pennsville High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 110 South Broadway		Square Feet 1000+	# of Floors 1						
City (5) Pennsville NJ 08070		Bldg. Age 35+							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/20/14	Scheduled Completion Date (11) 8/21/14	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 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
Art Room		x		Floor Tile / Mastic	10 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 8/22/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/19/14			

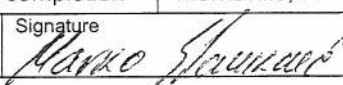
CK# 2412

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

AUG 21 2014

Date of Notification (1) 8/19/14		Name of Building Owner/Operator (2) Art Culsuco	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 194 Major Rd		City, State, Zip Code Marmouth Junction, New Jersey 08852	
Name of Contact Art		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Culsuco Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 194 Major Rd		Square Feet 1200	# of Floors 1
City (5) Marmouth Junction		Bldg. Age 63	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 8/29/14	Scheduled Completion Date (11) 9/5/14	Name of OSHA Monitor	
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 Other - Describe: 7AM-7PM		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) outside	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) Siding
	Amount (Specify SF or LF) 1200		
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3
City, State Colts Neck, New Jersey		Name of Registered Landfill G.R.O.W.S.	
Disposal Date 9/5/14		City, State Tullytown, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree McGuire
		Date 8/19/14	

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

Date of Notification (1) 07/28/14		Name of Building Owner/Operator (2) Borough of Roseland							
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 19 Harrison Avenue							
		City, State, Zip Code Roseland, NJ 07068							
		Name of Contact Frederick Larson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roseland Municipal Building		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 19 Harrison Avenue		Square Feet 20,000							
City (5) Roseland		# of Floors 2							
County (6) Essex		Bldg. Age 50+-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00078							
Name of Abatement Contractor (9) Stanmark Contractors, LLC		Street Address 27 Edsall Drive							
Street Address 20-21 Wagaraw Road - Bldg. 35E		City, State, Zip Code Sussex, NJ 07461							
City, State, Zip Code Fair Lawn, NJ 07410		Telephone No. 973-864-2022							
Project Manager for Monitoring Firm Guillermo Morales		License No. 01137							
Telephone No. 973-636-9145		Name of OSHA Monitor AmeriSci							
Start Date (10) 07/29/14		Scheduled Completion Date (11) 08/04/14							
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 117 East 30th Street							
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		City, State, Zip Code New York, NY 10016							
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
Server room & ladies rest room	x			floor tile & associated mastic	60 S.F.	x			
Server room & ladies rest room	x			pipe insulation	45 L.F.	x			
Name of Registered Waste Hauler Pro-Tech		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S.			
City, State New Haven, CT		Disposal Date on completion		City, State Morrisville, PA					
Completed by Marko Stankovic		Title President		Signature 		Date 07/28/14			

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

B & G proj. #: 2014-133

Check # 6705

Date of Notification (1) <u>08/11/14</u>		Name of Building Owner/Operator (2) <u>Harry Roman</u>	
Agencies Notified	Type Notification	Street Address <u>25 Laurel Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>East Orange, NJ 07017</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Harry Roman</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Harry Roman</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>25 Laurel Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>East Orange</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>08/28/2014</u>		Sched. Completion Date (11) <u>08/29/2014</u>		Name of OSHA Monitor <u>B & G Restoration, 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- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>LincolnPark, NJ 07035</u>		

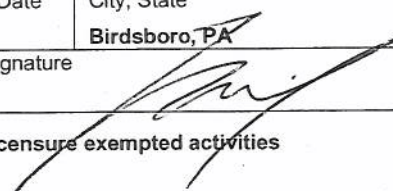
Scope of Work (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> 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						
basement			<input checked="" type="checkbox"/>	boiler insulation	38 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>08/29/2014</u>	City, State <u>Tullytown, PA</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/18/2014</u>

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

Date of Notification (1) August 18, 2014		Job #:		Name of Building Owner/Operator (2) Millville Public School					
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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment# <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 110 N 3rd Street City, State, Zip Code Millville NJ 08332 Name of Contact Ryan Cruzan					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millville Senior High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)					
Street Address 200 N Wade Blvd.				Square Feet 10,000					
City (5) Millville				# of Floors 2					
County (6) Cumberland County				Bldg. Age 40 years					
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts		ASCM No.		Name of Contractor (9) Prime Group Remediation, Inc.					
Street Address 286 Sunset Road				Street Address 1400 Adams Road, Suite I, P.O. Box 6					
City, State, Zip Code Barrington NJ 08007				City, State, Zip Code Bensalem, PA 19020					
Project Manager for Monitoring Firm Michael Menz		Telephone Number 856-628-6020		Telephone Number 215-533-3503					
				License Number 00858					
Scheduled Start Date (10) July 14, 2014		Scheduled Completion (11) July 31, 2014		Name of OSHA Monitor Indoor Environmental Concepts					
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 286 Sunset Road					
				City, State, Zip Code Barrington NJ 08007					
Source of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<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
Deleted									
Rm D113 & Adjoining Area			X VAT	3,700 SF	X				
Storage Room			X VAT	65 SF	X				
Name of Reg. Waste Hauler The Prime Group Remediation		NJDEP Waste Hauler ID #		Cubic Yards of Waste		Name of Reg. Landfill Western Berks Community Landfill (DEP#100739)			
City, State Bensalem, PA				Disposal Date 8/15/14		City, State Birdsboro, PA			
Completed by Vincent Primavera		Title Project Manager		Signature 		Date August 18, 2014			

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

Date of Notification (1) 08 / 18 / 14		Name of Building Owner/Operator (2) Pennsauken Board of Education / Job #1405-4769 Check #6560							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1695 Hylton Road						
			City, State, Zip Code Pennsauken, NJ 08110						
			Name of Contact Jack Killion						
Telephone Number 609-265-2107									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AE Burling 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 and commercial buildings, homes, etc.)							
Street Address 3600 Harris Avenue									
City (5) Pennsauken		Square Feet	# of Floors						
County (6) Camden		Bldg. Age							
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.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James A. Guilardi		Telephone No. 609-314-1683	License No. 00529						
Start Date (10) 07 / 08 / 14		Scheduled Completion Date (11) 08 / 29 / 14							
Name of OSHA Monitor EMSL Analytical									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breeching	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	85 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Ribbing Gasket Material	100-LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Ceiling Panels	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/29/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 8/18/14			

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

Date of Notification (1) 8 / 18 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803 Check #6559 PAGE 1 OF 3							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.						
			City, State, Zip Code Princeton, NJ 08544 AUG 21 2014						
			Name of Contact Robert Ortego, P.E.						
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			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 One Washington Road									
City (5) Princeton			Square Feet 1,000,000	# of Floors 8	Bldg. Age 72				
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) University Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 09 / 02 / 14		Scheduled Completion Date (11) 10 / 31 / 14		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Work Area #A1 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	1,230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A1 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A1 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger Pads on Fiberglass Lines	20 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1A Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 520	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 10/31/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 8/18/14			

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

Date of Notification (1) 8 / 18 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803 Check #6559 PAGE 2 OF 3							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number AUG 21 2014						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		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 One Washington Road									
City (5) Princeton		Square Feet 1,000,000	# of Floors 8						
		Bldg. Age 72							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 09 / 02 / 14	Scheduled Completion Date (11) 10 / 31 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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
Work Area #A2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	7,910 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	2,250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass lines	60 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #A2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound w/drywall walls	3,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 520	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 10/31/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature Jennifer Piraine			Date 8/18/14		

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

Date of Notification (1) <div style="text-align: center;">8 / 18 / 14</div>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803 Check #6559 PAGE 3 OF 3							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. AUG 21 2014 Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		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 One Washington Road		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">09 / 02 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 14</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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
Work Area #1B Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 520	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ		Disposal Date 10/31/14	City, State Tullytown, PA						
Completed By (Print or Type) Jennifer Piraine	Title Operations Coordinator	Signature <i>Jennifer Piraine</i>				Date 8/18/14			

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

Date of Notification (1)		Name of Building Owner/Operator (2) Ogden & Zabriskie JC						
Agencies Notified	Type Notification	Street Address 1 University Plaza STE 312						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack New Jersey 07601						
		Name of Contact Jason Licastro	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 437 Ogden Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Jersey City		Square Feet 6000	# of Floors 3					
County (6) Hudson County		Bldg. Age 80						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Industrial Hygiene Consultants		ASCM No.	Name of Abatement Contractor (9) SHORELINE CONTRACTORS					
Street Address 605 Bloomfield Avenue suite 5		Street Address 85 KERO ROAD						
City, State, Zip Code Montclair NJ 07042		City, State, Zip Code CARLSTADT NJ 07072						
Project Manager for Monitoring Firm Uday Singh		Telephone No. 973-509-3320	Telephone No. 201-933-0033					
License No. 01230		Name of OSHA Monitor KEVIN						
Start Date (10) 9/1/2014		Scheduled Completion Date (11) 12/31/2014						
Occupancy Status During Abatement (Check Only One)		Street Address 85 KERO ROAD						
<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 CARLSTADT NEW JERSEY 07072						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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 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
BASEMENT		X	PIPE INSULATION	120 LF	X			
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION COMPANY		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 285	Name of Registered Landfill CYCLE CHEM, INC				
City, State SHIRLEY, NEW YORK		Disposal Date 5/30/2014		City, State ELIZABETH, NJ				
Completed by KAREN LOPEZ		Title ADMIN	Signature <i>Karen Lopez</i>		Date 8/15/2014			

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

Check # 2207

Date of Notification (1) 08 / 20 / 14		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact JOHN LISSY		Telephone Number 2 _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mondelez International		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 2211 Route 208		Square Feet 1,000,000	
City (5) Fairlawn	County (6) Bergen	County Code (7)	# Of Floors 3
Current Use (Prior if being demolished) Bakery/WAREHOUSE		Building Age 40 +	
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO \	
Street Address 907 Doolittle Drive		LVI Demolition Services Inc.	
City, State, Zip Code Bridgewater, NJ 08807		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Eric Houseknecht		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-218-1108		Telephone Number 973-884-8682	
Scheduled Start Date (10) 09 / 03 / 14	Sched. Completion Date (11) 09 / 05 / 14	License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM - 3:30PM		Name of OSHA Monitor LVI Demolition Services Inc. 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"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
M&R SUB SHOP	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE	10 LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i> Date 08/20/14

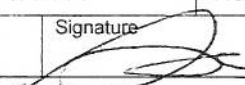
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/20/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc.							
Agencies Notified	Type Notification	Street Address 70 East 55th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact Charles Carames							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 114		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 166-194 Passaic Ave		Square Feet 23,250	# of Floors 5						
City (5) Kearney		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) State Side Environmental Group Inc.		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 531 North St Road #202		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Briarcliff Manor, NY 10510		City, State, Zip Code Bronx, NY 10451							
Project Manager for Monitoring Firm Panos Panfatis		Telephone No. 203-571-5882	License No. 01241						
Start Date (10) 9/2/14	Scheduled Completion Date (11) 10/31/14	Name of OSHA Monitor Martin Mcree							
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 714 Kennedy Blvd							
		City, State, Zip Code Bayonne, NJ 07002							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1st, 2nd, 3rd, 4th, 5th Floors		x		Pipe Insulation	700 LF	x			
Exterior		x		Caulking/Glazing	2,880 SF	x			
Roof		x		Roofing	4,650 SF	x			
Roof		x		Expansion Joints/Caulking	230 LF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 146	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 9/19/14	City, State Waynesburg, OH 44688					
Completed by Angela Martinez		Title president.	Signature	Date 8/20/14					

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

Date of Notification (1) 8/20/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc. AUG 21 2014							
Agencies Notified	Type Notification	Street Address 70 East 55th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact Charles Carames	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 13		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 166-194 Passaic Ave		Square Feet 40,000	# of Floors 1						
City (5) Kearney		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Stateside Environmental Group Inc.		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 537 Northstate Road. #202		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Bronx, NY 10451		City, State, Zip Code Bronx, NY 10451							
Project Manager for Monitoring Firm Panos Pantazis		Telephone No. 203-577-5882	License No. 01241						
Start Date (10) 9/2/14	Scheduled Completion Date (11) 10/31/14	Name of OSHA Monitor Martin Mcree							
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 714 Kennedy Blvd							
		City, State, Zip Code Bayonne, NJ 07002							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Pipe Insulation	1,150 LF	x			
1st Floor		x		VAT, VAT Mastic	6,700 SF	x			
Roof		x		Roofing	40,000 SF	x			
Exterior		x		Caulking	94 LF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 577	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 9/12/14		City, State Waynesburg, OH 44688					
Completed by Angela Martinez		Title president.		Signature		Date 8/20/14			

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

Date of Notification (1) 8/20/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc. AUG 21 2014							
Agencies Notified	Type Notification	Street Address 70 East 55th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact Charles Carames							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Former Ozzie's Ford		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 144 Passaic Ave		Square Feet 5,000	# of Floors 1						
City (5) Kearney		Bldg. Age 75							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) State Side Environmental Group Inc.		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 537 North State Road #202		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Briarcliff Manor, NY 10510		City, State, Zip Code Bronx, NY 10451							
Project Manager for Monitoring Firm Panos Pantazis		Telephone No. 203-517-5882	License No. 01241						
Start Date (10) 9/8/14	Scheduled Completion Date (11) 10/31/14	Name of OSHA Monitor Martin Mcrea							
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 714 Kennedy Blvd							
		City, State, Zip Code Bayonne, NJ 07002							
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 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
1st Floor		x		Pipe Insulation	36 LF	x			
1st Floor		x		VAT	360 SF	x			
Roof		x		Roofing	5,000 SF	x			
Exterior		x		Glazing/Caulking	160 SF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 69	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 9/17/14		City, State Waynesburg, OH 44688					
Completed by Angela Martinez		Title president		Signature 		Date 8/20/14			