

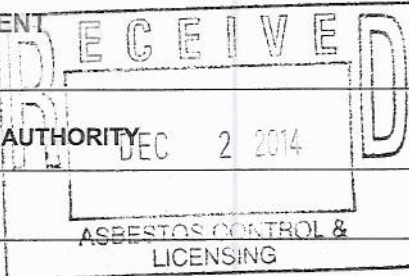
CK 1209

Print Form

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

Date of Notification (1) 11/26/2014		Name of Building Owner/Operator (2) Samuel Friedman							
Agencies Notified	Type Notification	Street Address 90 Woodbridge Center Drive, 6th floor							
<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 Woodbridge, NJ 07095							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Samuel Friedman	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Old General Dynamics Plant		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 150 Avenel St		Square Feet 138,890.00	# of Floors 3						
City (5) Avenel		Bldg. Age 70							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Dynamics Plant							
Name of Monitoring Firm Hired by Building Owner (8) I.H. Consultants Inc		ASCM No. _____	Name of Abatement Contractor (9) Shoreline Contracts						
Street Address 605 Bloomfield Ave Suite 5		Street Address 85 Kero Rd							
City, State, Zip Code Montclair NJ 07042		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. (973) 509-3320	License No. 01230						
Start Date (10) 12/10/2014	Scheduled Completion Date (11) 12/10/2015	Name of OSHA Monitor Wojciech Michalik							
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 85 Kero Rd							
		City, State, Zip Code Carlstadt, NJ, 07072							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st, 2nd, 3rd Floor	X			Pipe Insulation Friable	1.835.00 LF	X			
1st, 2nd, 3rd Floor	X			Floor Tile/Linoleum	73.830.00 SF	X			
1st, 2nd, 3rd Floor	X			Window Caulking/Moulding	20.318.00 LF	X			
Roof	X			Roofing Materials/Transite	138.990.00SF	X			
Name of Registered Waste Hauler Asbestos Transportation Company INC		NJDEP Waste Hauler ID No. 1a-371	Cubic Yards of Waste _____	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Shirley, NY			Disposal Date _____	City, State Waynesburg, Ohio					
Completed by Mickey Coleman		Title President	Signature <i>M Coleman</i>	Date 12/01/2014					

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



0215-02

Date of Notification (1) <b>12 / 01 / 14</b>		Name of Building Owner/Operator (2) <b>HADDON TOWNSHIP HOUSING AUTHORITY</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 WYNNEWOOD AVE</b> City, State, Zip Code <b>WESTMONT NJ 08108</b>	
		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>HADDON TOWNSHIP HOUSING AUTHORITY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>25 WYNNEWOOD AVE</b>		Square Feet <b>&gt;50,000</b>	# of Floors <b>11</b>
City (5) <b>WESTMONT NJ 08108</b>		Bldg. Age <b>40+</b>	
County (6) <b>CAMDEN</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>APARTMENT BUILDING</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HORIZON ENVIRONMENTAL GRP., INC</b>		ASCM No. <b>00073</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>
Street Address <b>P.O. Box 316</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>	
City, State, Zip Code <b>WEST DEPTFORD, NJ 08086</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>	
Project Manager for Monitoring Firm <b>David Flanigan</b>		Telephone No. <b>856 848 0800</b>	Telephone No. <b>215 322-2900</b>
License No. <b>00793</b>			
Start Date (10) <b>12 / 15 / 14</b>	Scheduled Completion Date (11) <b>01 / 31 / 14</b>	Name of OSHA Monitor <b>CRITERION LABS</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-11:00PM</b>		Street Address <b>3370 PROGRESS DRIVE</b>	
		City, State, Zip Code <b>BENSALEM PA 19020</b>	

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"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> Glovebag Procedure                                 |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

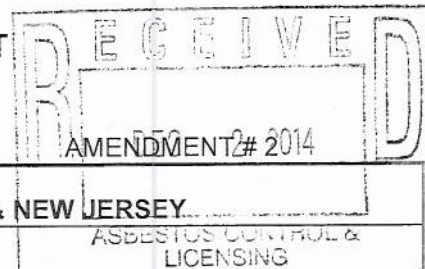
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MECHANICAL ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TWO TANKS	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ELBOWS	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>58 PYLES LANE, NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>DAMIAN LAVELLE</b>	Title <b>PROJECT MGR.</b>	Signature <i>Damian Lavelle</i>	Date <b>12-1-14</b>		



No 01C

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



ETS JOB # 4287/14

Date of Notification (1) <b>11/25/2014</b>		Name of Building Owner / Operator (2) <b>THE PORT AUTHORITY OF NEW YORK &amp; NEW JERSEY</b>	
Agencies Notified	Type Notification	Street Address <b>241 ERIE STREET, ROOM 236</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State & Zip Code <b>JERSEY CITY, NJ 07310</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact <b>MR. RALPH CAMPIONE</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>HERTZ RENTAL FACILITY - BUILDING 23</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>NEWARK LIBERTY INTERNATIONAL AIRPORT</b>			Square Feet <b>8,000</b>		
<b>3 BREWSTER ROAD</b>			# of Floors <b>2</b>		
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7)	Bldg. Age <b>50+</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>CARDNO ATC</b>			Current Use (Prior if being demolished) <b>COMMERICAL - CAR RENTAL</b>		
Street Address <b>104 E. 25TH STREET - 10<sup>TH</sup> FLOOR</b>			Name of Abatement Contractor (9) <b>ETS CONTRACTING, INC.</b>		
City, State & Zip Code <b>NEW YORK 10010</b>			Street Address <b>160 CLAY STREET</b>		
Project Manager for Monitoring Firm <b>PATRICK SISK</b>			City, State & Zip Code <b>BROOKLYN, NY 11222</b>		
Telephone Number <b>212-353-8280</b>			Telephone Number <b>718-706-6300</b>		
Scheduled Start Date (10) <b>11/29/2014</b>			License Number <b>00511</b>		
Scheduled Completion Date (11) <b>12/31/2014</b>			Name of OSHA Monitor <b>TESTOR TECH.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <b>SATURDAY 8:00 AM - 4:00 PM</b> <input type="checkbox"/> Other - Describe:			Street Address <b>10 59 JACKSON AVENUE</b>		
			City, State & Zip Code <b>LONG ISLAND CITY, NY 11101</b>		

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

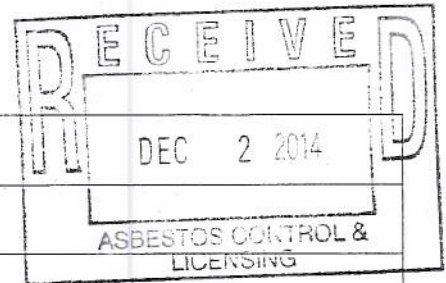
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
ROOF LEVEL	YES	TSI	8 LF	MINI ENCLOSURE
ROOF LEVEL	YES	ROOF FLASHING	25 SF	NON-FRIABLE REMOVAL

Name of Registered Waste Hauler <b>TRI-STATE TRANSFER</b>	NJDEP Waste Hauler ID # <b>2A-456</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES, INC.</b>
City, State <b>1199 RANDALL AVENUE, BRONX, NY 10474</b>		Disposal Date <b>TBD</b>	City, State <b>9000 MINERVA ROAD, WAYNESBURG, OH 44688</b>
Completed By (Print or Type) <b>Richie Smith</b>	Title <b>Project Executive</b>	Signature 	Date <b>11/25/14</b>



CK 2194

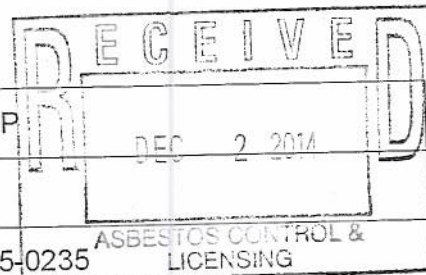
State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)



Date of Notification ( ) 11/19/14		Name of Building Owner/Operator (2) DEP							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address PO Box 235 City, State, Zip Code Trenton, N.J. 08685 - 0235							
		Name of Contact Walter Fernandez	Telephone Number						
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 92 MacArthur Avenue		Square Feet	# of Floors Bldg. Age 100 +						
City (5) Sayreville		County Code (7) (STATE USE ONLY) _____							
County (6) Middlesex		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Biotera Solutions		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address PO Box 1224		Street Address 322 Beers St							
City, State, Zip Code Union, N.J. 07083		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973 494-3762	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 12/1/14	Scheduled Completion Date (11) 12/30/14	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <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>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure            Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure         </div> </div>									
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
1 <sup>st</sup> floor			x	floor mastic	845 sf	x			
2 <sup>nd</sup> floor			x	Vat & mastic	1500 sf	x			
exterior			x	Transite shingles	400 sf	x			
exterior			x	Transite panels	150 sf	x			
Name of Registered Waste Hauler Century waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 30	Name of Registered Landfill Grows North					
City, State Elizabeth, N.J.		Disposal Date 1/10/15		City, State Morrisville P.A. 19067					
Completed by James Mahoney		Title Project manager		Signature <i>James Mahoney</i>		Date 11/19/14			

CK 2143

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



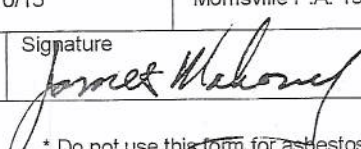
Date of Notification ( <b>11/19/14</b> )		Name of Building Owner/Operator (2) <b>DEP</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address <b>PO Box 235</b> City, State, Zip Code <b>Trenton, N.J. 08685-0235</b>	Telephone Number						
		Name of Contact <b>Walter Fernandez</b>							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>47 David St</b>		Square Feet	# of Floors Bldg. Age <b>100 +</b>						
City (5) <b>Sayreville</b>									
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Biotera Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>Tricon Enterprises Inc</b>						
Street Address <b>PO Box 1224</b>		Street Address <b>322 Beers St</b>							
City, State, Zip Code <b>Union, N.J.</b>		City, State, Zip Code <b>Keyport N.J. 07735</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973 494-3762</b>	Telephone No. <b>732-739-1200</b> License No. <b>01095</b>						
Start Date (10) <b>12/1/14</b>	Scheduled Completion Date (11) <b>12/30/14</b>	Name of OSHA Monitor <b>n/a</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> 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         </div> </div>									
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
SEE ATTACHED									
Name of Registered Waste Hauler <b>Century waste</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Grows North</b>					
City, State <b>Elizabeth, N.J.</b>			Disposal Date <b>1/10/15</b>	City, State <b>Morrisville, P.A. 19067</b>					
Completed by <b>James Mahoney</b>		Title <b>Project manager</b>	Signature 			Date <b>11/19/14</b>			

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



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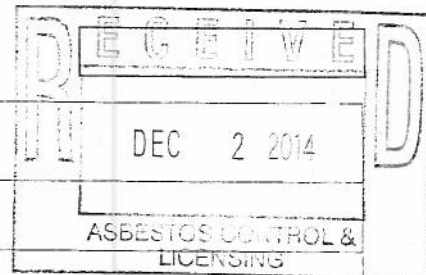
**State of New Jersey NOTIFICATION OF  
ASBESTOS ABATEMENT (Pursuant to NJAC  
8:60 and 12:120)**

Date of Notification ( ) <b>11/19/14</b>		Name of Building Owner/Operator (2) <b>DEP</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address PO Box 235  City, State, Zip Code <b>Trenton , N. J. 08685 - 0235</b>  Name of Contact <b>Walter Fernandez</b>   Telephone Number _____							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>10 Charles St.</b>		Square Feet   # of Floors   Bldg. Age     <b>100 +</b>							
City (5) <b>Sayreville</b>		Current Use (Prior if being demolished) Residence							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) <b>Tricon Enterprises Inc</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Biotera Solutions</b>		ASCN No. _____							
Street Address <b>PO Box 1224</b>		Street Address <b>322 Beers St</b>							
City, State, Zip Code <b>Union, N.J. 07083</b>		City, State, Zip Code <b>Keyport N.J. 07735</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973 494-3762</b>	Telephone No. <b>732-739-1200</b>   License No. <b>01095</b>						
Start Date (10) <b>12/1/14</b>	Scheduled Completion Date (11) <b>12/30/14</b>	Name of OSHA Monitor <b>n/a</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div>           Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure            Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure         </div> </div>									
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
Back porch			<input checked="" type="checkbox"/>	Vat & mastic	8 sf	<input checked="" type="checkbox"/>			
basement			<input checked="" type="checkbox"/>	Vat & mastic	1200 sf	<input checked="" type="checkbox"/>			
interior			<input checked="" type="checkbox"/>	Transite shingles	400 sf	<input checked="" type="checkbox"/>			
exterior			<input checked="" type="checkbox"/>	Transite shingles	1900 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Century waste</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Grows North</b>					
City, State <b>Elizabeth, N.J. 07201</b>		Disposal Date <b>1/10/15</b>	City, State <b>Morrisville P.A. 19607</b>						
Completed by <b>James Mahoney</b>		Title Project manager	Signature 		Date <b>11/19/14</b>				



MO#22302804453

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



Date of Notification (1) 11 / 28 / 14		Name of Building Owner/Operator (2) Gladysse Angervil	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Street Address 50 Morton Place		
	City, State, Zip Code East Orange, NJ 07017		
	Name of Contact Charles Holmes		Telephone Number
	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 50 Morton Place		Square Feet	# of Floors
City (5) East Orange, NJ 07017		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 12 / 09 / 14		Scheduled Completion Date (11) 12 / 10 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)				<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>[Signature]</i>		Date 11/28/2014	

ASB-41

MAY 11

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



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

Date of Notification (1) <b>11-26-14</b>		Name of Building Owner/Operator (2) <b>Kearfott Inc</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>DEC 2 2014</b>   <b>ASBESTOS CONTAINMENT &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address <b>1150 MCBride Ave.</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification  <input type="checkbox"/> Amended Notification  <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Little Falls, NJ, 07424</b>		
		Name of Contact <b>Zoran Jankulovski</b>	Telephone Number	

## FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>12-6-14</b> Month    Day    Year	Sched. Completion Date (11) <b>12-8-14</b> Month    Day    Year	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
		<input checked="" type="checkbox"/> Glovebag Procedure		
		<input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Mechanical Room</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>140 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>12-9-14</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CV</i>			Date <b>11-26-14</b>

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ASBESTOS CONTROL & LICENSING

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



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

*Check# 11335*

**GAC Project # 060-14**

<b>Date of Notification (1)</b> <b>November 25, 2014</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <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		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>Name of Contact</b> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> [REDACTED]	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>STANLEY BERGEN BUILDING, 65 BERGEN STREET, BLDG# 7252</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> <b>RBHS NEWARK CAMPUS</b>		<b>Sq. Feet: N/A</b> <b># of Floors: 8</b> <b>Bldg. Age: 60+ years</b>	
<b>City (5)</b> <b>NEWARK RBHS</b>	<b>County (6)</b> <b>ESSEX</b>	<b>County Code (7)</b> (State Use Only)	<b>Current Use (prior if being demolished):</b> ACADEMIC
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Cardno ATC</b>		<b>ASCM No.</b> <b>0098</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>	<b>Telephone Number</b> <b>609-386-8800</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>12/10/14</b>	<b>Scheduled Completion Date (11)</b> <b>01/05/15</b>	<b>Name of OSHA Monitor</b> <b>1</b> <b>ENVIROVISION, INC.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD</b> <b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>	
<b>Scope of Work (Check all that apply)</b> <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         </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  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Rooms 452, 436, 438, 440, 441, 449, 447, 448, 445</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES   NO   NA <input checked="" type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>MASTIC</b>	<b>Amount (Specify SF or LF)</b> <b>2600 SF</b>
<b>Abatement Type</b> Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> 30 CY
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969</b>		<b>Disposal Date</b> <b>01/05/15</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>
<b>Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, &amp; 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990</b>		<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>November 25, 2014</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno 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)

check# 11336

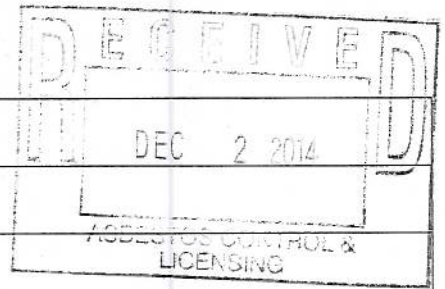
GAC Project # 060-14

Date of Notification (1) <b>November 25, 2014</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
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 <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 2014</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MILLEDOLER HALL, BLDG# 3010</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Cardno ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>12/05/14</b>		Scheduled Completion Date (11) <b>12/15/14</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		Name of OSHA Monitor <b>1</b> <b>ENVIROVISION, INC.</b> Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> 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  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) <b>2100SF</b>
<b>Rooms &amp; Halls - 004, 012, 016A, 016B, 002, 021, 026, 020A, 019B, 013A</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>30 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Disposal Date <b>12/15/14</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b> City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 25, 2014</b>

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



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



Date of Notification (1) 11/24/14		Name of Building Owner/Operator (2) Eva Scalcione , Marie Marchica						
Agencies Notified	Type Notification	Street Address 233 Mcadoo Ave						
<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 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 Jersey City , NJ, 07305						
		Name of Contact	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Eva Scalcione , Marie Marchica		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 233 Mcadoo Ave		Square Feet	# of Floors					
City (5) Jersey City		Bldg. Age						
County (6) Hudson County	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) Pro Abatement					
Street Address		Street Address 1009 87th Street Suite A4						
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047						
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223					
Start Date (10) 12/04/14	Scheduled Completion Date (11) 12/14/14	Name of OSHA Monitor HILMAMM CONSULTING LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1600 ROUTE EAST SUITE 107						
		City, State, Zip Code UNION NJ 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf .		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement/boiler				66 LF	x			
Basement				30 LF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION				
City, State KENILWORTH, NJ			Disposal Date	City, State KEARNY, NJ				
Completed by Bryan Parra		Title Project Manager	Signature 		Date 11/24/14			

6451-NJ

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

## Emergency Initial Notification

Check #: 6147

Date of Notification (1) 11/24/14		Name of Building Owner/Operator (2) Santos Contractors Corp.		<div style="border: 2px solid black; padding: 5px; text-align: center;">             RECEIVED              DEC 2 2014              ASBESTOS CONTROL &amp; LICENSING           </div>
Agencies Notified (Type Notification)		Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		221 Chestnut Street City, State, Zip Code Roselle, NJ 07203		
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Name of Contact John		
		Telephone Number		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 532 Ridgeway Avenue			Square Feet 1,800		
City (5) South Amboy, NJ 08879			# of Floors 2		
County (6) Middlesex			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address			Street Address		
City, State, Zip Code			180 Sargeant Avenue		
Project Manager for Monitoring Firm			City, State, Zip Code		
Telephone Number			Clifton, NJ 07013-1935		
Scheduled Start Date (10) 11/25/14			Telephone Number		
Sched. Completion Date (11) 11/26/14			License Number		
Occupancy Status During Abatement (Check only one)			973-614-0377		
<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:			00807		
Scope of Work (Check all that apply)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			Four Strong Builders, Inc.		
<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			Street Address		
			180 Sargeant Avenue		
			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	E	E
Siding around the house	X	Siding material	1,600 SF	X			

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 11/24/14	