


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

Date of Notification (1) August 21, 2014		Name of Building Owner/Operator (2) Cinnaminson Board of Education Check # N/A							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	7197 Riverton Road							
		City, State, Zip Code Cinnaminson, NJ 08077 AUG 25 2014							
		Name of Contact Mark Tindall	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Memorial School		Type of Facility (4)							
Street Address 905 US 130		<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) Cinnaminson		Square Feet 10,000	# of Floors 2						
		Bldg. Age 100							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Lou Lauretti		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) August 29, 2014	Scheduled Completion Date (11) September 2, 2014	Name of OSHA Monitor EMSL Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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) 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	XXX			Pipe Insulation (Wrap & Cut)	20 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill					
City, State Freehold, NJ		Disposal Date 9/2/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 8/21/2014			

Date of Notification (1) 08/19/14		Name of Building Owner/Operator (2) Newark Public Schools	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Douglas Bland, Bus. Admin.		Telephone Number 6	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Vernon 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 142 Mt. Vernon Place		Square Feet 45000	# of Floors 2
City (5) Newark, NJ 07106		County (6) Essex	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 1253 North Church Street		Street Address 180 Sargeant Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Jim Guillard		Telephone Number 856-840-8800	License Number 00807
Scheduled Start Date (10) 08/20/14		Name of OSHA Monitor Four Strong Builders, Inc.	
Sched. Completion Date (11) 08/26/14		Street Address 180 Sargeant Avenue	
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: 7:00:00 AM - 4:00 PM		City, State, Zip Code Clifton, NJ 07013	

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

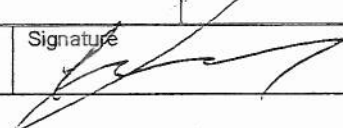
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	E	
Gymnasium	<input checked="" type="checkbox"/>	Flooring Material	1,000 SF	<input checked="" type="checkbox"/>				
Auditorium Stage	<input checked="" type="checkbox"/>	Flooring Material	275 SF	<input checked="" type="checkbox"/>				
Hallway	<input checked="" type="checkbox"/>	Pipe Insulation w/ associated fittings	120 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 8/19/14

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

check 1001

Date of Notification (1) 7/17/14		Name of Building Owner/Operator (2) VANESSA WALTON							
Agencies Notified	Type Notification	Street Address 280- E. HAZELWOOD AVE.							
<input 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RAHWAY, NJ							
		Name of Contact VANESSA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ONE FAMILY		Type of Facility (4)							
Street Address 280-E. HAZELWOOD AVE.		<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) RAHWAY		Square Feet 900	# of Floors 3						
County (6) UNION		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.	Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.						
Street Address N/A		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code N/A		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 7/30/14		Scheduled Completion Date (11) 7/30/14	Name of OSHA Monitor EHS						
Occupancy Status During Abatement (Check Only One)		Street Address 7432-WHITEPINE ROAD							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code RICHMOND VA. 23237							
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
BASEMENT			X	PIPE INSULATION (TSI)	110'	X			
Name of Registered Waste Hauler TRI STATE INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by CARLOS GOMES		Title PRESIDENT		Signature 		Date 7/17-14			

08/28/2014 14:21

NO. 000 0002

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

DOL - 10 DAY

Date of Notification (1) August 20, 2014		Name of Building Owner/Operator (2) Bruce Levinson		Check # 1415 AUG 21 2014	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2 Fox Court	
				City, State, Zip Code Hainesport, NJ 08038	
		Name of Contact Bruce Levinson		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 36 Pine Street			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Mount Holly			Square Feet 3,600	# of Floors 3	Bldg. Age 130
County (6) Burlington			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341			Street Address 823 Culler Avenue		
City, State, Zip Code Chesterfield, NJ 08516			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Lou Laurati			Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) August 23, 2014		Scheduled Completion Date (11) August 25, 2014		Name of OSHA Monitor EMSL Laboratories	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 25 sf or 25 ft <input type="checkbox"/> 2500 sf or 2500 ft		<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"/> Geyobag 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)
	Yes	No	N/A		
Basement		XXX		Pipe Insulation	150 LF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 8/25/2014		City, State Birdsboro, PA	
Completed by Christina Lynch		Title Operations Manager			Date 8/20/2014

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

Check # 9067

Date of Notification (1) August 21, 2014		Name of Building Owner / Operator (2) Bank of America	
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	73 Main Street <div style="text-align: right; margin-top: -20px;">AUG 25 2014</div>	
		City, State & Zip Code New Egypt, NJ 08533	
		Name of Contact Ryan Schnupp	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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 73 Main Street		Square Feet 5,000	# of Floors 1
City (5) New Egypt		Bldg. Age 81	
County (6) Ocean		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 413 North Black Horse Pike		Street Address 829 Radio Road	
City, State & Zip Code Runnemede, NJ 08078		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 609-296-6916
Scheduled Start Date (10) September 6, 2014		Scheduled Completion Date (11) October 6, 2014	
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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 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 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 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
Exterior Windows			X	Window Caulk	132 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date October 7, 2014	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date August 21, 2014

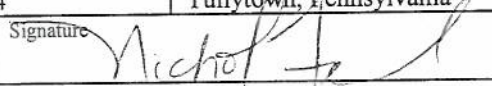
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 21, 2014		Name of Building Owner/Operator (2) Frank Tortorella 24992	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	3006 Marlboro Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Richmond, VA 23225 AUG 25 2014	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact Frank Tortorella	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 27 Susan Lane			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Manahawkin			Square feet 1500 sf		
			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 8/22/14		Scheduled Completion Date (11) 8/25/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1400 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/26/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/21/14

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

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

Date of Notification (1) 7/18/14		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#3-8/20/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street	
		City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Mr. Everett O. Collins	Telephone Number 0

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Woodrow Wilson ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 175 Girard Ave		Square Feet 70,000	# of Floors 2
City (5) Trenton	County (6) Mercer	Bldg. Age 60+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Richard Beach		City, State & Zip Code Bristol, PA 19007	
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 7/29/14	Scheduled Completion Date (11) 8/20/14	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours -- 7am to 3pm Describe: 7 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u> in Facility	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
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/glazing	4760 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.	NJDEP Waste Hauler ID No. 718706	Cubic Yards of Waste 120 cu yds	Name of Registered Landfill GROWS Landfill
City, State Bristol, PA	Disposal Date 8/2/14	City, State Morrisville, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>	Date 7/18/14

Ch# 2677

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

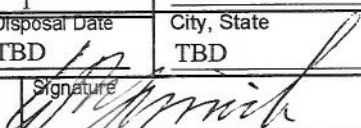
Date of Notification (1) 7/18/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-7/28/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins							
		Telephone Number AUG 25 2014							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodrow Wilson ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 175 Girard Ave		Square Feet 70,000	# of Floors 2						
City (5) Trenton	County (6) Mercer	Bldg. Age 60+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Richard Beach		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7 AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/glazing	4760 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 718706	Cubic Yards of Waste 120 cu yds	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 8/2/14		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 7/18/14		

CR# 2667

~~AUG 25 2014~~

Signature H. P. 120

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

Date of Notification (1) <u>8/22/14</u>		Name of Building Owner/Operator (2) <u>Michael Brennan</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>320 W. Browning Road</u>							
		City, State, Zip Code <u>Collingswood, NJ 08107</u>							
		Name of Contact <u>Michael Brennan</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Supervisor Residence</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 8 commercial buildings, homes, etc.)							
Street Address <u>Knight Park</u>		Square Feet <u>1700</u>							
City (s) <u>Collingswood,</u>		# of Floors <u>1</u>							
County (6) <u>Camden</u>		Bldg. Age <u>90 yrs</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>		Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address 		Street Address <u>300 S. Lenola Road</u>							
City, State, Zip Code 		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Project Manager for Monitoring Firm 		Telephone No. <u>609-481-2122</u>							
Telephone No. 		License No. <u>00689</u>							
Start Date (10) <u>9/1/14</u>		Scheduled Completion Date (11) <u>9/6/14</u>							
Name of OSHA Monitor <u>AEi2, LLC</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>300 Lenola Road</u>							
		City, State, Zip Code <u>Maple Shade, NJ 08052</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 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	Encapsulation	Enclosure
Exterior			X	Transite Shingles	700 SF	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>		Cubic Yards of Waste <u>1</u>		Name of Registered Landfill <u>TBD</u>			
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature 		Date <u>8/20/14</u>			

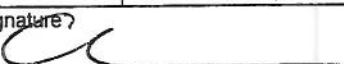
ASB-41

Do not use this form for asbestos licensure exempted activities.

Emergency

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

CK 4306

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) Daniel Clare Private 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 West Sail							
		City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact Eric	Telephone Number 609 600 0000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Daniel Clare Private Home		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 35 West Sail		Square Feet 1000+	# of Floors 1.5						
City (5) Tuckerton NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
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) 8/25/14	Scheduled Completion Date (11) 8/29/14	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 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
Through-out			x	Floor Tile	500 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 8/29/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature? 			Date 8/21/14		

88/15/2014 16:07

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BEST

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EMERGENCY
REQUEST FOR WAIVERState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Permitted to NAC 26:27 and 26:28)

check 5382

Date of Notification (1) 8-15-2014		Name of Building Owner/Owner (2) D. CHARLES		DOE - 10 DAY	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCJ <input type="checkbox"/> DOH <input type="checkbox"/> DOA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Construction		Street Address 5 BERKELEY ROAD City, State, Zip Code SPRINGFIELD, N.J. 07081	
		Name of Contact D. CHARLES		JVED	
FACILITY INFORMATION					
Name of Facility (Name of Building) (3) D. CHARLES			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> College/University (Other than K-12) <input checked="" type="checkbox"/> Other (A, private & commercial buildings, homes, etc.)		
Street Address 5 BERKELEY ROAD			AUG 25 2014		
City (5) SPRINGFIELD			Square Feet 2700		
County (6) UNION			# of Floors 2		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being discontinued) RESIDENCE		
Name of Abatement Firm Hired by Building Owner (8)		ASAC No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc	
City, State, Zip Code				450 S. River St Hackensack, N.J. 07601	
Project Manager for Abatement Firm		Telephone No.		Telephone No.	
				201-329-7444	
Start Date (10) 8-18-2014		Estimated Completion Date (11) 8-19-2014		License No. 00380	
Company Name During Abatement (Don't only one)		Name of Abatement Contractor		Omega Environmental Inc	
<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 - Specify: 8AM 5PM		Street Address		280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial		City, State, Zip Code		South Hackensack, N.J. 07606	
<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulation		<input type="checkbox"/> Full Compliance with Regulatory Requirements <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Standby Procedures <input type="checkbox"/> Other - Specify: Other than Standby Procedures			
Location of Asbestos-Containing Material (ACM) 12.05.0002 (12)		In Location Normally Used Only by Maintenance/Construction Staff (13) Yes No N/A		Description of Asbestos-Containing Material (ACM) (A, Thermal system insulation, pipe, wall, or other miscellaneous)	
Ground Floor?		X		SOPRACING CEILING	
				30 SF X	
Name of Employer (Name)		NACAP Worker Number ID No.		Date: Year of Work	
Best Removal Inc		17109		3/4 YD	
City, State		Hackensack, N.J. 07601		Name of Employer (Name)	
				Minerva Enterprises	
Completed by R. VELDRAH		Title Estimator		City, State Waynesburg, Oh	
		Signature R. Veldra		Date 8-15-14	

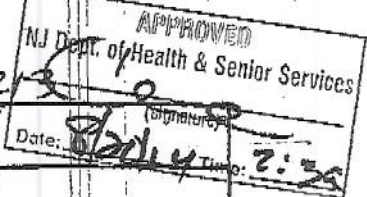
APP-1

Do not use this form for asbestos removal or abatement.

EMERGENCY 10 DAY NOTICE REQUEST FOR WAIVER

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 17:27 and 17:28)

check: 52



Date of Notification (1) 8-20-2014		Name of Building Owner/Operator (2) A. INGUAGGIATO	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment: <input checked="" type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Consultation	Street Address 52 WALNUT AVENUE City, State, Zip Code MILLBURN, NJ 07041 Name of Contact A. INGUAGGIATO Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) A. INGUAGGIATO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 52 WALNUT AVENUE		Square Feet 1875	# of Floors 2
City (5) MILLBURN		Bldg. Age 89 YRS	
County (6) ESSEX		Current Use (Prior to being demolished) ONLY RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Monitoring Contractor (9) Best Removal Inc Street Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 201-329-7444 License No. 00388	
Start Date (10) 8-21-14	Scheduled Completion Date (11) 8-23-14	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours If Other - Describe: 8AM - 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Containment with Positive Pressure <input type="checkbox"/> Full Containment with Negative Pressure and Full-Finish Procedures <input type="checkbox"/> Full Containment with Positive Pressure and Full-Finish Procedures <input type="checkbox"/> Full Containment with Negative Pressure and Full-Finish Procedures and Full-Finish Procedures			
Location of Asbestos-Containing Material (ACM) TO BE REMOVED (13) BASEMENT		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, surfacing, VCM, or other miscellaneous) (14) CEILING TILES
Amount of ACM to be Removed (15) 190 SF X		Abatement Type Removal Repair Enclosure X	
Name of Registered Waste Handler Best Removal Inc		NAEP Waste Handler ID No. 17109	Volume of Waste 1440
City, State Hackensack, N.J. 07601		Disposal Date 8-23-14	Name of Registered Landfill Minerva Enterprises
City, State Waynesburg, Oh		Signature R. Veldran	
Collected by R. VELDRAH		Title Estimator	Date 8-20-14

ASBESTOS

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 20, 2014		Name of Building Owner/Operator (2) Pennsauken Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 1695 Hylton Road AUG 25 2014	
		City, State, Zip Code Pennsauken, NJ 08110	
		Name of Contact Jack Killion	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pennsauken High School			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 800 Hylton Road					
City Pennsauken	County (6) Camden	County Code (7) (STATE USE ONLY)	Square feet 50,000 sf	# of Floors 2	Bldg. Age 60
			Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 8/25/14	Scheduled Completion Date (11) 9/26/14		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V E M E N T P R O C E D U R E	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		100 windows	100	x			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 60	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/29/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 8/20/2014		

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

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

Date of Notification (1) August 20, 2014		Name of Building Owner/Operator (2) Cinnaminson Board of Education Check # 1414							
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 7197 Riverton Road							
		City, State, Zip Code Cinnaminson, NJ 08077 AUG 25 2014							
		Name of Contact Mark Tindall	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Memorial 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 905 US 130		Square Feet 10,000	# of Floors 2						
City (5) Cinnaminson		Bldg. Age 100							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Lou Lauretti		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) August 29, 2014	Scheduled Completion Date (11) September 2, 2014	Name of OSHA Monitor EMSL 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 <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	XXX			Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill					
City, State Freehold, NJ			Disposal Date 9/2/2014	City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager			Signature 			Date 8/20/2014	

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

Check # 9068

Date of Notification (1) August 20, 2014		Name of Building Owner / Operator (2) Bank of America	
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	1345 Chews Landing Road <div style="text-align: right; font-style: italic;">AUG 25 2014</div>	
		City, State & Zip Code Laurel Springs, NJ 08021	
		Name of Contact Ryan Schnupp	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4)	
Street Address 1345 Chews Landing Road		<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.)	
City (5) Laurel Springs		Square Feet 6,000	# of Floors 1
		Bldg. Age 58	
County (6) Camden		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address 413 North Black Horse Pike		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Runnemede, NJ 08078		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) August 30, 2014	Scheduled Completion Date (11) September 30, 2014		
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor Synatech, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 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)
	Yes No N/A		
Exterior Windows		Window Caulk	120 LF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date October 1, 2014	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date August 20, 2014

*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)

APPROVED: CINDY MITCHELL, NJDH

CR # 2689

Date of Notification (1) 8 / 20 / 14		Name of Building Owner/Operator (2) Woodbridge Township School District							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 428 School Street AUG 25 2014							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact c/o Dominick Dercole	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbridge 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 and commercial buildings, homes, etc.)							
Street Address 1 Samuel Lupo Place									
City (5) Woodbridge, NJ		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational Facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) 8 / 20 / 14	Scheduled Completion Date (11) 8 / 20 / 14	Name of OSHA Monitor Bristol Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM-12:00AM		Street Address 1123 Beaver Street							
		City, State, Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
AD Office Air Handler Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel Beneath AD Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1/4	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 8/21/14		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni / jpl		Date 8/20/14			

GI 14164

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

Ch # 2688

Date of Notification (1) 8/14/14		Name of Building Owner / Operator (2) SEARS HOLDINGS CORP							
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 checked="" type="checkbox"/> Amended R#1-8/19/14 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 3333 BEVERLY ROAD, B5-337A City, State & Zip Code HOFFMAN ESTATES, ILLINOIS Name of Contact GERALD JACOBS						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KMART STORE 3071		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 213 HIGHWAY 37 EAST		Square Feet 33000	# of Floors 2						
City (5) TOMS RIVER		County (6) OCEAN	Bldg. Age 70+/-						
County Code (7)		Current Use (Prior if being demolished) RETAIL STORE							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 318 12TH STREET		Street Address 1123 BEAVER STREET							
City, State & Zip Code HAMMONTON, NJ 08037		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm JIM PROCTOR		Telephone Number 609-704-8850	Telephone Number 215-788-6040						
License Number 00509									
Scheduled Start Date (10) 8/20/14	Scheduled Completion Date (11) 8/21/14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 9:00 PM – 6:00 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" 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
BREAK ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall with mastic pucks	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / jh</i>				Date 8/14/14		

Ch#2686

PD14081

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

No check

Date of Notification (1) 4/28/14		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services							
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 checked="" type="checkbox"/> Amended R#2-8/19/14 <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Cancellation	Street Address P.O. Box 700, 222 South Warren Street AUG 25 2014 City, State & Zip Code Trenton, NJ 08625 Name of Contact Pam Harlan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Psychiatric Hospital - Haines 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 100 Sullivan Way PO Box 7500		Square Feet 75000	# of Floors 3						
City (5) West Trenton	County (6) Mercer	Bldg. Age 40+							
County Code (7)		Current Use (Prior if being demolished) Various Services							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Collection		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, New Jersey 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 5/12/14	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4 PM – 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 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 Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 5/14/14		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>			Date 4/28/14			

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

Date of Notification (1) 4/28/14		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services							
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 checked="" type="checkbox"/> Amended R#1-5/14/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address P.O. Box 700, 222 South Warren Street AUG 25 2014 City, State & Zip Code Trenton, NJ 08625 Name of Contact Pam Harlan						
			Telephone Number 5						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Trenton Psychiatric Hospital - Haines 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 100 Sullivan Way PO Box 7500		Square Feet 75000	# of Floors 3						
City (5) West Trenton	County (6) Mercer	Bldg. Age 40+							
Current Use (Prior if being demolished) Various Services									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Collection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, New Jersey 08608		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Ryan Broadwater		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 5/12/14	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4 PM – 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 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 Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill GROWS Landfill				
City, State Bristol, PA				Disposal Date 5/14/14	City, State Morrisville, PA				
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 4/28/14		

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

CR# 2611

Date of Notification (1) 4/28/14		Name of Building Owner / Operator (2) State of New Jersey Department of Human Services							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 7623 <input checked="" type="checkbox"/> DOH 7630 <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 P.O. Box 700, 222 South Warren Street						
			City, State & Zip Code Trenton, NJ 08625 AUG 25 2014						
			Name of Contact Pam Harlan						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Psychiatric Hospital - Haines 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 100 Sullivan Way PO Box 7500				Square Feet 75000					
City (5) West Trenton		County (6) Mercer	County Code (7)	# of Floors 3	Bldg. Age 40+				
Current Use (Prior if being demolished) Various Services									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Collection			ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.					
Street Address 120 North Warren Street			Street Address 1123 Beaver Street						
City, State & Zip Code Trenton, New Jersey 08603			City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509				
Scheduled Start Date (10) 5/12/14		Scheduled Completion Date (11) 5/14/14		Name of OSHA Monitor Bristol Environmental Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4 PM – 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement				Street Address 1123 Beaver Street					
				City, State & Zip Code Bristol, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glove Bag Procedures					
				<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 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & cut)	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 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 Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill GROWS Landfill				
City, State Bristol, PA				Disposal Date 5/14/14	City, State Morrisville, PA				
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 4/28/14		

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

Date of Notification (1) 8 / 11 / 14		Name of Building Owner/Operator (2) Trustees of Princeton University		AUG 25 2014	
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 #1-8/19/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address E.A MacMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Princeton University			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 5 Ivy Lane					
City (5) Princeton			Square Feet	# of Floors	Bldg. Age
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Bromley Corporate Center, 3 Terri Lane, Ste. 12				Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington				City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509
Start Date (10) 8 / 21 / 14		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM				Street Address 1123 BEAVER STREET	
				City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) 150 SF
		Yes	No		
No. Side Rear Ext Roof Parapet Wall		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	Date 8/19/14

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

CR# 2684

Date of Notification (1) 8 / 11 / 14		Name of Building Owner/Operator (2) Trustees of Princeton University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 8019 <input checked="" type="checkbox"/> DHSS 8002 <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 E.A MacMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University		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 5 Ivy Lane		Square Feet # of Floors Bldg. Age							
City (5) Princeton		County Code (7) (STATE USE ONLY)							
County (6) MERCER		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center, 3 Terri Lane, Ste. 12		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 8 / 21 / 14	Scheduled Completion Date (11) 9 / 4 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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
No. Side Rear Ext Roof Parapet Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco on Roof	150 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 8/11/14			

BS 14078

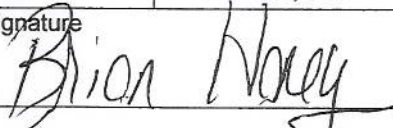
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 08-20-2014		Name of Building Owner / Operator (2) Kennedy University Hospital	
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 (2 nd) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus	
		City, State & Zip Code Cherry Hill, NJ 08002	
		Name of Contact Mr. Bud Miller	Telephone Number 60.

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital		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 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2
City (5) Cherry Hill, NJ 08002	County (6) Camden	Bldg. Age 52	
		Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Ste 202	
City, State & Zip Code Bensalem, Pa. 19020		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185
Scheduled Start Date (10) 09-02-2014	Scheduled Completion Date (11) 09-23-2014	Name of OSHA Monitor J&S Environmental Laboratories 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 Hours: Describe: 3:30pm-12:30am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
T-4 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flooring Mastic	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-4 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Coating on beam	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-5 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flooring Mastic	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-5 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Coating on beam	30 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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 08/20/2014

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

Date of Notification (1) 8-15-14		Name of Building Owner/Operator (2) Rob McDonald	
Agencies Notified	Type Notification	Street Address 717 Boulevard E	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Weehauken, NJ, 07086	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Rob McDonald	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 1001	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet	# of Floors	Bldg. Age
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) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-25-14 Month Day Year	Sched. Completion Date (11) 8-26-14 Month Day Year	Name of OSHA Monitor N/A		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Boiler	25 SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8-27-14	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 8-15-14		

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

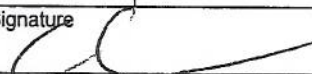
Date of Notification (1) 08/20/14		Name of Building Owner/Operator (2) SHLOMO HOROWITZ							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 195 RIDGE AVENUE AUG 25 2014							
		City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 195 RIDGE 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) LAKEWOOD, NJ		Square Feet 1000	# of Floors 3						
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 08/31/2014	Scheduled Completion Date (11) 08/31/2014	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
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	1200 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 08/31/2014		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 08/20/2014		

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

Date of Notification (1) 08/20/14		Name of Building Owner/Operator (2) KATHY CSASZAR					
Agencies Notified	Type Notification	Street Address 1578 HIGHWAY 77					
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DEERFIELD, NJ 08313					
		Name of Contact	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)					
Street Address 1578 HIGHWAY 77		<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) DEERFIELD, NJ		Square Feet 1000	# of Floors 2				
County (6) CUMBERLAND		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS				
Street Address		Street Address 6 WHITE DOVE COURT					
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 08/30/2014	Scheduled Completion Date (11) 08/30/2014	Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT					
<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 LAKEWOOD, NJ 08701					
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		TSI	100 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1 YARD	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 08/30/2014		City, State BETHLEHEM PA			
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 08/20/2014		

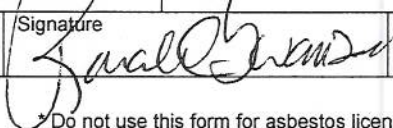
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4293

Date of Notification (1) 8/20/14		Name of Building Owner/Operator (2) Michael & Lauren Regina Private Home							
Agencies Notified	Type Notification	Street Address 120 Euclid Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haddonfield NJ 08033 AUG 25 2014							
		Name of Contact Tom	Telephone Number 603-661-6616						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Michael & Lauren Regina Private Home		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 120 Euclid Avenue		Square Feet 1000+	# of Floors 2						
City (5) Haddonfield NJ 08033		Bldg. Age 35+							
County (6) Camden	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 08008							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/21/14	Scheduled Completion Date (11) 8/24/14	Name of OSHA Monitor Same							
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: home owner will be Home		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 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
2nd floor bathroom & Bedroom			X	Plaster	200 SF	x			
Ceiling									
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/25/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/20/14		

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

Check # 1552

Date of Notification (1) 08/18/2014		Name of Building Owner/Operator (2) KENNETH FONES							
Agencies Notified	Type Notification	Street Address 21 REMSTERVILLE ROAD							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WOODSTOWN NJ 08098							
		Name of Contact KEN FONES	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL 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 49 REMSTERVILLE ROAD		Square Feet 2300	# of Floors 2						
City (5) WOODSTOWN		Bldg. Age 100+							
County (6) SALEM	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL HOUSE-VACANT							
Name of Monitoring Firm Hired by Building Owner (8) NONE		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address _____		Street Address 570 CLEMS RUN							
City, State, Zip Code _____		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01145						
Start Date (10) 09/03/2014	Scheduled Completion Date (11) 09/09/2014	Name of OSHA Monitor EMSL							
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: RESIDENTIAL - VACANT		Street Address 200 RT. 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 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
OUTSIDE HOUSE			X	ASBESTOS TRANSITE SIDING	3000 SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC.		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 40	Name of Registered Landfill A&L SALVAGE INC.					
City, State NEW CASTLE, DELAWARE		Disposal Date 09/10/2014		City, State LISBON, OH					
Completed by RON SWANSON		Title PROJECT COORDINATOR	Signature 	Date 08/18/2014					

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

B & G proj. #: 2014-113

*** Additional footages ***

Check # 6706

Date of Notification (1) 08/18/14		Name of Building Owner/Operator (2) College Avenue Redevelopment Associates LLC	
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 checked="" type="checkbox"/> Amendment <input type="checkbox"/> On hold <input type="checkbox"/> Cancellation	
Street Address 120 Albany Street		City, State, Zip Code New Brunswick, NJ 08901	
Name of Contact David Christiansen		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vacant 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 17 Seminary Place			Square Feet # of Floors Bldg. Age		
City (5) New Brunswick, NJ 08901			County (6) Middlesex		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential housing		
Name of Monitoring Firm Hired by Bldg. Owner (8) The Louis Berger Group, Inc.			ASCM No.		
Street Address 412 Mount Kemble Avenue			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Morristown, NJ 07960			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Craig Napolitano			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 973-407-1000			Telephone Number (973)696-6869		
License Number 00378			Name of OSHA Monitor B & G Restoration, Inc.		
Scheduled Start Date (10) 07/11/2014			Sched. Completion Date (11) 08/29/2014		
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:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply) ☒ Bldg Demolition with acm contaminated
☒ Demolition ☐ Renovation debris using wet methods under controlled conditions ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
roof			<input checked="" type="checkbox"/>	non-friable roofing	21,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
above ceiling			<input checked="" type="checkbox"/>	tar on metal beams	300 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 120 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/15/2014 - 08/29/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/18/2014

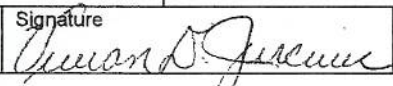
OK 1600 EMERGENCY.

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) EDUARDO P. VIDAL		AUG 25 2014				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) ✓ <input type="checkbox"/> Cancellation		Street Address 52-54 LINCOLN PLACE				
		City, State, Zip Code FREEHOLD NJ. 07728		Telephone Number 732-899-7499				
		Name of Contact ERIC PLACKIS						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 52-54 LINCOLN PLACE			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 52-54 LINCOLN PLACE			Square Feet 2000 SF					
City (5) FREEHOLD NJ.			# of Floors 2					
County (6) MONMOUTH			Bldg. Age 50					
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RENTAL PROPERTY					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) BRICK INDUSTRIES INC.				
Street Address				Street Address 145 NATICK TRAIL				
City, State, Zip Code				City, State, Zip Code BRICK NJ. 08724				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-899-7499				
				License No. 01196				
Start Date (10) 8-21-14		Scheduled Completion Date (11) 8-22-14		Name of OSHA Monitor				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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 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
THERMAL INSULATION BASEMENT			THERMAL INSULATION	90 LFI	<input checked="" type="checkbox"/>			
				PER UNIT				
				180 LF				
Name of Registered Waste Hauler BRICK INDUSTRIES INC.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.		
City, State BRICK NJ.		Disposal Date 8-25-14		City, State P.A.				
Completed By ERIC PLACKIS		Title PRES.		Signature <i>[Signature]</i>		Date 8-20-14		

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

CR #8178

Date of Notification (1) August 11, 2014		Name of Building Owner/Operator (2) Honeywell							
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 101 Columbia Road							
		City, State, Zip Code Morristown, New Jersey 07962							
		Name of Contact Dan Harris	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Honeywell SA6 Site Remediation		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 60 Kellogg Street		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Empty Lot							
Name of Monitoring Firm Hired by Building Owner (8) Emilcott		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 190 Park Ave.		Street Address 164 Getty Ave.							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Dave Tomsey		Telephone No. 973-538-1110	Telephone No. 973-478-4848						
		License No. 00724							
Start Date (10) August 13, 2014	Scheduled Completion Date (11) August 29, 2014	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday-Friday 7:00am-3:30pm		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
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
South Side of Kellogg St			x	12"transite pipe	100LF	x			
South Side of Kellogg St.			x	12 Transite pipe	100LF	x			
			x			x			
			x			x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature 	Date August 11, 2014					

NOTIFICATION OF ASBESTOS ABATEMENT

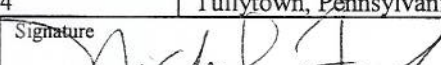
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">August 20, 2014</div>		Name of Building Owner/Operator (2) First Equity	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1330 Laurel Avenue, Suite 104	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Sea Girt, NJ 08750	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Christian Pepe	24973

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1525 Boulevard			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Westfield			City, State, Zip Code		
			Sea Girt, NJ 08750		
County (6) Union		County Code (7) (STATE USE ONLY)	Square feet 1800 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Scheduled Start Date (10) 8/21/14			Scheduled Completion Date (11) 8/22/14		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			Mini-Enclosure		
<input checked="" type="checkbox"/> Demolition			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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1600 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/25/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/20/14

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

Aug 19 14 03:28p

BRICK INDUSTRIES, INC.

732 899 2866

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

DOL - 10 DAY

Date of Notification (1) 8-19-14		Name of Building Owner/Operator (2) THE FRENCH HOUSE	
Agency Request <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> OCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment & Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 39 OAK ST		City, State, Zip Code KEANSBURG NJ	
Name of Contact ERIC PLACKIS		Telephone Number 732-849-1196	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 39 OAK ST		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Childcare (5) (Other than K-12) <input checked="" type="checkbox"/> Other (6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100) RESIDENCE/SMALL	
City, State, Zip Code KEANSBURG NJ		County (8) MONMOUTH	
Name of Monitoring Firm Hired by Building Owner (9)		Current Use (Other than designated) VACANT	
Street Address		Name of Abatement Contractor (10)	
City, State, Zip Code		Street Address 145 NATICK TR.	
Project Manager for Monitoring Firm		City, State, Zip Code BRICK NJ 08724	
Telephone No.		Telephone No. 732-849-1196	
Start Date (11) 8/20/14		Scheduled Completion Date (11) 8-21-14	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
<input checked="" type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply)		City, State, Zip Code	
<input type="checkbox"/> 25 or less sq ft <input type="checkbox"/> 251 to 1000 sq ft <input checked="" type="checkbox"/> Over 1000 sq ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mid-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Other - Describe:	
Location of Asbestos-Containing Material (ACM) TO BE REMOVED IN Facility (13)		Is Location Normally Used Exclusively for Maintenance or Custodial Staff (12)	
Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Approximate sq ft or lb)	
Abatement Type		Removal	
Repair		Encapsulation	
Enclosure		Removal	
Name of Registered Waste Handler		Code: Volume of Waste	
Street Address		City, State, Zip Code	
City, State, Zip Code		Disposal Date	
Signature of Eric Plackis		Signature of [Name]	
Date		Date	

* Do not use this form for subjects deemed exempted on 2/14/42.

THANK YOU!:

OK 3401

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

Date of Notification (1) <u>8/20/14</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u> <u>AUG 25 2014</u>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>300 77TH ST.</u>
			City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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>132 48TH ST.</u>		Square Feet	Bldg. Age
City (5) <u>SEA ISLE CITY</u>			
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>9/1/14</u>	Scheduled Completion Date (11) <u>9/11/14</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</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>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
			Amount (Specify SF or LF) <u>1500 LF</u>
			Abatement Type Removal Repair Encapsulate <u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>
			Date <u>8/20/14</u>

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) PINELANDS CONSTRUCTION				
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 77TH ST.				
		City, State, Zip Code SEA ISLE CITY, N.J. 08243				
		Name of Contact FRANK EDUARDI	Telephone Number 1			
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 349 85TH ST.		Square Feet	Bldg Age			
City (5) STONE HARBOR		# of Floors				
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.				
Street Address		Street Address 369 S. SPRUCE AVE.				
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052				
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444			
Start Date (10) 9/15/14	Scheduled Completion Date (11) 9/22/14	Name of OSHA Monitor JOSEPH KLEMM				
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 369 S. SPRUCE AVE.				
		City, State, Zip Code MAPLE SHADE, N.J. 08052				
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 2400 SF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.U.A.		
City, State MAPLE SHADE, N.J.		Disposal Date	City, State WOODBINE, N.J.			
Completed By JOSEPH KLEMM	Title V/P	Signature <i>Joseph Klemm</i>	Date 8/20/14			

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) Princeton University							
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 E A MacMillan Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 191 Hartley Ave. - 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 and commercial buildings, homes, etc.)							
Street Address 191 Hartley Ave.									
City (5) Princeton		Square Feet 2200	# of Floors 2						
		Bldg. Age 50							
County (6) Mercer		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Residence (Empty)						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No. 00003	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 515 Grove Street, Suite 1B		Street Address 8451 Executive Ave.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, Pa. 19153							
Project Manager for Monitoring Firm Craig Wilson		Telephone No. 856 547 0505	Telephone No. 267-284-1050						
		License No. 01109							
Start Date (10) 9 / 2 / 14	Scheduled Completion Date (11) 10 / 10 / 14		Name of OSHA Monitor Joseph Maronski						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / ____ PM - ____ AM		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, Pa. 19153							
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 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) <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
Various Locations throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall/Joint Compound	1250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	1360	<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 Luzon, Inc.		NJDEP Waste Hauler ID No. 32587		Cubic Yards of Waste 40 CYS.	Name of Registered Landfill Grows Landfill				
City, State Tullytown Pa.				Disposal Date 10/12/14	City, State Tullytown, PA				
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature <i>Piyush Patel</i>		Date 8/18/14			

PK 3550

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

Date of Notification (1) 8/22/14		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office							
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 EA McMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Bob Ortego Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 167 Hartley Avenue			Square Feet 1600 # of Floors 2 Bldg. Age 59						
City (5) Princeton		County (6) Mercer County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505		Telephone No. 484-872-8884 License No. 01161					
Start Date (10) 9/8/14		Scheduled Completion Date (11) 9/26/14		Name of OSHA Monitor EMSL					
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: Hours: 8 am - 4:30 pm			Street Address 200 US 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 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
Windows			X	Window glaze	8 SF	X			
Kitchen			X	Tar on sink	4 SF	X			
Interior Walls / Ceiling			X	Joint Compound on GWB	2620 SF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill GROWS				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager			Signature <i>Jack Bally</i>			Date 8/22/14	

NO CK

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

Date of Notification (1) 8/22/14		Name of Building Owner/Operator (2) Federal Aviation Administration							
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 checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Aviation Plaza							
		City, State, Zip Code Jamaica, NY 11434							
		Name of Contact Michael Mulligan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teterboro Air Traffic Control Tower		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 225 Fred Wehran Drive		Square Feet 5,000	# of Floors 6						
City (5) Teterboro		Bldg. Age 40 years							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control Tower							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 N. Pennell Road		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 610-891-0114	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 9/3/14	Scheduled Completion Date (11) 9/12/14	Name of OSHA Monitor EMSL							
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: After midnight		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Elevator Machine Room	X			Floor tile and mastic	138 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally @w</i>			Date 8/22/14		

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1 of 1

NO CK

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

2014 AUG 25

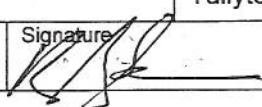
Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) Rd	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Initial Amended <input checked="" type="checkbox"/> Amendment # 1 Emergency (including justification) Cancellation	135 Steelmanville Rd	
		City, State, Zip Code Egg Harbor Twp., NJ 08234	
		Name of Contact Chns Terrels	Telephone Num
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Old Lenox China Building		Type of Facility (4)	
Street Address 545 Tilton Road		<input type="checkbox"/> school (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial etc.)	
City (5) Galloway, NJ 08205		Square Feet 400,000	# of Floors 1
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises
Street Address 318 12th Street		Street Address 815 12th Street	
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Hammonton, NJ 08037	
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8550	Telephone No. 609-567-1250
Start Date (10) 7/22/2014		Scheduled Completion Date (11) 10/22/2014	License No. 0117
Occupancy Status During Abatement (Check Only One)		Name of ASHA Monitor Health and Safety Services	
<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 318 12th Street	
		City, State, Zip Code Hammonton, NJ 08037	
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 Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fri	
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)
Warehouse 7	Yes No N/A	Window caulking	4350 sf
Office 2		9x9 Tile and mastic	5180 sf
Various		Pipe Fittings	300
Various		Pipe wrap	5700 Lf
Name of Registered Waste Hauler Site Enterprises, Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 120 cy
City, State Hammonton, NJ 08037		Disposal Date various	Name of Registered Landfill Atlantic County Utilite
City, State Egg Harbor, NJ			
Completed by Thomas Rock	Title PM	Signature 	Date 8/21/14

ASD-41 (R-06-013)

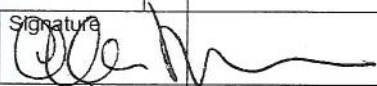
Do not use this form for asbestos licensure

CK 10756

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

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) Kasel Park LLC							
Agencies Notified	Type Notification	Street Address 94 Park Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair, NJ 07042							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Earl Sandor	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Detached Garage		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 94 Park Street		Square Feet 225	# of Floors 1						
City (5) Montclair		Bldg. Age 50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) Omega		ASCM No. _____	Name of Abatement Contractor (9) PowrSave						
Street Address 280 Huyler Street		Street Address 27 West Street							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. 973-680-0088						
License No. 357									
Start Date (10) 9/5/14	Scheduled Completion Date (11) 9/5/14	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) <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
Roof		X		Shingles	250sf	X			
Name of Registered Waste Hauler Atlas		NJDEP Waste Hauler ID No. 18262	Cubic Yards of Waste _____	Name of Registered Landfill Tullytown Resource Recovery					
City, State Dover, NJ			Disposal Date _____	City, State Tullytown, PA					
Completed by Kevin Stack		Title VP	Signature 			Date 8/21/14			

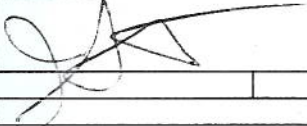
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 21 / 14		Name of Building Owner/Operator (2) Neil Hillsberg	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 54 Witherspoon Road City, State, Zip Code Clifton, NJ 07013 Name of Contact Neil Hillsberg	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)	
Street Address 54 Witherspoon Road			
City (5) Clifton		Square Feet	# of Floors
		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188
Start Date (10) 08 / 31 / 14	Scheduled Completion Date (11) 09 / 30 / 14		Name of OSHA Monitor ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe Insulation
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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 ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed
City, State Garfield, NJ		Name of Registered Landfill IESI Landfill	
		Disposal Date TBD	City, State Bethlehem, PA
Completed By (Print or Type) Allen Monchik	Title PM	Signature 	Date 8/21/14

No CK

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) August 21, 2014		Name of Building Owner/Operator (2) Hess Corporation	
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	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address 1 Hess Plaza
			City, State, Zip Code Woodbridge, NJ 07095
			Name of Contact David Dolnick
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Corporation Refinery		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 750 Cliff Road		Sq. Feet 512,943 # of Floors NA	
City (5) Port Reading	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 55 years Current Use (prior if being demolished) Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8) Bureau Veritas		ASCM No. _____	Name of Contractor (9) Brandenburg Industrial Service Company
Street Address 110 Fieldcrest Avenue		Street Address 2217 Spillman Dr.	
City, State, Zip Code Edison, New Jersey 08837		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm Kirit H. Vora	Telephone Number 732-225-6040	Telephone Number (610) 691 - 1800	License Number 00721
Scheduled Start Date (10) Demolition - February 4, 2014 Asbestos - July 7, 2014	Scheduled Completion Date (11) Demolition - December 15, 2014 Asbestos - August 31, 2014	Name of OSHA Monitor _____	
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 - Removal of ACM in closed/shutdown refinery		Street Address _____ City, State, Zip Code _____	
Other - Work Hours will be Mon - Fri 7:00 am - 5:30 pm, Sat 7:00 - 3:30			
Source of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap Enclose
FCC/Gas Comp	X	Transite	9,900 SF
Utility	X	Transite	5,750 SF
Utility	X	Pipe Insulation	10 LF
Utility	X	Floor Tile	275 LF
Fuel Gas Comp.	X	Drum Insulation	150 SF
Millwright Shop	X	Floor Tile	1,000 SF
Warehouse	X	Floor Tile	320 SF
Warehouse	X	Tape and Joint Compound	48 SF
Warehouse	X	Window Caulk	300 LF
Warehouse	X	Transite	6,000 SF
I&E Shop	X	Floor Tile	384 SF
I&E Shop	X	Tape and Joint Compound	120 SF
I&E Shop	X	Window Caulk	102 LF
I&E Shop	X	Pipe Insulation	90 LF
Firehouse/Locker Room	X	Floor Tile	3,954 SF
Firehouse/Locker Room	X	Black Roof Flashing	20 SF
Firehouse/Locker Room	X	Black Roof Material	4,050 SF

<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Co.	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 160 NT	<u>Name of Reg. Landfill</u> IESI
<u>City, State</u> Bethlehem, PA	<u>Disp. Date</u> July 9, 2014		<u>City, State</u> Bethlehem, PA
<u>Completed by (Print or Type)</u> Jennifer Strobel	<u>Title</u> Contract Manager	<u>Signature</u> 	<u>Date</u> 08/21/14

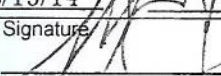
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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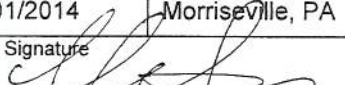
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>8/21/14</u>		Name of Building Owner/Operator (2) <u>Berry</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>52 W. Union Street</u>					
			City, State, Zip Code <u>Lambertville, NJ 08530</u>					
			Name of Contact <u>Karen Berry</u>	Telephone Number 				
FACILITY INFORMATION								
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>52 W. Union Street</u>		Square Feet <u>1600</u>						
City (5) <u>Lambertville, NJ</u>		# of Floors <u>2</u>						
County (6) <u>Hunterdon</u>		Bldg. Age <u>100+/-</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.						
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>						
Project Manager for Monitoring Firm <u>Lou Laureti</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>9/3/14</u>		License No. <u>00493</u>						
Scheduled Completion Date (11) <u>9/6/14</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>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
<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) 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>75 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>8/21/14</u>		

CK 3266

Print Form

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

Date of Notification (1) 08/19/2014		Name of Building Owner/Operator (2) The Presbyterian Church of Morristown							
Agencies Notified	Type Notification	Street Address 65 South Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Morristown NJ 07960							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Margaret M. Hickey	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Presbyterian Church of Morristown		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 65 South Street		Square Feet	# of Floors						
City (5) Morristown		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No. 00100	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address 1805 Atlantic Avenue		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No. 732-223-2225	Telephone No. 973-339-9735						
License No. 01034									
Start Date (10) 08/29/2014	Scheduled Completion Date (11) 09/01/2014	Name of OSHA Monitor Savic Construction Corp							
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 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
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 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
First floor janitors closet	X			VAT	60 SF	x			
Basement ceiling	X			TSI - pipe insulation	8 LF	X		x	
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS					
City, State Totowa NJ		Disposal Date 09/01/2014		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager		Signature 		Date 08/19/2014			

NO CK

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

Date of Notification (1) 6/23/14 Amended 8/14/14		Name of Building Owner/Operator (2) Passaic Valley Sewerage Commission							
Agencies Notified	Type Notification	Street Address 600 Wilson Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105 Name of Contact James McCarthy Telephone							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic Valley Sewerage Commission		Type of Facility (4)							
Street Address 600 Wilson Ave		<input 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) Newark, NJ 07105		Square Feet 4575	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office/locker room						
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) 8/18/14	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One)		Show Desktop.scf Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		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 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
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 8/18/14		City, State Birdsboro, PA 19508					
Completed by Michael Migliore		Title Sr Account Manager		Signature <i>Michael Migliore</i>		Date 8/14/14			

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

CHECK # 8535

Date of Notification (1) 8/21/14		Name of Building Owner/Operator (2) ST. ANTHONY'S ORTHODOX CATHOLIC CHURCH							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 385 IVY LANE							
		City, State, Zip Code BERGEN FIELD, N.J. 07621-1100							
		Name of Contact BRIAN SCHEIDLE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CHURCH / DAY CARE		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 385 IVY LANE		Square Feet 6,500	# of Floors 1						
City (5) BERGEN FIELD		Bldg. Age 450							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DAY CARE / SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES, INC.		ASCM No. 12	Name of Abatement Contractor (9) A.MAC Contracting Inc.						
Street Address 300 GRAND AVE.		Street Address 105 Lowell Road							
City, State, Zip Code ENGLEWOOD, N.J. 07631		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		Telephone No. (201) 569-6708	Telephone No. (201) 262-5841						
Start Date (10) 8/30/14		Scheduled Completion Date (11) 9/07/14	License No. 00156						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07605							
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) 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.			/	PIPE INSULATION	20LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, NJ 07457		Disposal Date 8/30/14		City, State Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo			Date 8/21/14		

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

CHECK# 8535

Date of Notification (1) 8-21-14		Name of Building Owner/Operator (2) THE INGERMAN GROUP							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 725 CUTHBERT BLVD							
		City, State, Zip Code CHERRY HILL, NJ 08002							
		Name of Contact KEVIN DOWD	Telephone Number (609) 262-5841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DELANEY HOMES COMMUNITY CENTER 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 SOFIELD AVE. & CHAMBERLAIN AVE		Square Feet 12,000	# of Floors 2						
City (5) PERTH AMBOY		Bldg. Age +50							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		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. (201)262-5841	License No. 00156						
Start Date (10) 9/02/14	Scheduled Completion Date (11) 9/30/14	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 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07605							
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
CRAWL SPACES #1 & #2			✓	PIPE INSULATION	250 LF	✓			
STEAM TUNNEL (EXTERIOR)			✓	PIPE INSULATION	1,440 LF	✓			
2ND FLOOR OFFICE			✓	VAT	120 SF	✓			
ROOF (BETWEEN UPPER & LOWER)			✓	ROOF FLASHING	50 SF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 10	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, NJ 07457		Disposal Date 9/02/14		City, State Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Vice President	Signature J. Vocaturo			Date 8/21/14			

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

Date of Notification (1)
 10/18/12 10/14/14

Name of Building Owner/Operator (2)
 ROBERT LOEFFLER

Street Address
 535 DOREMUS AVENUE

City, State, Zip Code
 GLEN ROCK, NJ 07452

Name of Contact
 ROBERT LOEFFLER

Telephone Number
 2 779

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
 Amendment #:
☐ Emergency (including justification)
☐ Cancellation

2014 AUG 25 AM 2:30

ASBESTOS LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 ROBERT LOEFFLER

Street Address
 535 DOREMUS AVENUE

City (5)
 GLEN ROCK

County (6)
 BERGEN

County Code (7)
 (State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
 # of Floors
 Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
 Street Address
 City, State, Zip Code

Project Manager for Monitoring Firm
 Phone Number

Start Date (10)
 08/30/14

Sched. Completion Date (11)
 09/18/14

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: NORMAL HOURS

Name of Abatement Contractor (9)
 D & S RESTORATION, INC.

Street Address
 20 California Ave.

City, State, Zip Code
 Paterson, NJ 07503

Telephone Number
 973-345-8020

License Number
 01169

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)
☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ 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 RM		X		PIPE INSULATION	26 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
 08/30/14

City, State
 TULLYTOWN, PA

Completed by (Print or Type)
 BOGDAN JOLDZIC

Title
 PRESIDENT

Signature

Date
 08/20/2014

CK 006324

D&S Proj. #: 2014-341

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

Date of Notification (1) 08/12/14		Name of Building Owner/Operator (2) BETTY PERKINS	
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 125 HAMILTON ROAD		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact BETTY PERKINS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BETTY PERKINS			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 125 HAMILTON ROAD			Square Feet		
City (5) RIDGEWOOD,			County (6) BERGEN		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			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 08/23/14			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		

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			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 08/23/14			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 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								
KITCHEN		X		PIPE INSULATION	10 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 08/24/14		City, State TULLYTOWN, PA		Date 08/20/2014	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/20/2014	

CK 006325

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

D&S Proj. #: 2014-339

Date of Notification (1) 08/12/14		Name of Building Owner/Operator (2) HELEN BYLICKI	
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 165 11TH STREET		City, State, Zip Code PISCATAWAY, NJ	
Name of Contact HELEN BYLICKI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HELEN BYLICKI			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 165 11TH STREET			Square Feet # of Floors Bldg. Age		
City (5) PISCATAWAY			County (6) MIDDLESEX		
			County Code (7) (State use only)		

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	
Start Date (10) 09/03/14		Sched. Completion Date (11) 09/19/14		License Number 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 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 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		<input checked="" type="checkbox"/>		PIPE INSULATION	108 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/04/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/20/2014	

02 006327

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

D&S Proj. #: 2014-342

Date of Notification (1) 10/18/12 10/11/14		Name of Building Owner/Operator (2) ANNALISA JONS	
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 58 BROADVIEW AVENUE		City, State, Zip Code MAPLEWOOD, NJ 07040	
Name of Contact ANNALISA JONS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANNALISA JONS			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 58 BROADVIEW AVENUE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

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	
Start Date (10) 08/29/14		Sched. Completion Date (11) 09/16/14		License Number 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 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 type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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"/>		PIPE INSULATION	64 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	15 L FT	<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"/>

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 08/30/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/20/2014	