

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

Date of Notification (1) August 9, 2016		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 FLOOR 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY
			Telephone Number ASBESTOS ABATEMENT
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ HALL, BLDG# 3014		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.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years	
Street Address COLLEGE AVENUE CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 08/19/16		Scheduled Completion Date (11) 08/22/16	
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 checked="" type="checkbox"/> Other - Describe: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
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 / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 420, 305, 201A	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 340 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/22/2016	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 9, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # **060-16**

<u>Date of Notification (1)</u> August 9, 2016		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY	
		<u>Telephone Number</u> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 12 2016 ASBESTOS CONTROL & LICENSING </div>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> SCILS, BLDG# 3134		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> COLLEGE AVENUE CAMPUS		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 70+ years	
<u>City (5)</u> NEW BRUNSWICK	<u>County (6)</u> MIDDLESEX	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC		<u>ASCM No.</u> 0098	
<u>Street Address</u> 3 TERRI LANE		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>Street Address</u> 268 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 08/19/16	<u>Scheduled Completion Date (11)</u> 08/22/16	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Rooms 313	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT	<u>Amount (Specify SF or LF)</u> 200 SF
		<u>Abatement Type</u> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY
<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill			
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561 <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJDEP # 4509		<u>Disposal Date</u> 08/22/2016	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> August 9, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

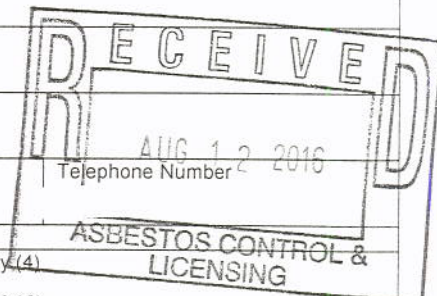
GAC Project # 060-16

<u>Date of Notification (1)</u> August 9, 2016		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854
			<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY
		<u>Telephone Number</u> ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> BIOLOGICAL SCIENCES, BLDG# 8304		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 100+ years	
<u>Street Address</u> DOUGLASS CAMPUS			
<u>City (5)</u> NEW BRUNSWICK	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> ACADEMIC
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 08/19/16	<u>Scheduled Completion Date (11)</u> 08/22/16	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Schedule: 5PM -- 5AM (24 HOURS & WEEKENDS AS NEEDED)		<u>Street Address</u> 20-21 WARGARAW ROAD <u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Room 210	<input checked="" type="checkbox"/>	VAT	80 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> 08/22/2016	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509		<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> August 9, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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


Check 15465



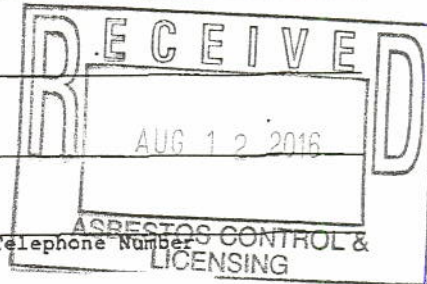
Date of Notification (1) 8/8/16		Name of Building Owner/Operator (2) Saleh Mahir							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07011							
		Name of Contact Saleh Mahir							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<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) Clifton		Square Feet 10,000	# of Floors 2						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 75						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. _____	License No. 703						
Start Date (10) 8/17/16	Scheduled Completion Date (11) 10/17/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	tar	700 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 8/8/16		

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

Check 15473

Date of Notification (1) 8/9/16		Name of Building Owner/Operator (2) Diddy Speer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fanwood, NJ 07023							
		Name of Contact Diddy Speer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<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) Fanwood		Square Feet 2300	# of Floors 2						
		Bldg. Age 70							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-764-2276	703						
Start Date (10) 8/18/16	Scheduled Completion Date (11) 9/30/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic			X	vermiculite	100 SF	X			
closet			X	vermiculite	10 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/9/16			

Date of Notification (1) 08/02/16		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 07107	
Name of Contact Benjamin Olagadeyo		Telephone Number	

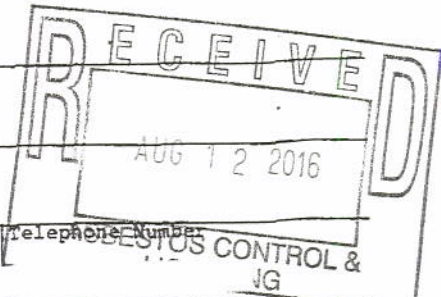


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Technology High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 187-223 Broadway		Square Feet # of Floors Bldg. Age 60000 3 50	
City (5) Newark, NJ 07104	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) TTI- Environmental Inc		ASCM No. 0003	
Street Address 1253 North Church Street		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
City, State, Zip Code Moorestown, NJ 08057		Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Jim Guillard		City, State, Zip Code Clifton, NJ 07013-1935	
Telephone Number 856-840-8815		Telephone Number 973-614-0377	
Scheduled Start Date (10) 08/19/16		License Number 00807	
Sched. Completion Date (11) 08/23/16		Name of OSHA Monitor Four Strong Builders, 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: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		City, State, Zip Code Clifton, NJ 07013	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C I O S U R E
Room 210	<input checked="" type="checkbox"/>	Ceiling Plaster	350 SF	<input checked="" type="checkbox"/>			
Room 210	<input checked="" type="checkbox"/>	Wall Plaster	450 SF.	<input checked="" type="checkbox"/>			
Room 301	<input checked="" type="checkbox"/>	Ceiling Plaster	500 SF	<input checked="" type="checkbox"/>			
Room 301	<input checked="" type="checkbox"/>	Wall Plaster	600 SF	<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 8/2/16

Date of Notification (1) <u>0</u> / <u>8</u> / <u>0</u> <u>2</u> / <u>1</u> / <u>6</u>		Name of Building Owner/Operator (2) Newark Public Schools Street Address 2 Cedar Street City, State, Zip Code Newark, NJ 07107 Name of Contact Benjamin Olagadeyo		
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	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Technology High School Street Address 187-223 Broadway City (5) Newark, NJ 07104			County (6) Essex	County Code (7) (STATE USE ONLY)	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.) Square Feet 60000 # of Floors 3 Bldg. Age 50 Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) TTI- Environmental Inc Street Address 1253 North Church Street City, State, Zip Code Moorestown, NJ 08057 Project Manager for Monitoring Firm Jim Guillard Telephone Number 856-840-8815		ASCM No. 0003		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807 Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013	
Scheduled Start Date (10) <u>0</u> / <u>8</u> / <u>1</u> <u>9</u> / <u>1</u> / <u>6</u> Month / Day / Year		Sched. Completion Date (11) <u>0</u> / <u>8</u> / <u>2</u> <u>3</u> / <u>1</u> / <u>6</u> Month / Day / Year		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:	

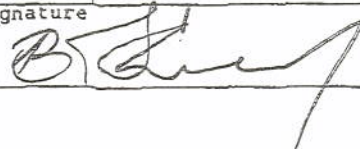
Scope of Work (Check all that apply)

☐ 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)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E	
Room 210		<input checked="" type="checkbox"/>		Ceiling Plaster	350 SF	<input checked="" type="checkbox"/>				
Room 210		<input checked="" type="checkbox"/>		Wall Plaster	450 SF	<input checked="" type="checkbox"/>				
Room 301		<input checked="" type="checkbox"/>		Ceiling Plaster	500 SF	<input checked="" type="checkbox"/>				
Room 301		<input checked="" type="checkbox"/>		Wall Plaster	600 SF	<input checked="" type="checkbox"/>				

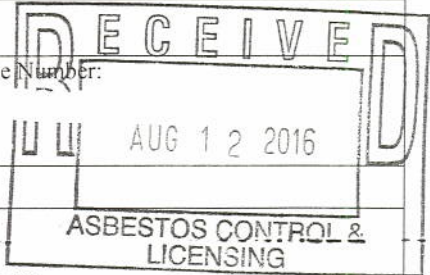
Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 8/2/16

NOTIFICATION OF ASBESTOS ABATEMENT

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

No check

Date of Notification (1): 8/5/2016		Name of Building Owner/Operator (2) Newark Public School							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 2 Cedar Street							
	City, State, Zip Code: Newark, NJ 07102								
	Name of Contact: Mr. Benjamin Olagadeyo		Telephone Number:						
FACILITY INFORMATION									
Name of Facility Hawthorne Avenue School			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.)						
428 Hawthorne Avenue			Square Feet: # of Floors:						
City/ (5) Newark	County (6): Essex	County Code (7): 07112	Bldg. Age Current Use : School						
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.						
Street Address: 17 Pleasant Hill Road			Street Address: 658 Rutgers Place						
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: Paramus, NJ 07652						
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: (973) 350-0101	License No.: 01215					
Start Date (10): 8/8/16	Scheduled Completion Date (11): 8/14/16		Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203						
			City, State, Zip Code: New York, New York, 10018						
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 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	Encapsulat	Enclosure
ROOM 101-106		X		FLOOR TILE & MASTIC ASSOCIATED WITH WOOD	4,800 SF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Sylvester Oraegbunam		Title: President		Signature: <i>Sugbu</i>		Date: 8/5/2016			



08/05/2016 14:54

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AMAC

PAGE 02/03

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:12a)

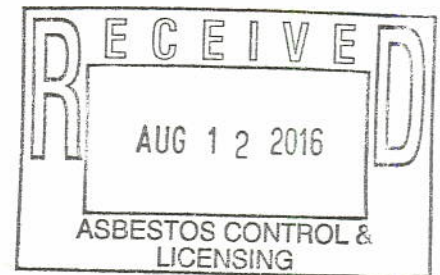
CHECK # 9159

Date of Notification (1) 8/5/16		Name of Building Owner/Operator (2) ANTHONY BUCCO		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 5 2016 AUG 12 2016 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> OCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address [REDACTED]		City, State, Zip Code BOUTON NJ 07008		Name of Contact TONY BUCCO	
Name of Facility Where Abatement is Taking Place (3) ANTHONY BUCCO				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		City (5) BOUTON		County (6) MORRIS	
County Code (7) (STATE USE ONLY)		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RES / DEMO	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		City, State, Zip Code		Street Address 185 Vreeland Ave.	
City, State, Zip Code		Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. 201-202-6841		License No. 00196	
Start Date (10) 8/6/16		Scheduled Completion Date (11) 8/10/16		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 260 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2100 sf or 2200 ft		<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-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility		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 N/A			
KITCHEN 1 ST FLOOR				FLOORING	
" 2 ND FLOOR		X		1.	
		X		300 SF	
				400 SF	
Name of Registered Waste Hauler Newark Carting, Inc.		RUDEP Waste Hauler ID No. 04508		Cubic Yards of Waste 3	
City, State, Zip Code Newark, NJ 07108		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		City, State, Zip Code Bethlehem, PA 18016	
Completed by R. McDonald		Title President		Signature [Signature]	
				Date 8/5/16	

A35-41 (7-05-06)

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

Anthony R. Bucco
326 Essex Avenue
Boonton, NJ 07005



August 5, 2016

Mr. Franklin G. Meyer
NJ Department of Labor
Asbestos Control and Licensing
1 John Fitch Plaza
Trenton, NJ 08625

Re: Emergency Asbestos Project at: 56 Harrison Street
Boonton, NJ

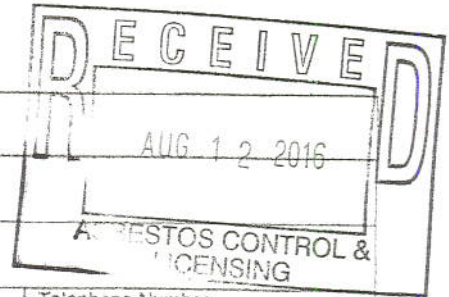
Dear Mr. Meyer:

Please waive the 10 day notification waiting period. We need A.MAC to remove the asbestos so we can secure the house for safety concerns. Demo permit needed an asbestos survey and showed asbestos in the flooring.

Sincerely,

Anthony R. Bucco

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

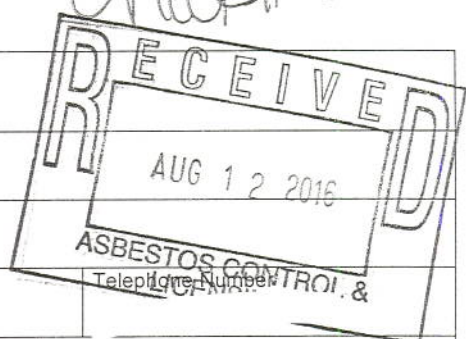


Check # 10660

Date of Notification (1) 08/06/2016		Name of Building Owner/Operator (2) ALFONSO DIASPARRA							
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLOSTER NJ 07624 Name of Contact ALFONSO DIASPARRA							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) CLOSTER		Square Feet 1,450 SF	# of Floors 1						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 75						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC						
Street Address		Street Address 1126 51ST							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01300						
Start Date (10) 08/16/2016	Scheduled Completion Date (11) 08/18/2016	Name of OSHA Monitor EMSL ANALYTICAL LAB INC							
Occupancy Status During Abatement (Check Only One)		Street Address 307 W 38TH ST							
<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 NY NY 10018							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<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
FIRST FLOOR		X		AMC FLOOR TILE 9X9	814 SF	X			
Name of Registered Waste Hauler TRI STATE - ASSOC, INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE					
City, State BRONX NY		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 		Date 08/06/2016				

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

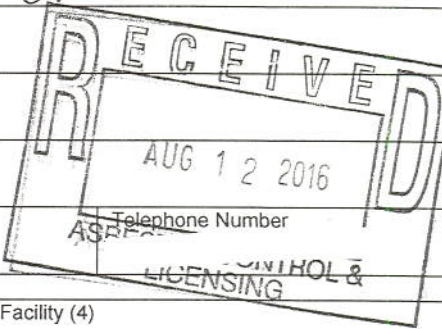

Check # 5018



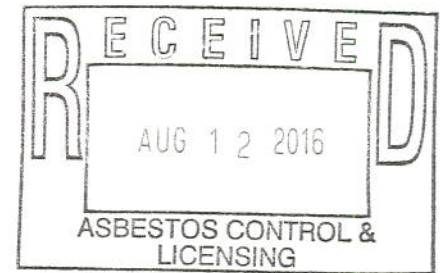
Date of Notification (1) <div style="text-align: center;">8 / 9 / 16</div>		Name of Building Owner/Operator (2) Diocese of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 631 Market Street							
		City, State, Zip Code Camden, NJ 08102							
		Name of Contact Pat Williams							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Convent		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 115-119 E. Glenwood Avenue									
City (5) Wildwood		Square Feet 20,000	# of Floors 2						
		Bldg. Age 80							
County (6) Cape May		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Vacant (Former Convent)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc.		ASCM No.							
Street Address 120 N. Warren Street		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Trenton, NJ 08629		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Ryan Broadwater		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-392-4200		Telephone No. 856-755-0099	License No. 00842						
Start Date (10) <div style="text-align: center;">08 / 22 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 31 / 16</div>	Name of OSHA Monitor EMSL Analytical, 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 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"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <div style="text-align: right;"> <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 </div>									
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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	500 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cape May County Landfill					
City, State Freehold, NJ		Disposal Date 08/31/2016		City, State Woodbine, NJ					
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 			Date 8/19/16		

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

CK 5604

Date of Notification (1) 8/9/16		Name of Building Owner/Operator (2) Dave Donahue Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Dave Donahue							
<div style="text-align: right;">  </div>									
Name of Facility Where Abatement is Taking Place (3) Dave Donahue Private Home		Type of Facility (4)							
Street Address [REDACTED]		<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) Little Egg Harbor NJ 08087		Square Feet 1000+	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
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.	Telephone No. 856-753-9800						
			License No. 00727						
Start Date (10) 8/9/10	Scheduled Completion Date (11) 8/10/10	Name of OSHA Monitor Same							
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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	600SF	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 8/11/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/9/16		

8/8/16



To Whom It May Concern,

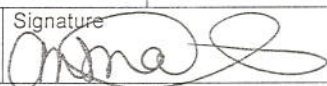
We hired a company to demolish are residence (The Clean Out Crew). They are on site today 8/9/16. The Clean Out Crew found approximately 600 SF of exterior asbestos siding under Vinyl siding. Due to the location and amounts of the material, we are requesting a waiver of the 10 day notification period so that we may proceed immediately with the abatement and demolition of are home.

Dave Donahue

[REDACTED]
Little Egg Harbor NJ 08087
[REDACTED]

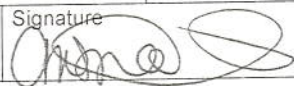
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

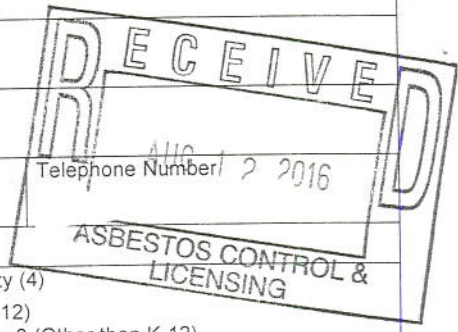
Check # 3214

Date of Notification (1) <div style="text-align: center;">8 / 9 / 16</div>		Name of Building Owner/Operator (2) West Deptford School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 675 Grove Road	
		City, State, Zip Code West Deptford, NJ 08066	
		Name of Contact Josh Levy - Levy Construction	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Oakview Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 350 Dubois Avenue			
City (5) Woodbury		Square Feet 50,000	# of Floors 2
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. and Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 351		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 Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) <div style="text-align: center;">08 / 23 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 29 / 16</div>	Name of OSHA Monitor EMSL Analytical, 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 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <div style="text-align: right;"> <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 </div>			
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	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking
	<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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1
City, State Freehold, NJ		Name of Registered Landfill Cumberland County Landfill	
		Disposal Date 08/29/2016	City, State Newburg, PA
Completed By (Print or Type) Christina Lynch	Title Operations Manager	Signature 	Date 8/9/16

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


Check #3215

Date of Notification (1) <u>8</u> / <u>9</u> / <u>16</u>		Name of Building Owner/Operator (2) West Deptford School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 675 Grove Road							
		City, State, Zip Code West Deptford, NJ 08066							
		Name of Contact Josh Levy - Levy Construction							
		Telephone Number <i>AUG 12 2016</i>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Redbank Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 192 Philadelphia Avenue		Square Feet 50,000	# of Floors 2						
City (5) Thorofare		Bldg. Age 80							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. and Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 351		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 Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) <u>08</u> / <u>19</u> / <u>16</u>	Scheduled Completion Date (11) <u>08</u> / <u>23</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical, 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 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) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	150 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 08/23/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 			Date 8/19/16		

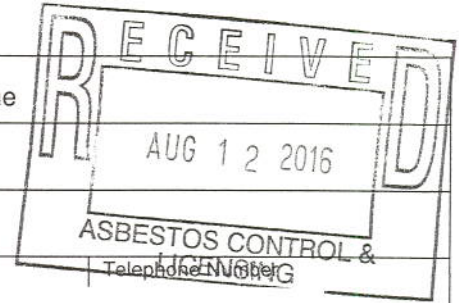


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

check #5605

Date of Notification (1) 8/9/16		Name of Building Owner/Operator (2) Kline Construction							
Agencies Notified	Type Notification	Street Address 240 E Waveland Ave.							
<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 Galloway NJ 08205							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Glen Smith							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant House Birch Field Park		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 1700 Burton Ave		Square Feet 1000+	# of Floors 2						
City (5) Northfield NJ 08225		Bldg. Age 35+							
County (6) Atlantic	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. _____	Telephone No. 856-753-9800						
Start Date (10) 8/22/16		Scheduled Completion Date (11) 8/26/16	License No. 00727						
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 Same							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code							
<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	1500 SF	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 8/26/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/9/16		

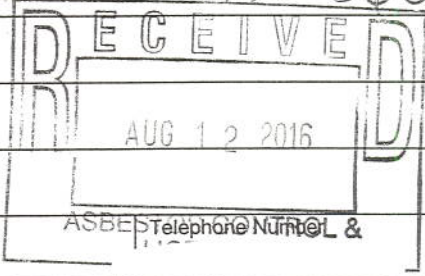
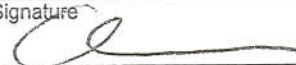
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

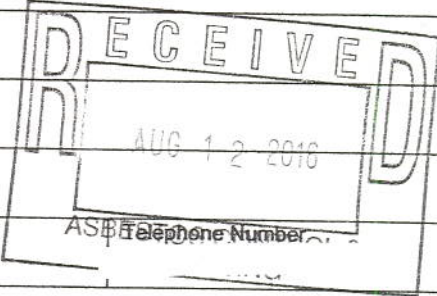
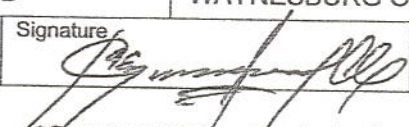


Date of Notification (1) 8/9/16		Name of Building Owner/Operator (2) Jason Degrandmaison Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City NJ 08401							
		Name of Contact Jason							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jason Degrandmaison 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 [REDACTED]									
City (5) Atlantic City NJ 08401		Square Feet 1000+	# of Floors 2						
		Bldg. Age 35+							
County (6) Atlantic	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) 8/18/16	Scheduled Completion Date (11) 8/25/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	50 LF	x			
Kitchen			x	Floor Tile	200 LF	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 8/25/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/9/16		

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

Check #5007

Date of Notification (1) 9/8/16		Name of Building Owner/Operator (2) Scott Peraria Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 High Bar Harbor NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Scott							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Scott Peraria 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 [REDACTED]		Square Feet 1000+	# of Floors 1.5						
City (5) High Bar Harbor NJ 08008		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. _____	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/22/26	Scheduled Completion Date (11) 8/26/16	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
Through out			x	Floor Tile	1000 SF				
Name of Registered Waste Hauler United Roll off		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 8/29/16	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/9/16			

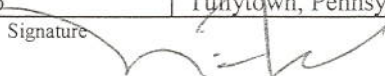
Date of Notification (1) 08/09/2016		Name of Building Owner/Operator (2) 63 WOOD RIDGE LAND TRUST							
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 63 WOOD-RIDGE ST		City, State, Zip Code WOOD-RIDGE, NJ							
		Name of Contact ERIC BAN AUKEN		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE				Type of Facility (4)					
Street Address [REDACTED]				<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) WOOD-RIDGE				Square Feet 1,600 SF	# of Floors 2				
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 67				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL					
Street Address			Street Address 1126 51ST						
City, State, Zip Code			City, State, Zip Code NORTH BERGEN NJ 07047						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-708-4270	License No. 001300					
Start Date (10) 08/12/2016		Scheduled Completion Date (11) 08/12/2016		Name of OSHA Monitor IRIS ENVIRONMENTAL					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 RT 22 WEST					
<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 UNION NJ					
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 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
BASEMENT		X		ACM PIPE INSULATION	30 LF	X			
ATTIC		X		Vermiculite fiber glass insulaion	10 SF	X			
Name of Registered Waste Hauler TRI STATE - ASSOC INC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD	Name of Registered Landfill MINRVA ENTERPRISE INC				
City, State BRONX NY				Disposal Date TBD	City, State WAYNESBURG OHIO				
Completed by CORLOS ESQUIVEL		Title SAFETY MANAGER		Signature 	Date 08/09/2016				

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

Date of Notification (1) <p style="text-align: center;">August 9, 2016</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Messercola Excavating Co., Inc. 30083</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <p style="text-align: center;">P O Box 790</p> City, State, Zip Code <p style="text-align: center;">Matawan, NJ 07747</p> Name of Contact <p style="text-align: center;">Fernando</p>	
		Telephone Number	

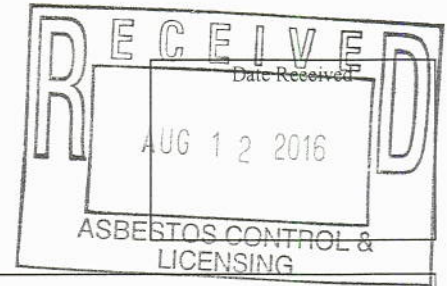
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			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 <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>					
Lavallette	County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	Square feet <p style="text-align: center;">1200 sf</p>	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">60</p>
			Current Use (Prior if being demolished) <p style="text-align: center;">Residence</p>		
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>		ASCM No.	Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
Street Address		Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>			
City, State, Zip Code		City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <p style="text-align: center;">732-349-9932</p>		License Number <p style="text-align: center;">00624</p>
Scheduled Start Date (10) <p style="text-align: center;">8/9/16</p>		Scheduled Completion Date (11) <p style="text-align: center;">8/10/16</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
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 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	1050 sf	X			
Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>		NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>		Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>				
City, State <p style="text-align: center;">Toms River, New Jersey</p>		Disposal Date <p style="text-align: center;">8/11/16</p>		City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>					
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>		Title <p style="text-align: center;">Project Manager</p>		Signature 			Date <p style="text-align: center;">8/9/2016</p>		

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

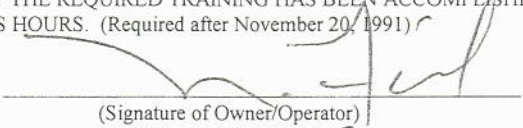
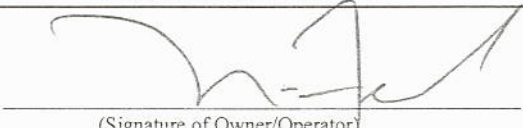
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Messercola Excavating Co., Inc.					
Address: P O Box 790					
City: Matawan		State: New Jersey		Zip: 07747	
Contact: Fernando				Tel: 609-549-5704	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 2082 Bay Blvd					
City: Lavallette		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 1200 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 1050 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/9/16 Complete: 8/10/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Femicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)		
	Nicholas Femicola / Project Manager (Printed Name/Title)	 (Signature of Owner/Operator)	August 9, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Femicola / Project Manager (Printed Name/Title)		
		 (Signature of Owner/Operator)	August 9, 2016 (Date)

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

check # 1168

Date of Notification (1) 08/08/2016		Name of Building Owner/Operator (2) NEWARK PUBLIC SCHOOLS		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 12 2016 ASBESTOS ABATEMENT </div>					
Agencies Notified		Type Notification				Street Address 2 CEDAR STREET			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code NEWARK, NJ 07107			
						Name of Contact BENJAMIN OLAGADEYE			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CLEVELAND ELEMENTAR SCHOOL				Type of Facility (4)					
Street Address 388 BERGEN STREET				<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.)					
City (5) NEWARK				Square Feet 350	# of Floors 1				
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SCHOOL					
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES, INC			ASCM No.	Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SOLUTIONS, LLC					
Street Address 7 PLEASANT HILL ROAD			Street Address 2717 LINWOOD ROAD						
City, State, Zip Code CRANBURY, NJ 08512			City, State, Zip Code UNION, NJ 07083						
Project Manager for Monitoring Firm KEVIN LOVE		Telephone No. 732-390-5858		Telephone No. 908-418-2737	License No. 01227				
Start Date (10) 08/19/2016		Scheduled Completion Date (11) 08/26/2016		Name of OSHA Monitor OPTIMUM ENVIRONMENTAL SOLUTIONS, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2717 LINWOOD ROAD					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code UNION, NJ 07083					
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) <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
ENTRANCE TO THE GYM		X		WALL & CEILING PLASTER	350SF	X			
ENTRANCE TO THE GYM		X		PIPE INSULATION	60LF	X			
Name of Registered Waste Hauler TRI-STATE		NJDEP Waste Hauler ID No. 2A-456		Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISE, INC				
City, State BRONX, NY 10474		Disposal Date		City, State WAYNESBURG, OHIO 44688					
Completed by EMMANUEL CHIOBI		Title OPERATIONS MANAGER		Signature <i>Emmanuel Chioibi</i>		Date 08/08/2016			

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

Emergency Initial Non-Friable
Notification / Check #: 1167

Date of Notification (1) 08/05/16		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"/> DGL <input checked="" type="checkbox"/> DOH <input 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 07107	
Name of Contact Benjamin Olagadeyo		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cleveland 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 388 Bergen St.			Square Feet 60,000		
City (5) Newark, NJ 07108			# of Floors 3		
County (6) Essex			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.			Name of Abatement Contractor (9) Optimum Environmental Solutions, LLC		
ASCM No. 00110			Street Address 2717 Linwood Road		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Union, NJ 07083		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 973-614-0377		
Telephone Number 732-390-5858			License Number 01227		
Scheduled Start Date (10) 08/08/16			Name of OSHA Monitor Optimum Environmental Solutions, LLC		
Sched. Completion Date (11) 08/12/16			Street Address 2717 Linwood Road		
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:			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

☒ Renovation

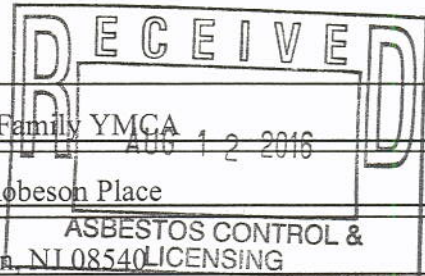
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

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	
Main Office Complex	<input checked="" type="checkbox"/>	VAT and mastic	1,900 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 2A-456	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprise, Inc.	
City, State Union, NJ		Disposal Date		City, State Waynesburg, OHIO 44688	
Completed By (Print or Type) Emmanuel Chiobi		Title Operations Manager		Signature <i>Emmanuel Chiobi</i>	
				Date 8/5/16	

CK 25452

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



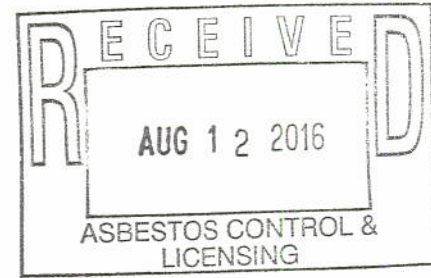
Date of Notification (1) <u>8/9/16</u>		Name of Building Owner/Operator (2) <u>Princeton Family YMCA</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>59 Paul Robeson Place</u>						
		City, State, Zip Code <u>Princeton, NJ 08540</u>						
		Name of Contact <u>Charlie Yedlin</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Princeton YMCA</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>59 Paul Robeson Place</u>								
City (5) <u>Princeton, NJ</u>		Square Feet <u>15000</u>	# of Floors <u>2</u>					
		Bldg. Age <u>60+/-</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>8/29/16</u>	Scheduled Completion Date (11) <u>12/31/16</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
<u>Front Lobby</u>		<input checked="" type="checkbox"/>	<u>VAT/Mastic</u>	<u>1100 sf</u>	<input checked="" type="checkbox"/>			
<u>Locker Room</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>30 lf</u>	<input checked="" type="checkbox"/>			
			<u>@ Wrap and Cut</u>					
<u>Racquetball Area</u>		<input checked="" type="checkbox"/>	<u>VAT/Mastic</u>	<u>290 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>5 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/31/16</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/9/16</u>					

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

0749-02
Check # 60508

Date of Notification (1) 8/11/2016		Name of Building Owner/Operator (2) VINELAND PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 625 PLUM 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 VINELAND NJ 08361							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Paul Farinaccio							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VINELAND HIGH SCHOOL SOUTH		Type of Facility (4)							
Street Address 2880 E CHESTNUT AVE		<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) VINELAND, NJ 08361		Square Feet >50,000	# of Floors 2						
County (6) CUMBERLAND		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) HIGH SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES INC		ASCM No. 00102	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 515 GROVE STREET SUITE 1B		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 215 322-2900						
License No. 00783		Start Date (10) 8/12/2016							
Scheduled Completion Date (11) 9/9/2016		Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check Only One)		Street Address 3370 PROGRESS DRIVE							
<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: FACILITY OCCUPIED ABATEMENT 7 Days 24hrs		City, State, Zip Code BENSALEM, PA 19020							
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 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
				Please see attach					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed by Christine Del Viscio		Title Asst. Administrator	Signature <i>Christine Del Viscio</i>			Date 8/11/2016			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO						
A WING, B WING, C WING AND D WING		X	RESIDUAL DUCT INSULATION	7200 LF	X			
HALLWAYS THROUGH OUT		X	PIPE INSULATION	28LF	X			
V WING		X	PIPE FITTING INSULATION	20LF	X			
A WING, B WING, C WING AND D WING		X	PLASTER CEILING/WALLS	4906 SF	X			
B WING LIBRARY		X	BOOK CASE INSULATION	120 LF	X			
C WING		X	CAULK AROUND UNIVENTS	500 LF	X			
V WING		X	TRANSITE PANELS	100 SF	X			





STATE OF NEW JERSEY

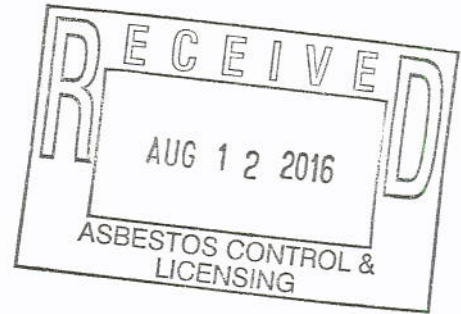
SCHOOLS DEVELOPMENT AUTHORITY

32 EAST FRONT STREET
P.O. BOX 991
TRENTON, NJ 08625-0991
609-943-5955

August 10, 2016

Mr. Thomas Voorhees
N.J. Department of Labor
1 John Fitch Plaza, 3rd Floor
P.O. Box 949
Trenton, New Jersey 08625

Re: Vineland High School South
HVAC System Emergent Project
Vineland Public Schools
NJSDA Contract No.: EP-0085-C01
EMERGENCY ASBESTOS ABATEMENT



Dear Mr. Voorhees:

Falasca Mechanical (Falasca) is currently under contract with the New Jersey Schools Development Authority to address an emergent condition at the Vineland High School South. The emergent project involves installation of a new HVAC equipment and distribution system to replace existing boilers and low pressure steam distribution system. During the course of construction, a significant amount of unforeseen, hidden asbestos containing material (ACM) was discovered throughout the building. In order for Falasca to complete critical work necessary to allow for the reopening of the school for the fall 2016 semester, ACM abatement work must be completed. We have been able to put together a schedule that will allow for the abatement to be completed prior to the return of students and faculty to the school; however, in order to achieve that goal, abatement must start immediately.

In order to achieve building occupancy by the start of the regular the fall 2016 semester, I respectfully request an emergency waiver to allow ACM abatement work to commence on Friday, August 12. All abatement work will be performed as an occupied subchapter 8 project. Pennoni Associates is the consultant for the project.

If you have any questions, please feel free to contact me. Thank you in advance for your consideration of this request.

Sincerely,

C. Aidita Milsted
Program Director

cc: Vincent Lechmanick, Deputy Program Director (via email only)
Katherine Gallo, Senior Program Officer (via email only)
John Forgione, Program Officer (via email only)
Aldo Falasca, Falasca Mechanical (via email only)
Larry Merighi, Manders Merighi Portandin Farrell Architects (via email only)
Steven Graham, Manders Merighi Portandin Farrell Architects (via email only)

AUG/11/2016/THU 11:26 AM Delta/BJDS

FAX No. 215-332-1616

P.002

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

0749-02

Date of Notification (1)
8/11/2016

Name of Building Owner/Operator (2)
VINELAND PUBLIC SCHOOLS

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Street Address
625 PLUM STREET

City, State, Zip Code
VINELAND NJ 08361

Name of Contact
Paul Farinaccio

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VINELAND HIGH SCHOOL SOUTH

Street Address
2880 E CHESTNUT AVE

City (3)
VINELAND, NJ 08361

County (6)
CUMBERLAND

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

<input checked="" type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter B (Other than K-12)
<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
> 50,000

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
HIGH SCHOOL

Name of Monitoring Firm Hired by Building Owner (8)
PENNONI ASSOCIATES INC

ASCM No.
00102

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
515 GROVE STREET SUITE 1B

Street Address
1345 INDUSTRIAL BLVD

City, State, Zip Code
HADDON HEIGHTS, NJ 08035

City, State, Zip Code
SOUTHAMPTON, PA 18966

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
856 547-0505

Telephone No.
215 322-2900

License No.
00783

Start Date (10)
8/12/2016

Scheduled Completion Date (11)
9/9/2016

Name of OSHA Monitor
CRITERION LABS

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: FACILITY OCCUPIED ABATEMENT 7 Days 24hrs

Street Address
3370 PROGRESS DRIVE

City, State, Zip Code
BENSALEM, PA 19020

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 150 sf or ≥ 280 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
58 PYLES LANE, NEW CASTLE DE. 19720

Disposal Date

City, State
WAYNESBURG, OH 44888

Completed by
Christine Del Viscio

Title
Asst. Administrator

Signature
Christine Del Viscio

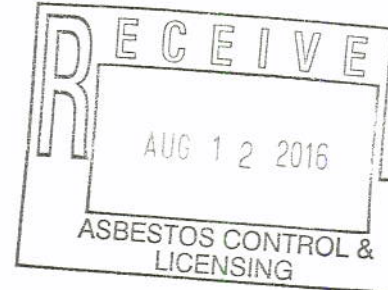
Date
8/11/2016

AUG/11/2016/THU 11:27 AM Delta/BJDS

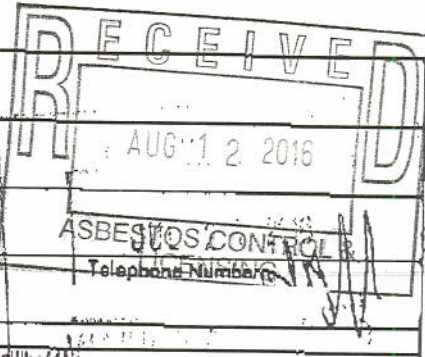
FAX No. 215-332-1616

P.003

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED (IN FACILITY)	IS LOCATION HOLDINGLY CLOSED BY ABATEMENT/ REPAIR/REPLACE WORK START?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SFC OR LF	REPAIR	RECAPSULATE	ENCLOSURE
	YES	NO					
A WING, B WING, C WING AND D WING		X	RESIDUAL DUCT INSULATION	7200 LF			
HALLWAYS THROUGH OUT		X	PIPE INSULATION	28 LF			
V WING		X	PIPE FITTING INSULATION	20 LF			
A WING, B WING, C WING AND D WING		X	PLASTER CEILING/WALLS	4906 SF			
B WING LIBRARY		X	BOOK CASE INSULATION	120 LF			
C WING		X	CAULK AROUND UNIFORMS	500 LF			
V WING		X	TRANSITE PANELS	200 SF			



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)



Date of Notification (1) 7/21/2016		Name of Building Owner/Operator (2) Luca Decandia							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parlin, NJ 08859 Name of Contact Luca Decandia							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Parlin		Square Feet	# of Floors						
County (6) Old Bridge		Bldg. Age							
County Code (7) Old Bridge		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		GSC Services Corp							
City, State, Zip Code		Street Address							
Project Manager for Monitoring Firm		1465 Route 23 South, #111							
Telephone No.		City, State, Zip Code							
Start Date (10) 7/22/2016		Wayne, NJ 07470							
Scheduled Completion Date (11) 7/23/2016		Telephone No. 973-750-0752	License No. 01253						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EnviroVision Consultants							
<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 20-21 Wagaraw Road							
Scope of Work (Check All That Apply)		City, State, Zip Code Fair Lawn, NJ 07470							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 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-Frangible 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	VAT	140sf	X			
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner	Signature			Date 7/21/2016			

Date : July 21, 2016

Luca Decandia

Parlin, NJ 08859



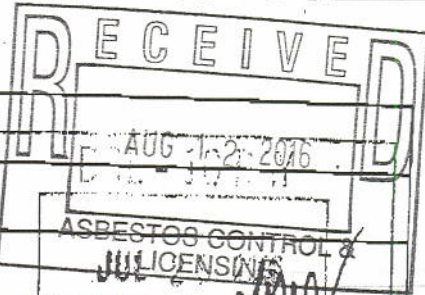
Hello Dejan,

Thank you for coming to my property yesterday on such short notice. As you could see, the main sewer line burst, resulting in the inability to use bathrooms or showers, etc. Please bring your crew in ASAP to remove the asbestos floor tiles, so I can get a plumbing company to demo the floor around the pipes which need to be replaced. Thank you for your assistance and promptness.

A handwritten signature in blue ink, appearing to read "Luca De Candia".

Luca De Candia

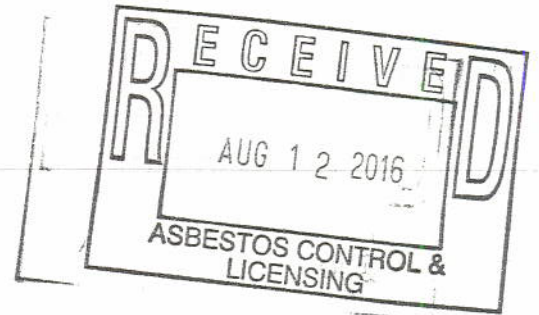
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)



Date of Notification (1) 7/29/2016		Name of Building Owner/Operator (2) Christa Cicchetti							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Christa Cicchetti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Wayne		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
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)						
Street Address		GSC Services Corp							
City, State, Zip Code		Street Address							
		1465 Route 23 South, #111							
Project Manager for Monitoring Firm		City, State, Zip Code							
Telephone No.		Wayne, NJ 07470							
Start Date (10) 8/1/2016		Telephone No. 973-750-0752	License No. 01253						
Scheduled Completion Date (11) 8/2/2016		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		EnviroVision Consultants							
<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							
		20-21 Wagaraw Road							
		City, State, Zip Code							
		Fair Lawn, NJ 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Safely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Basement			X	TSI	100LF	X			
Name of Registered Waste Hauler GSC Services Corp.		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner	Signature			Date 7/29/2016			

[REDACTED]
Wayne, NJ 07470

July 29th, 2016



RE: [REDACTED] Wayne, NJ 07470

To Whom It May Concern,

Please be informed that a pipe leak occurred somewhere above the suspended ceiling in my basement, which caused damage on the ceiling and parts of the ceiling to fall to the floor. I am afraid that the area is contaminated now, since the asbestos has fallen. I would like someone to come out as soon as possible to clean the floor, walls, and ceilings so that I can have the required plumbing job done.

Regards,

Christa Cicchetti, Exec.
Christa Cicchetti, Exec.
[REDACTED]