

CHECK #
3103

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

Date of Notification (1) <u>12/11/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial building homes, etc.)	
Street Address <u>3455-57 ASBURY AVE</u>		Square Feet _____	# of Floors _____
City (5) <u>OCEAN CITY</u>		Bldg _____	
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 0805</u>
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. _____
Start Date (10) <u>12/22/13</u>	Scheduled Completion Date (11) <u>12/29/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 0805</u>

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

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)	Abat T
	Yes	No	N/A			
<u>SIDING - 1446</u>			<u>X</u>	<u>TRANSITE</u>	<u>3000 #</u>	<u>X</u>

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date _____	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/11/13</u>

CHECK #
3103


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1) <u>12/16/13</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>23 KING ST.</u> City, State, Zip Code <u>RIO GRANDE, N.J. 08242</u> Name of Contact <u>Same</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial dwellings, homes, etc.)	
Street Address <u>8 RAILROAD AVE.</u>		Square Feet <u>2000</u>	Floor <u>2</u>
City (5) <u>CAPE MAY COURT HOUSE</u>		Block Age <u>40+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMM-INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Phone Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. <u>C101401</u>
Start Date (10) <u>12/22/13</u>	Scheduled Completion Date (11) <u>12/29/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe		Street Address <u>369 S. SPRUCE AVE</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 15101 or 15102 <input checked="" type="checkbox"/> 15103 or 15104 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VMI or other miscellaneous)	
Is Location Normally Used Solely for Maintenance/Custodial Staff? (17)		Amount (Specified) (18)	
YES NO N/A		20000 X	
<u>TRANSITE</u>		<u>SIDING</u>	
Name of Registered Waste Hauler <u>KLEMM INC.</u>		Code Type of Waste <u>3</u>	Name of Registered Vendor <u>C.M.C.M.U.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Household Waste Household No. <u>17904</u>	Disposal Date	City, State <u>WOODBINE N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/11/13</u>

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

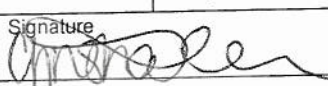
Print Form

516


Date of Notification (1) 12/04/13		Name of Building Owner/Operator (2) Community Food Bank of NJ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Evans Terminal Rd.							
		City, State, Zip Code Hillside, NJ 07205							
		Name of Contact Kirk Markland-Hart	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community Food Bank of NJ		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 31 Evans Terminal Rd.		Square Feet 285,000	# of Floors 2						
City (5) Hillside		Bldg. Age 80 yrs.							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Food Bank							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address _____		Street Address 156 Maple Ave.							
City, State, Zip Code _____		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01107						
Start Date (10) 12/05/13	Scheduled Completion Date (11) 12/10/13	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office		*		pipe insulation	210lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 2	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date 12/10/13	City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 12/04/13			

Fax # 862-221-9207


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

Date of Notification (1) December 10, 2013		Name of Building Owner/Operator (2) Pennsauken High School Check # 6255							
Agencies Notified	Type Notification	Street Address 800 Hylton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken, NJ 08110							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Jack Killion	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pennsauken High School		Type of Facility (4) <input 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 800 Hylton Avenue		Square Feet 10,000	# of Floors 2						
City (5) Pennsauken		Bldg. Age 100							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 10 Friends Lane, Suite 200		Street Address 623 Cutler Ave.							
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm David Hilinski		Telephone No. 908-635-4069	License No. 00842						
Start Date (10) December 19, 2013	Scheduled Completion Date (11) February 14, 2013	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			XXX	Window Caulking/Glazing	5,000 LF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 2-14-13	City, State Tullytown, PA.					
Completed by Christina Lynch		Title Office Manager	Signature 			Date 12/10/2013			


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

Date of Notification (1) December 10, 2013		Name of Building Owner/Operator (2) Borough of Wildwood Crest Check # 6256							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6101 Pacific Avenue							
		City, State, Zip Code Wildwood Crest, NJ 08260							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Heather Road Fishing Pier Clubhouse		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 6101 Pacific Avenue		Square Feet 5,000	# of Floors 1						
City (5) Wildwood Crest		Bldg. Age 100							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Clubhouse							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 120 N. Warren Street		Street Address 623 Cutler Ave.							
City, State, Zip Code Trenton, NJ 08629		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	License No. 00842						
Start Date (10) January 2, 2013	Scheduled Completion Date (11) January 17, 2013	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM): <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			XXX	Cement Board	1,600 SF	X			
Interior			XXX	9"x9" Black Tile and Mastic	6 SF	X			
Interior			XXX	Linoleum and Mastic	2,400 SF	X			
Exterior			XXX	Roof Flashing	200 SF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date 1-17-13	City, State Tullytown, PA.					
Completed by Christina Lynch		Title Office Manager	Signature 			Date 12/10/2013			

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

Date of Notification (1) 07/12/2013		Name of Building Owner/Operator (2) THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 751 BROAD STREET FIFTH FLOOR							
		City, State, Zip Code NEWARK, NEW JERSEY 07102							
		Name of Contact MR. RICHARD HUMMERS							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER MAVERICK BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 697-705 BROAD STREET		Square Feet 51,000	# of Floors 5						
City (5) NEWARK		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.		ASCM No. 00104	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm BILL KERBEL		Telephone No. 973-729-5649	License No. 00853						
Start Date (10) 4/12/2013	Scheduled Completion Date (11) 10/22/2013	Name of OSHA Monitor MARTIN MCREA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>BUILDING IS VACANT & SCHEDULED FOR DEMOLITION</u>		Street Address 714 KENNEDY BLVD							
		City, State, Zip Code BAYONNE, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 ACM TABLE FOR				SEE ATTACHED ACM TABLE FOR	SEE ATTACHED	X			
DETAILS				DETAILS	ACM TABLE				
					FOR DETAILS				
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 100	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 4/06/2013 6/06/2013		City, State WAYNESBURG, OH 44688					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 			Date 07/12/2013		

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

Date of Notification (1) 12/09/2013		Name of Building Owner/Operator (2) THE PRUDENTIAL INSURANCE COMPANY OF AMERICAS							
Agencies Notified	Type Notification	Street Address 751 BROAD STREET FIFTH FLOOR							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, NEW JERSEY 07102							
		Name of Contact MR. RICHARD HUMMERS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER MAVERICK BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 697-705 BROAD STREET		Square Feet 51,000	# of Floors 5						
City (5) NEWARK		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.		ASCM No. 00104	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm BILL KERBEL		Telephone No. 973-729-5649	License No. 00853						
Start Date (10) 4/12/2013	Scheduled Completion Date (11) 03/31/2014	Name of OSHA Monitor MARTIN MCREA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>BUILDING IS VACANT & SCHEDULED FOR DEMOLITION</u>		Street Address 714 KENNEDY BLVD							
		City, State, Zip Code BAYONNE, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR EAST SIDE		X		VAT & MASTIC		X			
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 100	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 4/06/2013 6/06/2013		City, State WAYNESBURG, OH 44688					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 			Date 12/09/2013		

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

CIC 4811

Date of Notification (1) 12/10/13		Name of Building Owner/Operator (2) JASCO MANAGEMENT	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 SEYMOUR ST City, State, Zip Code MONTCLAIR, NJ. 07042 Name of Contact MR. CENI Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SAME		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 11 SEYMOUR ST		Square Feet 30000	# of Floors 5
City (5) MONTCLAIR		Bldg. Age 1923	
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ARTS.
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 S. River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.	License No. 00388
Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor Omega Environmental Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606	
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) BASEMENT	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) THERMAL SYSTEMS INSULATION
			Amount (Specify SF or LF) 440 LF
			Abatement Type Removal Repair Encapsulate Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 102
City, State Hackensack, N.J. 07601		Disposal Date 12/31/13	Name of Registered Landfill Minerva Enterprises
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i> Date 12/10/13

12/09/2013 12:58 2813297448

BEST

PAGE 04/04

REQUEST FOR
10 DAY WAIVERState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Permitted to RAC 2:00 and 12:15)

check # 4810

Date of Abatement (1) 12-9-2013		Name of Building (Superintendent) P. YEE	
Agency Requested <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DASH <input type="checkbox"/> DCA	Type of Structure <input type="checkbox"/> School <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Manufacturing (not using) <input type="checkbox"/> Institutional <input type="checkbox"/> Governmental	Street Address 45 ASHLAND ROAD City, State, Zip Code SUMMIT, NJ 07901	
		Name of Contact P. YEE	
FACILITY INFORMATION			
Name of Facility (Where Abatement is Taking Place) P. YEE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S Other than K-12 <input type="checkbox"/> Other (i.e. private & commercial building, home, etc.)	
Street Address 45 ASHLAND ROAD		Approx. Size 2700	Age of Facility 2
City SUMMIT		85 YRS	
County UNION		Residence	
Name of Monitoring Firm Used by Building Owner		Name of Abatement Contractor (6) Best Removal Inc	
Address		Street Address 450 S. River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Phone Number		Telephone No. 00388	
Date of Abatement 12-12-13		Name of CMAA Member Omega Environmental Inc	
Date of Completion 12-13-13		Street Address 280 Huyler St	
Company Name (Building Abatement) (Check only one) <input type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Lead Abatement <input type="checkbox"/> Other - Describe: B A M 5 P M		City, State, Zip Code South Hackensack, N.J. 07606	
Date of Work (Check all that apply) <input type="checkbox"/> 12/12/13 <input type="checkbox"/> 12/13/13		<input checked="" type="checkbox"/> Full Compliance with Negative Pressure <input type="checkbox"/> Full Compliance <input type="checkbox"/> Cleaning Procedures <input type="checkbox"/> High Efficiency Particulate Air (HEPA) Filtration	
Location of Asbestos Containing Materials (ACM) (10)		In Location (11) Used Only by Maintenance/Construction Staff (12)	Description of Asbestos Containing Material (ACM) (i.e. Thermal insulation, vermiculite, WGL, or other asbestos-containing) (13)
BASMENT/CRAWL		X	THERMAL INSULATION
Amount of ACM (in lbs) 103		EE X	
Name of Registered Waste Handler Best Removal Inc		RCRA Waste ID No. 17X09	Date of Waste 3/4 YD
City, State Hackensack, N.J. 07601		Signature 12-13-13	Name of Registered Landfill Minerva Enterprises
City, State Hackensack, N.J. 07601		Signature	City, State Waynesburg, Oh
Completed by R. VELDRAN	Estimator	Signature R. Veldran	Date 12-9-13

* If not one of the above, please specify material, quantity, and location.

Check#1785

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

Date of Notification (1) 12 / 10 / 13		Name of Building Owner/Operator (2) Tasha Richards	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1907 Montgomery Street		City, State, Zip Code Rahway, NJ 07065	
Name of Contact Tasha Richards		Telephone Number	

FACILITY INFORMATION

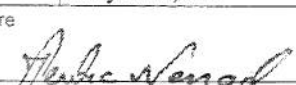
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1907 Montgomery Street		Square Feet	
City (5) Rahway, NJ 07065		# of Floors	
County (6)		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Union			

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

Start Date (10) 12 / 19 / 13		Scheduled Completion Date (11) 12 / 20 / 13		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 34A	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Clean up and decontamination with negative pressure	
<input type="checkbox"/> > 160 sf or >260 lf		<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"/> Tent with Negative Pressure	
				<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 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	135 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"/>

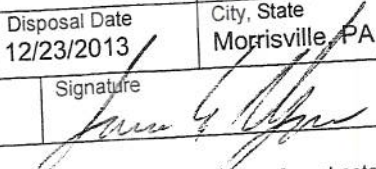
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 12/10/2013	

ASB-41

MAY 11

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

check #
0137State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/20/2013		Name of Building Owner/Operator (2) New Jersey State Firemen's Association						
Agencies Notified		Street Address 1700 Galloping Hill Road						
<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						
		City, State, Zip Code Kenilworth, NJ 07033						
		Name of Contact George H. Heflich, SR.						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) New Jersey Firemen's Association		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 50 Evergreen Place		Square Feet 10,000	# of Floors 2					
City (5) East Orange		Bldg. Age 55 +						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Office Bldg.						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address		Street Address 494 E. 41st Street						
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504						
Project Manager for Monitoring Firm		Telephone No.	License No. 00507					
Start Date (10) December 3, 2013	Scheduled Completion Date (11) December 23, 2013	Name of OSHA Monitor Same as above						
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 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
Basement		X	Pipe Insulation	240 LF	X			
1st Floor		X	Pipe Insulation	255 LF	X			
1st Floor		X	Floor Tile/Mastic	5,775 SF	X			
2nd Floor		X	Floor Tile/Mastic	3,150 SF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S. North Inc.				
City, State Paterson, NJ 07504		Disposal Date 12/23/2013		City, State Morrisville, PA				
Completed by James E. Unger		Title Project Manager		Signature 			Date 11/20/2013	

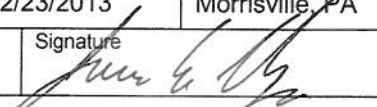
* Do not use this form for asbestos licensure exempted activities.

check #

P161

Print Form

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

Date of Notification (1) 12/09/2013		Name of Building Owner/Operator (2) New Jersey State Firemen's Association							
Agencies Notified	Type Notification	Street Address 1700 Galloping Hill Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Kenilworth, NJ 07033							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact George H. Heflich, SR.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Jersey Firemen's Association		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 50 Evergreen Place.		Square Feet 10,000	# of Floors 2						
City (5) East Orange		Bldg. Age 55 + yrs.							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address		Street Address 494 E. 41 Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 00507						
Start Date (10) December 3, 2013	Scheduled Completion Date (11) December 23, 2013	Name of OSHA Monitor The same as above							
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 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	Pipe Insulation/Floor Tile/Mastic	90 LF/1600 SF	x			
1st Floor			X	Pipe Insulation	255 LF	x			
1st Fl. & 2nd Fl.			X	Floor Tile/Mastic	8925 SF	x			
Exterior Staircase Railing			X	Transite	170 SF	x			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 50	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504			Disposal Date 12/23/2013	City, State Morrisville, PA					
Completed by James Unger		Title Project Manager	Signature 	Date 12/09/2013					

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

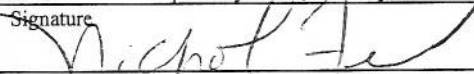
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Date of Notification (1) 12/10/2013		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 128 Bartlett Avenue	
		City, State, Zip Code West Creek, NJ 08092	
		Name of Contact Joyce Corliss	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 11513 Beach Avenue			Square feet 1000 sf		
City Long Beach Twp..	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 65	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number	License Number 00624	
Scheduled Start Date (10) 12/11/2013	Scheduled Completion Date (11) 12/13/2013		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and NonFriable Procedure		
			<input type="checkbox"/> Renovation <input checked="" 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) 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	1200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/16/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/10/2013

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

Date of Notification (1) 12/10/2013		Name of Building Owner/Operator (2) Bayside Marine Construction	
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 11 Birdsall St.		City, State, Zip Code Waretown, NJ 08758	
Name of Contact Adam Ridsen		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 35 Hornblower Dr.			Square feet 1600 sf	# of Floors 1	Bldg. Age 51
City Waretown	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number 00624
Scheduled Start Date (10) 12/11/2013		Scheduled Completion Date (11) 12/13/2013		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
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"/> 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		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			City, State, Zip Code Piscataway, New Jersey 08854		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/14/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/10/2013

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

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

Date of Notification (1) 12-10-2013		Name of Building Owner/Operator (2) Kettler Management							
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 1751 Pinnacle Dr. #700							
		City, State, Zip Code McLean, VA 22102							
		Name of Contact Steven Weber							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colonnade Apartments		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 25 Clifton Avenue									
City (5) Newark, NJ 07104		Square Feet 200.000	# of Floors 23						
		Bldg. Age 80+							
County (6) Essex	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey city, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. _____	License No. 01174						
Start Date (10) 12-11-2013	Scheduled Completion Date (11) 12-17-2013	Name of OSHA Monitor Green Environmental Services.							
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 235 Virginia Ave.							
		City, State, Zip Code Jersey City NJ 07304.							
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 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
Hallway C-12		x		VAT	900 SF	x			
Hallway C-8		x		VAT	900 SF	x			
Hallway D-5		X		VAT	900 SF	x			
Hallway D-7		X		VAT	900 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A346		Cubic Yards of Waste 30	Name of Registered Landfill Minerva- Enterprise.				
City, State Bronx NY.		Disposal Date 12-17-2013		City, State Wynesburg-Ohio.					
Completed by Liliana Serrano		Title Office Manager		Signature _____			Date 12-10-2013		

[illegible]

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
NOV 22 11 54 AM

Date of Notification (1)
11 22 13

Name of Building Owner/Operator (2)
CHRISTIAN BROS. ACADEMY OF LINCOLN
Street Address
856 NEWMAN SPRINGS RD.
City, State, Zip Code
LINCOLN, NJ 07738
Name of Contact
TED ANDERSON
Telephone Number
[REDACTED]

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BROTHERS' RESIDENCE AT ABOVE LOCATION
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet 25000 # of Floors 2 Bldg. Age 50+

County Code (TX/STATE USE ONLY) MONMOUTH Current Use (Prior if being demolished) RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8) BIRDSALL SERV. GP. ASCM No. 017
Street Address
65 JACKSON AVE.
City, State, Zip Code
CRANFORD, NJ 07016
Project Manager for Monitoring Firm
KEVIN BUENS Telephone No.
908-497-8900
Start Date (10) 12 10 13 Scheduled Completion Date (11)
12 16 13

Name of Abatement Contractor (9) UNIPRO, INC.
Street Address
173 KARKUS AVE.
City, State, Zip Code
WOODBIDGE, NJ 07095
Telephone No. [REDACTED] License No.
0065

Preparation Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM PM PM AM

Street Address
[REDACTED]
City, State, Zip Code
[REDACTED]


Abatement Work (Check All that apply)

- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure
☐ Full Containment with Negative Pressure
☒ Renovation
☐ Demolition

Location of Asbestos Containing Material (ACM) (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
<u>2ND FLOOR</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>VAT</u>	<u>1200 SF</u>	<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: NEWARK CARTING, INC. NJDEP Waste Hauler ID No. 4509 Cubic Yards of Waste 10 Name of Registered Landfill G.R.O.W.S. INC.
City, State NEWARK, NJ Disposal Date 12-17-13 City, State MORRISVILLE, PA.
Signature of Project Manager DAVID T. TOLCHIN Title PRES. Signature David T. Tolchin Date 11-22-13

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

Date of Notification (1) 11-27-13		Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINDCROFT							
Agencies Notified	Type Notification	Street Address 850 NEWMAN SPRINGS ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LINDCROFT, NJ 07738							
		Telephone Number							
		Name of Contact TED ANDERSON							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BROTHERS' RESIDENCE AT ABOVE ADDRESS		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 25,000	# of Floors 2						
City (5)		Bldg. Age 50+							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE, CHAPEL, ETC.							
Name of Monitoring Firm Hired by Building Owner (8) ACTIVE ENVIRONMENTAL SERVICES	ASCM No.	Name of Abatement Contractor (9) UNIPRO, INC.							
Street Address 209 WESTFALLS DRIVE		Street Address 173 KARKUS AVENUE							
City, State, Zip Code DINGMANS FERRY, PA 18329		City, State, Zip Code WOODBIDGE, NJ 07095							
Project Manager for Monitoring Firm NORMAN BALDWIN	Telephone No. 972-477-1874	Telephone No.	License No. 0065						
Start Date (10) 12-10-13	Scheduled Completion Date (11) 12-16-13	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SECOND FLOOR		X		VAT	1,200 SF	X			
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., INC.					
City, State NEWARK, NJ		Disposal Date 12-17-13		City, State MORRISVILLE, PA					
Completed by DAVID T. TOLCHIN		Title PRES.	Signature 			Date 11-27-13			

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

No Check

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


Date of Notification (1) 12-9-13		Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINDCROFT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 850 NEWMAN SPRINGS ROAD		City, State, Zip Code LINDCROFT, NJ 07738	
Name of Contact TED ANDERSON		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BROTHERS' RESIDENCE AT ABOVE ADDRESS		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 25,000	# of Floors 2
City (5)		Bldg. Age 50+	
County (6) MONMOUTH		Current Use (Prior if being demolished) RESIDENCE, CHAPEL, ETC.	
Name of Monitoring Firm Hired by Building Owner (8) ACTIVE ENVIRONMENTAL SERVICES		County Code (7) (STATE USE ONLY)	
Street Address 209 WESTFALLS DRIVE		Name of Abatement Contractor (9) UNIPRO, INC.	
City, State, Zip Code DINGMANS FERRY, PA 18329		Street Address 173 KARKUS AVENUE	
Project Manager for Monitoring Firm NORMAN BALDWIN		City, State, Zip Code WOODBIDGE, NJ 07095	
Start Date (10) 12-13-13		Telephone No. 972-477-1874	
Scheduled Completion Date (11) 12-14-13		Telephone No. 0065	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
City, State, Zip Code		City, State, Zip Code	
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)	
SECOND FLOOR		VAT	
1,200 SF		X	
Name of Registered Waste Hauler NEWARK CARTING, INC.		Cubic Yards of Waste 10	
NJDEP Waste Hauler ID No. 4509		Name of Registered Landfill G.R.O.W.S., INC.	
City, State NEWARK, NJ		Disposal Date 12-17-13	
City, State MORRISVILLE, PA		Signature David T. Tolchin	
Completed by DAVID T. TOLCHIN		Title PRES.	
Date 12-9-13		Date 12-9-13	

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

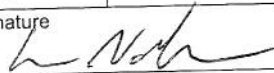
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12-9-13		Name of Building Owner/Operator (2) Evonik Corp.							
Agencies Notified	Type Notification	Street Address 2 Turner Place							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08855							
		Name of Contact Eric Gross	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Evonik Corp.		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 2 Turner Place									
City (5) Piscataway, NJ		Square Feet 5,000 +	# of Floors 2						
		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) offices, labs							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Unipro, Inc.						
Street Address		Street Address 173 Karkus Ave.							
City, State, Zip Code		City, State, Zip Code Woodbridge, NJ 07095							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 0065						
Start Date (10) 12-18-13	Scheduled Completion Date (11) 12-18-13	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor lab		x		2 lab hoods	100 sf total	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1/2	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Newark, NJ		Disposal Date 12-19-13		City, State Morrisville, PA					
Completed by David T. Tolchin		Title Pres.	Signature <i>David T. Tolchin</i>			Date 12-9-13			

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

Date of Notification (1) 12-10-2013		Name of Building Owner / Operator (2) Mountain Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended(Disposal Comp) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 3 Garret Mountain Plaza City, State & Zip Code Woodland Park, NJ 07424 Name of Contact Dan Lacz						
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 19 Roszel Road		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.)							
City (5) West Windsor	County (6) Mercer	County Code (7)	Square Feet 10,400 # of Floors 1 Bldg. Age 55						
		Current Use (Prior if being demolished) Office and Work shop							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 2115 Hamilton Ave, Ste 202							
City, State & Zip Code King of Prussia, PA 19406		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Richard S. Werner		Telephone Number 610-279-7070	Telephone Number License Number 01185						
Scheduled Start Date (10) 12/02/2013	Scheduled Completion Date (11) 12/30/2013		Name of OSHA Monitor J&S Environmental Laboratories Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Beneath floor tile & carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall	532 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above & below windows perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior transite panels	525 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State New Castle, DE 19720		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 				Date 12/10/2013		

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

Date of Notification (1) 12/06/13		Name of Building Owner/Operator (2) Community Food Bank of NJ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 Evans Terminal							
		City, State, Zip Code Hillside, NJ 07205							
		Name of Contact Kirk Markland-Hart	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community Food Bank of NJ		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 31 Evans Terminal		Square Feet 285,000	# of Floors 2						
City (5) Hillside		Bldg. Age 80yrs.							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No. 01107						
Start Date (10) 12/05/13	Scheduled Completion Date (11) 12/14/13	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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"/> WRAP and CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office		*		pipe insulation	210lf.	*			
space over the freezer		*		pipe insulation	200lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 12/14/13		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 12/06/13			

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

110 Check

RECEIVED
DEC 13 7:11

Date of Notification (1) 12-09-13		Name of Building Owner/Operator (2) UTSI Finance		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 12755 E. Nine Mile City, State, Zip Code Warren, Michigan Name of Contact Tim Welsman	
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Street Address 15 Hackensack Avenue City (5) Hudson County (6) Hudson County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) Industrial Hygiene Consultants Street Address 605 Bloomfield Ave. Suite 5 City, State, Zip Code Montclair, New Jersey 07042 Project Manager for Monitoring Firm Uday Singh Start Date (10) 12-19-13 Scheduled Completion Date (11) 01-31-14 Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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.) Square Feet 20,000 # of Floors Bldg. Age Current Use (Prior if being demolished) Vacant Name of Abatement Contractor (9) Specialty Trades Contracting, LLC Street Address 3 Contorino Way, Bldg. 2 City, State, Zip Code Chester, New York 10918 Telephone No. 973-509-3320 License No. 01202 Name of OSHA Monitor Even-Air Inc. Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 20,000	Abatement Type Removal Repair Encapsulate Enclosure
Roof		Built Up Roofing and Flashing	20,000	x
Name of Registered Waste Hauler ATC / Env. Transport Group (15532/07107)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY / Flanders, NJ		Disposal Date TBD	City, State Waynesburg, OH 44688	
Completed by MICHAEL R. ADAMS	Title PRESIDENT	Signature 	Date 12-09-13	

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

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

Date of Notification (1) 12/11/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code	
	<input type="checkbox"/> Amended	Princeton NJ 08543	
	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- E-Quad - Von Neuman rooms 200-206			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University E-Quad			Square Feet	# of Floors	Bldg. Age
			100000	6	50+
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn			Telephone Number 609-386-8800	Telephone Number	Licence Number 1103
Scheduled Start Date (10) 12/23/13 Month/Day/Year		Sched. Completion Date (11) 12/31/13 Month/Day/Year		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 - Describe: 7:00 AM - 5:00 PM Other - Describe: various shifts			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

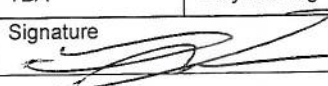
Demolition ☐ Renovation ☒ Full Containment with Negative Pressure ☐
 Mini - Enclosure ☐
 Glovebag Procedure ☐
 Non-Friable Procedure ☒

☒ >3 sf or >3 lf
☒ >160 sf or >260 lf

x >160 sf or >260 lf				x 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) (ie. 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 L O S U R E
rooms 200-206		x		floor tile	640 SF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS
Horizon Disposal	City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 12-11-2013

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

Date of Notification (1) 12/21/2013		Name of Building Owner/Operator (2) Gary & Marnee Shuhart						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial <input checked="" type="checkbox"/> <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 289						
		City, State, Zip Co Berlin, NJ 08009						
		Name of Contact Gary Shuhart	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 203 Myrtle Ln		Square Feet 900	# of Floors 1					
City (5) Berlin		Bldg. Age 65						
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) Residence					
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental					
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.						
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720						
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333	License Number 00578					
Scheduled Start Date (10) 12/30/2013	Scheduled Completion Date 12/30/2013		Name of OSHA Monitor County Environmental					
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 - <input type="checkbox"/> Other - Describe:		Street Address 461 New Churchmans Road						
		City, State, Zip Code New Castle, DE 19720						
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> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure Exterior non-friable removal </div> </div>								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1,000 SF	Abatement Type		
	<div style="display: flex; justify-content: space-around;"> Removal Repair Encapsulate Enclosure </div>							
Exterior Walls		<input checked="" type="checkbox"/>	Transite Siding		<input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva				
City, State New castle DE		Disposal Date TBA	City, State Waynesburg OH					
Completed by Ben Hodgdon	Title PM	Signature 			Date 12/11/13			

CHECK #
3103

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

Date of Notification (1) <u>12/11/13</u>		Name of Building Owner/Operator (2) <u>SINORE POINTS CONSTRUCTION</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>130 RUBY DRIVE</u>					
		City, State, Zip Code <u>EGG HARBOR TOWNSHIP, N.J.</u>					
		Name of Contact <u>MARIO</u>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>861 7TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>OLCAN CITY</u>		Bldg Age <u>40+</u>					
County (6) <u>CAMDEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>00444</u>					
Start Date (10) <u>12/23/13</u>	Scheduled Completion Date (11) <u>12/30/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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 & LF) <u>2500 lb</u>	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
<u>SIDING</u>	<u>X</u> <u>X</u>	<u>TRANSIRE</u>		<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/11/13</u>				