

CK # 26374



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


<b>Date of Notification (1)</b> <div style="text-align: center;">7 / 25 /14</div>		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> MARY BETH BAKER	<b>Telephone Number</b> 908-288-1000

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - EXTERIOR PIPE RACK		<b>Square Feet</b> n/a	<b># of Floors</b> n/a
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500
<b>Expected State Date (10)</b> 8 / 11 /14		<b>Sched. Completion Date (11)</b> 11 / 15 /14	<b>License Number</b> 1101
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: Monday - Friday 7 AM - 3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

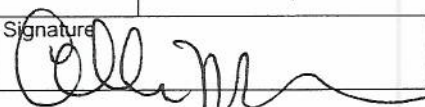
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Exterior Pipe Rack System	X			Pipe Insulation	2,300 Ln. Ft.	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 8/11/2014-11/15/2014		<b>City, State</b> MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 7/25/14	

CK 26373

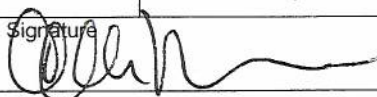
Signature 

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

Date of Notification (1) <b>08 / 27 / 14</b>		Name of Building Owner/Operator (2) <b>Laura Afonso</b>							
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 <b>68 Cliff Street</b>							
		City, State, Zip Code <b>Haledon, NJ 07508</b>							
		Name of Contact <b>Laura</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>68 Cliff Street</b>									
City (5) <b>Haledon</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>						
Start Date (10) <b>09 / 06 / 14</b>	Scheduled Completion Date (11) <b>10 / 17 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>25 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>PM</b>	Signature 			Date <b>8/27/14</b>			

CK 1025

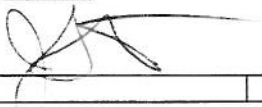
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>08 / 27 / 14</b>		Name of Building Owner/Operator (2) <b>Andrew Firkins</b>							
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 <b>210 Gateway Road</b>							
		City, State, Zip Code <b>Ridgewood, NJ 07450</b>							
		Name of Contact <b>Andrew Firkins</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>210 Gateway Road</b>		Square Feet	# of Floors						
City (5) <b>Ridgewood</b>		Bldg. Age							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>09 / 07 / 14</b>	Scheduled Completion Date (11) <b>10 / 24 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>PM</b>		Signature 			Date <b>8/27/14</b>		

CK 00450982

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

<u>Date of Notification (1)</u> August 26, 2014			<u>Name of Building Owner/Operator (2)</u> Hess Corporation		
<u>Agencies Notified</u> (x) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA		<u>Notification Type</u> ( ) Initial Notification (x) Amended Certification ( ) Cancelled		<u>Street Address</u> 1 Hess Plaza	
				<u>City, State, Zip Code</u> Woodbridge, NJ 07095	
			<u>Name of Contact</u> David Dolnick		<u>Tel Number</u> 
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Hess Corporation Refinery			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 750 Cliff Road			Sq. Feet <u>512,943</u> # of Floors <u>NA</u>		
<u>City (5)</u> Port Reading	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	Bldg. Age <u>55 years</u> Current Use (prior if being demolished) <u>Refinery</u>		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Bureau Veritas		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company	
<u>Street Address</u> 110 Fieldcrest Avenue			<u>Street Address</u> 2217 Spillman Dr.		
<u>City, State, Zip Code</u> Edison, New Jersey 08837			<u>City, State, Zip Code</u> Bethlehem, PA 18015		
<u>Project Manager for Monitoring Firm</u> Kirit H. Vora		<u>Telephone Number</u> 732-225-6040		<u>Telephone Number</u> (610) 691 - 1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> Demolition - February 4, 2014 Asbestos - July 7, 2014		<u>Scheduled Completion Date (11)</u> Demolition - December 15, 2014 Asbestos - August 31, 2014		<u>Name of OSHA Monitor</u>	
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u>		
Describe - <u>Removal of ACM in closed/shutdown refinery</u>			<u>City, State, Zip Code</u>		
Other - Work Hours will be Mon - Fri 7:00 am - 5:30 pm, Sat 7:00 - 3:30					
<u>Source of Work (Check all that apply)</u> (x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
FCC/Gas Comp	X	Transite	9,900 SF	X	
Utility	X	Transite	5,750 SF	X	
Utility	X	Pipe Insulation	10 LF	X	
Utility	X	Floor Tile	275 LF	X	
Fuel Gas Comp.	X	Drum Insulation	150 SF	X	
Millwright Shop	X	Floor Tile	1,000 SF	X	
Warehouse	X	Floor Tile	320 SF	X	
Warehouse	X	Tape and Joint Compound	48 SF	X	
Warehouse	X	Window Caulk	300 LF	X	
Warehouse	X	Transite	6,000 SF	X	
I&E Shop	X	Floor Tile	384 SF	X	
I&E Shop	X	Tape and Joint Compound	120 SF	X	
I&E Shop	X	Window Caulk	102 LF	X	
I&E Shop	X	Pipe Insulation	90 LF	X	
Firehouse/Locker Room	X	Floor Tile	3,954 SF	X	
Firehouse/Locker Room	X	Black Roof Flashing	20 SF	X	
Firehouse/Locker Room	X	Black Roof Material	4,050 SF	X	
Firehouse/Locker Room	X	Black Mastic Material	2,000 SF	X	

<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Co.	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 161 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> 08/26/14

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

Telephone 609-984-6620

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9/18/00

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

OK 4567

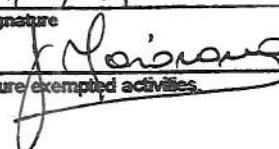
Date of Notification (1) 08/27/2014		Name of Building Owner/Operator (2) Franklin Lakes Realty, LLC							
Agencies Notified	Type Notification	Street Address 1090 Bristol Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mountainside, NJ 07092							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) White House		Type of Facility (4)							
Street Address 556 Colonial 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, homes, etc.)							
City (5) Franklin Lakes		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 5 Marine View Plaza		Street Address 208 Piaget Avenue							
City, State, Zip Code Hoboken, NJ 07030		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Cheryl Alkemeyer		Telephone No. 201-876-9400	Telephone No. 973-253-8828						
License No. 00704									
Start Date (10) 09/09/2014	Scheduled Completion Date (11) 09/19/2014	Name of OSHA Monitor VMC Co. Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1st & 2nd Floor			x	Joint compound	2,000 SF	x			
Kitchen			x	Textured coating	1,000 SF	x			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 40y	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date		City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski			Date 08/27/2014			

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

Date of Notification (1) 08/27/2014		Name of Building Owner/Operator (2) Franklin Lakes Realty, LLC							
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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1090 Bristol Avenue							
		City, State, Zip Code Mountainside, NJ 07092							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blue House		Type of Facility (4)							
Street Address 556 Colonial 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, homes, etc.)							
City (5) Franklin Lakes		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 5 Marine View Plaza		Street Address 208 Piaget Avenue							
City, State, Zip Code Hoboken, NJ 07030		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Cheryl Alkemeyer		Telephone No. 201-876-9400	Telephone No. 973-253-8828						
			License No. 00704						
Start Date (10) 09/09/2014	Scheduled Completion Date (11) 09/19/2014	Name of OSHA Monitor VMC Co. Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition									
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				
					Removal	Repair	Encapsulate	Enclosure	
1st Floor		Yes	No	N/A		x			
2nd Floor				x		x			
Kitchen				x		x			
Basement				x		x			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 40y	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>	Date 08/27/2014					

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

CK 5224

Date of Notification (1) <b>5/26/14</b>		Name of Building Owner/Operator (2) <b>HUDSON HARBOR CONDOMINIUM ASSO</b>				
Agency 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 <b>1203 RIVER RD</b>				
		City, State, Zip Code <b>EDGEWATER NJ 07020</b>				
		Name of Contact <b>J. ZAWICK</b>	Telephone Number <b>201-329-7444</b>			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>HUDSON HARBOR CONDOMINIUM ASSOCIATION</b>		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 <b>1203 RIVER RD</b>		Square Feet <b>95000</b>	# of Floors <b>22</b>			
City (5) <b>EDGEWATER</b>		Bldg. Age <b>1960</b>				
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>APT / CONDO</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 S. River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>9/15/14</b>	Scheduled Completion Date (11) <b>9/22/14</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b>				
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
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		
				Removal	Repair	Encapsulate
BOILER ROOM / GARBAGE ROOM			400 SF	X		
BOILER ROOM MEZZANINE			600 SF	X		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1007</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>9/22/14</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature 	Date <b>5/26/14</b>			


OK 5223

ASB-41

\* 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)

CK 4316

Date of Notification (1) 8/26/14		Name of Building Owner/Operator (2) Camden Board of Ed							
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 201 North Front St							
		City, State, Zip Code Camden NJ 08102							
		Name of Contact Steve Nicolella	Telephone 215 2105						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cramer 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 2800 Mickle St		Square Feet 1000+	# of Floors 2						
City (5) Camden NJ 08102		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 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/27/14	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 <input checked="" type="checkbox"/> Other - Describe: <u>Night work</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
Room 206			x	Floor Tile	1000SF	x			
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 9/3/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/26/14		

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

Check#1981

Date of Notification (1) 08 / 26 / 14		Name of Building Owner/Operator (2) Laurie Verlardi	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 39 Riverview Avenue City, State, Zip Code Rutherford, NJ 07070	
		Name of Contact Laurie Verlardi	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 and commercial buildings, homes, etc.)	
Street Address 39 Riverview Avenue		Square Feet	# of Floors
City (5) Rutherford, NJ 07070		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 09 / 05 / 14	Scheduled Completion Date (11) 09 / 06 / 14	Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: ____ AM ____ PM / ____ PM ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410	

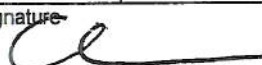
Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

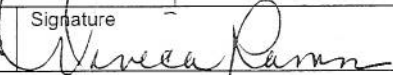
Name of Registered Waste Hauler Gr Tech LLC	NUDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 08/26/2014

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

CK 4315

Date of Notification (1) 8/26/14		Name of Building Owner/Operator (2) Randy Garret Private Home							
Agencies Notified	Type Notification	Street Address 44 West Potomac Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Little Egg Harbor NJ 08087							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John	Telephone Number 856-557-1111						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Randy Garret 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 44 West Potomac Drive		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor 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) 8/28/14	Scheduled Completion Date (11) 9/3/14	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Exterior Siding			x	exterior Siding	1000SF	x			
living room area			x	Floor tile	200 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 9/3/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/26/14		

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

Date of Notification (1) 8/27/2014		Name of Building Owner/Operator (2) ELIZABETH BOARD OF EDUCATION							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	500 NORTH BROAD STREET							
		City, State, Zip Code ELIZABETH, NJ 07208							
		Name of Contact JEREMY GAULT	Telephone No. 914						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JOHN MARSHALL SCHOOL NO. 20		Type of Facility (4)							
Street Address 521 MAGNOLIA AVENUE		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ELIZABETH		Square Feet	# of Floors						
			Bldg. Age						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 300 GRAND AVENUE		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		Telephone No. 201-569-6708	License No. 00494						
Start Date (10) 8/28/2014	Scheduled Completion Date (11) 9/10/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOFING	18,000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 400 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 9/10/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 8/27/2014			