

* Emergency *

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

CK 3780

Date of Notification (1) 12/12/13		Name of Building Owner/Operator (2) Clark & Jesica Harris Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 84 Jeffrey Drive							
		City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Clark	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clark & Jesica Harris Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 84 Jeffrey Drive		Square Feet 1000+	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/13/13	Scheduled Completion Date (11) 12/17/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:		Street Address							
		City, State, Zip Code							
Work (Check All That Apply) 1000 sf or ≥3 If 3000 sf or ≥260 If									
<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding House only			X	Exterior Siding	1800 Sf				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/17/13	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 	Date 12/12/13					

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

RECEIVED
 2013 DEC 16 PM 10:03
 ASBESTOS CONT
 CONTROL

Date of Notification (1) 11/8/13		Name of Building Owner/Operator (2) P.S.E.G.							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact GEORGE VILARDO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G		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 RT. 1 + PIERSON AVE.		Square Feet APPX 16000	# of Floors 3						
City (5) METUCHEN		Bldg. Age APPX 74 YRS							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) 11/21/13	Scheduled Completion Date (11) 12/6/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		WINDOW CAULKING	1960 LF X				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 10/8/13			

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

Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) P.S.E.G.							
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 Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact GEORGE VIKARO	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G		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 RT. 1 & PIERSON AVE.		Square Feet APX 16000	# of Floors 3						
City (5) METUCHEN		Bldg. Age APX 74 YRS							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
		License No. 01111							
Start Date (10) 11/21/13	Scheduled Completion Date (11) 12/6/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		<input checked="" type="checkbox"/>		WINDOW CAULKING + GLAZING	1760 LF	<input checked="" type="checkbox"/>			
OUTSIDE OILER BLDG		<input checked="" type="checkbox"/>		WINDOW CAULKING + GLAZING	560 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 25	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 11/12/13					

RECEIVED
 2013 DEC 16 10:16 AM
 CONTROL ROOM

* 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)

RECEIVED
 2013 DEC 16 PM 10:53
 ASBESTOS CONTROL
 & LIAISON

Date of Notification (1) <i>12/5/13</i>		Name of Building Owner/Operator (2) P.S.E.G.	
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 Amendment # <i>2</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080	
		Name of Contact <i>GEORGE VIHARO</i>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <i>PSEG</i>		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 <i>RT. 1 + PIERSON AVE.</i>		Square Feet <i>APPX 16000</i>	# of Floors <i>3</i>
City (5) <i>METUCHEN</i>		Bldg. Age <i>APPX 74 YRS</i>	
County (6) <i>MIDDLESEX</i>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <i>SWITCH STATION</i>	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
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Street Address 64 BROAD STREET	Street Address 396 WHITEHEAD AVE.
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City, State, Zip Code MATAWAN, NJ 07747	City, State, Zip Code SOUTH RIVER, NJ 08882
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Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-292-2217	Telephone No. 732-432-8350	License No. 01111
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Start Date (10) <i>11/21/13</i>	Scheduled Completion Date (11) <i>12/12/13</i>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA
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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: <i>OUTDOORS</i>	Street Address 396 WHITEHEAD AVE.
	City, State, Zip Code SOUTH RIVER, NJ 08882

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

Location of Asbestos-Containing Material (ACM) 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
<i>OUTSIDE</i>		<input checked="" type="checkbox"/>		<i>WINDOW CAULKING + GLAZING</i>	<i>1760 LF</i>	<input checked="" type="checkbox"/>			
<i>OUTSIDE OILER BLDG</i>		<input checked="" type="checkbox"/>		<i>WINDOW CAULKING + GLAZING</i>	<i>560 LF</i>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <i>25</i>	Name of Registered Landfill GROWS NORTH
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City, State ELIZABETH, NJ	Disposal Date <i>TBD</i>	City, State MORRISVILLE, PA
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Completed by CAROL RAIMO	Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date <i>12/5/13</i>
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
 2013 DEC 16 PM 10:03
 LICENSING

Date of Notification (1) 12/19/13

Name of Building Owner/Operator (2) P.S.E.G.

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended Amendment # 3
 Emergency (including justification)
 Cancellation

Street Address 4000 HADLEY ROAD

City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080

Name of Contact GEORGE VIKARO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE & G

Street Address RT. 1 & PIERSON AVE.

City (5) METUCHEN

County (6) MIDDLESEX

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet APX 16000

of Floors 3

Bldg. Age APX 74 YRS

Current Use (Prior if being demolished) SWITCH STATION

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS

ASCM No. 0045

Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA

Street Address 396 WHITEHEAD AVE.

City, State, Zip Code SOUTH RIVER, NJ 08882

Telephone No. 732-432-8350

License No. 01111

Project Manager for Monitoring Firm TOM GEIGER

Telephone No. 732-292-2217

Start Date (10) 11/21/13

Scheduled Completion Date (11) 12/12/13

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: OUTDOORS

Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA

Street Address 396 WHITEHEAD AVE.

City, State, Zip Code SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) 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
<u>OUTSIDE</u>		<input checked="" type="checkbox"/>		<u>WINDOW CAULKING & GLAZING</u>	<u>1760 LF</u>	<input checked="" type="checkbox"/>			
<u>OUTSIDE OTHER BLDG</u>		<input checked="" type="checkbox"/>		<u>WINDOW CAULKING & GLAZING</u>	<u>560 LF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler VEOLIA ES TECHNICAL

NJDEP Waste Hauler ID No. 20071

Cubic Yards of Waste 25

Name of Registered Landfill CWM CHEMICAL

City, State MODEL CITY, NY

Disposal Date TBD

Signature Carol Raimo

Date 12/19/13

Completed by CAROL RAIMO

Title OFFICE MGR.

* 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)

RECEIVED
 2013 DEC 16 PM 10:52
 LIC# 12-01

No check

Date of Notification (1) **12/12/13**

Name of Building Owner/Operator (2) **DSE & G**

Street Address **4000 WADLEY ROAD**

City, State, Zip Code **SOUTH PLAINFIELD, NJ 07080**

Name of Contact **GEORGE VILARO**

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended Amendment # **4**, Emergency, Cancellation

Name of Facility Where Abatement is Taking Place (3) **DSE & G**

Street Address **RT 1 + PIERSON AVE.**

City (5) **METUCHEN**

County (6) **MIDDLESEX**

County Code (7) (STATE USE ONLY) _____

Type of Facility (4): School (K-12), Subchapter 8, Other (i.e. private & commercial buildings, homes, etc.)

Square Feet **APPX 16000**, # of Floors **3**, Bldg. Age **APPX 24 YRS**

Current Use (Prior if being demolished) **SWITCH STATION**

Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics

ASCM No. **0045**

Name of Abatement Contractor (9) **UNIQUE SYSTEMS OF AMERICA**

Street Address **396 WHITEHEAD AVE**

City, State, Zip Code **SOUTH RIVER, NJ 08882**

Telephone No. **732-432-8350**, License No. **01111**

Project Manager for Monitoring Firm **Tom Geiger**, Telephone No. **732-290-2217**

Name of OSHA Monitor **UNIQUE SYSTEMS OF AMERICA**

Start Date (10) **11/21/13**, Scheduled Completion Date (11) **12/17/13**

Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated, Abatement Performed Outside of Normal Facility Hours, Other - Describe: **OUTDOORS**

Street Address **396 WHITEHEAD AVE.**

City, State, Zip Code **SOUTH RIVER, NJ 08882**

Scope of Work (Check All That Apply): ≥3 sf or ≥3 lf, ≥160 sf or ≥260 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE		<input checked="" type="checkbox"/>		WINDOW CAULKING + GLAZING	1760 LF	<input checked="" type="checkbox"/>			
OUTSIDE OUTER BLDG		<input checked="" type="checkbox"/>		WINDOW CAULKING + GLAZING	560 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler **VEOLIA ES TECHNICAL**, NJDEP Waste Hauler ID No. **20071**

Cubic Yards of Waste **25**, Disposal Date **TBD**

Name of Registered Landfill **CWM CHEMICAL**, City, State **MODEL CITY, NY**

Completed by **CAROL RAIMO**, Title **OFFICE MGR**, Signature **Carol Raimo**, Date **12/12/13**

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

No check

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

RECEIVED
2013 DEC 16 PM 10:01
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>12</u> / <u>12</u> / <u>13</u>		Name of Building Owner/Operator (2) Northvale Shopping Center Associates							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1355 15th Street Ste 130							
		City, State, Zip Code Fort Lee NJ 07024							
		Name of Contact Gregg Slater	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 252 Livingston Street (Project 2 Phases - 9/9-9/11 & 1/13/14-1/14/14)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 252 Livingston Street		Square Feet 15,380	# of Floors 1						
City (5) Northvale		Bldg. Age 56							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	Telephone No. (973) 808-1616						
License No. 00411		Name of OSHA Monitor Superior Abatement Inc							
Start Date (10) <u>09</u> / <u>09</u> / <u>13</u>	Scheduled Completion Date (11) <u>01</u> / <u>14</u> / <u>14</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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM							
Street Address 2 Henderson Drive		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	300 SF	<input checked="" 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	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 9/11 & 1/14/14	City, State Waynesburgh, OH						
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 12-12-13			

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

RECEIVED

2013 DEC 16 PM 10:01

ASBESTOS CONTROL
& LICENSING

No check

Date of Notification (1) <u>12</u> / <u>12</u> / <u>13</u>		Name of Building Owner/Operator (2) DCH Investments of NJ	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 995 Route 9N	
		City, State, Zip Code South Amboy, NJ 08879	
		Name of Contact Frank Gioe	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Paramus Honda (Phase 1: 12/16/13-12/20/13 & Phase 2: 1/6/14-1/10/14)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 120 Route 4 West		Square Feet 2700	# of Floors 2
City (5) Paramus		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commerical	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc	ASCM No. 00104	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm William Kerbel	Telephone No. (973) 729-5649	Telephone No. (973) 808-1616	License No. 00411

Start Date (10) <u>12</u> / <u>16</u> / <u>13</u>	Scheduled Completion Date (11) <u>01</u> / <u>10</u> / <u>14</u>	Name of OSHA Monitor Superior Abatement 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: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 2 Henderson Drive	
		City, State, Zip Code West Caldwell, NJ 07006	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Service Parts Building (Phase 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing and Flashing Materials	1,740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building Roof 1 & 3 (Phase 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing and Flashing Materials	3,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building Service Garage (Ph.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	200 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"/>

Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 60	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 12/20 & 1/10	City, State Waynesburgh, OH	
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 12-12-13

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

CK 3184

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

RECEIVED
2013 DEC 16 PM 10:01
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/11/13		Name of Building Owner/Operator (2) Middletown Township Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 834 Leonardville Rd	
		City, State, Zip Code Leonardo, NJ 07737	
		Name of Contact Ken Walls	Telephone Number -

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Middletown High School South		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 841 Nut Swamp Road		Square Feet 90,000	# of Floors 2
City (5) Middletown		Bldg. Age 50+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	

Name of Monitoring Firm Hired by Building Owner (8) RK Environmental, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.	
Street Address 403 St. James Avenue		Street Address 265A Route 46 Suite 3D		
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010	License No. 0666

Start Date (10) 12/21/2013	Scheduled Completion Date (11) 12/22/2013	Name of OSHA Monitor Bako Construction & Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265A Route 46 Suite 3D	
		City, State, Zip Code Totowa, NJ 07512	

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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium Stage		X		2 Rows of Lights and wire	80LF	X			

Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S	
City, State Totowa, NJ		Disposal Date 12/23/2013		City, State Morrisville, PA	
Completed by Damir Valjevack		Title Project Manager	Signature <i>Damir Valjevack</i>	Date 12/11/13	

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

RECEIVED
 13 DEC 15 PM 10:30
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)
12/12/2013

Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Emergency
 Cancellation

Street Address
15 EAST MONTGOMERY PLACE

City, State & Zip Code
PITTSBURGH, PA 15212

Name of Contact
ALEX BAYLOR

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vineland Central Office - VERIZON

Street Address
100 South 6th Street

City (5)
Vineland

County (6)
Cumberland

County Code (7)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Verizon communication center

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-788-6040

License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management Inc.

Street Address
8436 Enterprise Ave

City, State & Zip Code
Philadelphia pa 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone Number
267-784-8651

Scheduled Start Date (10)
12/23/13

Scheduled Completion Date (11)
12/31/2013 (except 12/24-25)

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal
 Describe: **Hours - 5PM to 1:30AM**
 Facility Occupied During Abatement

Scope of Work (Check all that apply)

≥3 sf or ≥3 lf
 ≥160 sf ≥260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedures
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Diesel Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hallway adj to Diesel Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Tank Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Tank Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT & MASTIC	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
3

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH

Disposal Date
12/31/2013

Signature
Brian Scafiro

Date
12/11/13

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

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

CHECK #77734
DEC 15 PM 9:59
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/11/2013		Name of Building Owner/Operator (2) The Pennington School					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 112 W. Delaware Avenue					
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Pennington, New Jersey 08534					
		Name of Contact DAVID J. D'ANDREA					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) The Pennington School Lowellden Bldg.		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12)					
Street Address 112 W. Delaware Avenue		Square Feet	# of Floors Bldg. Age				
City (5) Pennington, NJ 08534		Current Use (Prior if being demolished)					
County MERCER		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.					
Street Address 120 N. Warren St.		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
City, State, Zip Code Trenton, NJ 08608		Street Address 15 BLACK FOREST ROAD					
Project Manager for Monitoring Firm Ryan Broadwater		City, State, Zip Code HAMILTON, NJ 08691					
Telephone No. 609-392-4200		Telephone No. 609-890-7110					
Start Date (10) 12/30/2013		License No. 00676					
Scheduled Completion Date (11) 1/6/2014		Name of OSHA Monitor Environmental Connection					
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 120 N. Warren Street					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Trenton, NJ					
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wrap & Cut <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
CEILING/WALLS (2ND FLR)	<input checked="" type="checkbox"/>	ASBESTOS PLASTER	1200 SQ. FT.	<input checked="" type="checkbox"/>			
BASEMENT	<input checked="" type="checkbox"/>	INSULATION & FITTINGS	215 L.F.	<input checked="" type="checkbox"/>			
1ST FLR CLOSET	<input checked="" type="checkbox"/>	NFVAT	75 SQ. FT.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 20 YDS.	Name of Registered Landfill GROWS			
City, State WEST CREEK, NJ		Disposal Date 01/0814	City, State MORRISVILLE, PA	Date 12/11/2013			
Completed By DAVID D'ANDREA		Signature <i>David J. D'Andrea</i>		Title PRESIDENT			

2013 DEC 10 PM 9:57
 RESTORATION & LICENSING

Date of Notification (1)
 11/21/13

Name of Building Owner/Operator (2)
 GREG ELLEDGE

Street Address
 14 MEADOWBROOK PLACE

City, State, Zip Code
 MAPLEWOOD, NJ 0740

Name of Contact
 GREG ELLEDGE

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Emergency (including justification)
 Cancellation

Amendment #:

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 GREG ELLEDGE

Street Address
 14 MEADOWBROOK PLACE

City (5)
 MAPLEWOOD

County (6)
 ESSEX

County Code (7) (State use only)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
 20 California Ave.

City, State, Zip Code
 Paterson, NJ 07503

Telephone Number
 973-345-8020

License Number
 01169

Name of OSHA Monitor
 D & S Restoration, Inc.

Street Address
 20 California Avenue

City, State, Zip Code
 Paterson, NJ 07503

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
 12/19/13

Sched. Completion Date (11)
 01/10/14

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

Scope of Work (check all that apply)
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Full Containment w/negative pressure
 Mini-enclosure
 Glovebag procedure
 Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	R	E	N	C	A	P
	Yes	No	N/A										
BASEMENT		X		PIPE INSULATION	115 LFT	X							

Registered Waste Hauler
 D & S RESTORATION, INC.

NJDEP Hauler ID#
 13506

Cubic Yards of Waste
 2 YDS

Name of Registered Landfill
 TULLYTOWN, RESOURCE RECOVERY

City, State
 TULLYTOWN, PA

Disposal Date
 012/20/13

Signature

City, State
 PATERSON, NJ 07503

Date
 12/09/13

Completed by (Print or Type)
 BOGDAN JOLDZIC

Title
 PRESIDENT

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

CK
005410

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

D&S Proj. #: 2013-470

Date of Notification (1)
11/12/13

Name of Building Owner/Operator (2)
ANNETTE VENHORST

Street Address
936 GRANVIEW AVENUE

City, State, Zip Code
WESTFIELD, NJ 07090

Name of Contact
ANNETTE VENHORST

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Emergency (including justification)
 Cancellation

Amendment #: _____

Telephone Number _____

RECEIVED
2013 DEC 12 11 08 58
LICEN

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ANNETTE VENHORST

Street Address
936 GRANVIEW AVENUE

City (5)
WESTFIELD

County (6)
UNION

County Code (7) (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No. _____

Street Address _____

City, State, Zip Code _____

Project Manager for Monitoring Firm _____ Phone Number _____

Start Date (10) 12/23/13

Sched. Completion Date (11) 01/13/14

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number 973-345-8020 License Number 01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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

Scope of Work (check all that apply)

>3 sf or >3 lf Renovation

≥160 sf or ≥260 lf Demolition

Full Containment w/negative pressure
 Mini-enclosure
 Glovebag procedure
 Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	65 L FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
12/24/13

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature _____

Date
12/09/2013

No check

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

2013 DEC 16 PM 9:56
 RECEIVED
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) **12/10/13**

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended #5
 Emergency
 Cancellation

Name of Building Owner / Operator (2) **Verizon Communications**

Street Address **100 Greenwood Ave.**

City, State & Zip Code **Jenkintown, PA 19046**

Name of Contact **Alex Baylor**

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Verizon- Woodbridge CO**

Street Address **138 Main Street**

City (5) **Woodbridge** County (6) **Middlesex** County Code (7)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished) **Offices**

Name of Monitoring Firm Hired by Building Owner (8) **ESIS** ASCM No.

Name of Abatement Contractor (9) **AbateTech, Inc.**

Street Address **PO Box 25**

City, State & Zip Code **Lumberton, NJ 08048**

Telephone Number **609-265-2107** License Number **00529**

Project Manager for Monitoring Firm **Brian Kingsbury** Telephone Number **201-356-5166**

Scheduled Start Date (10) **11/4/13** Scheduled Completion Date (11) **12/31/13**

Name of OSHA Monitor **EMSL Analytical**

Street Address **108 Haddon Ave.**

City, State & Zip Code **Westmont, NJ 08108**

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Hours
 Describe:
 Facility Occupied During Abatement

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf Renovation
 ≥ 160 sf ≥ 260 lf Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedures
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Sealant	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coping Stone Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vent Caulking	26 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler **AbateTech, Inc** NJDEP Waste Hauler ID No. **18750** Cubic Yards of Waste **6** Name of Registered Landfill **TRRF Landfill**

City, State **Lumberton, NJ** Disposal Date **12/31/13** City, State **Tullytown, PA**

Completed By (Print or Type) **Jennifer Piraine** Title **Opps. Coord.** Signature *Jennifer Piraine* Date **12/10/13**

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

1310-4703
Check #5787

RECEIVED
2013 DEC 16 PM 9:56
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/9/13		Name of Building Owner / Operator (2) PSE&G	
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 #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 80 Park Plaza
			City, State & Zip Code Newark, NJ 07101
			Name of Contact Drew Shuda
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Camden Switch Yard			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 7272 N. Crescent Blvd.			Square Feet	# of Floors	Bldg. Age
City (5) Pennsauken	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Substation		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 318 12th Street		Street Address PO Box 25			
City, State & Zip Code Hammonton, NJ 08037		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-704-8830	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 12/9/13	Scheduled Completion Date (11) 12/13/13		Name of OSHA Monitor EMSL Analytical		

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 Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.
		City, State & Zip Code Westmont, NJ 08108

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Q20-4 Transformer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	2,100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 40	Name of Registered Landfill GROWS North Landfill	
City, State Camden, NJ		Disposal Date 12/13/13		City, State Morrisville, PA	
Completed By (Print or Type) Jennifer Piraine		Title Office Coord.	Signature <i>Jennifer Piraine</i>		Date 12/9/13

Date of Notification (1)
12 / 11 / 13

Name of Building Owner/Operator (2)
West-Ward Pharmaceutical Job # 13114717 Check # 5783

Agencies Notified
 EPA
 DOLWD
 DHSS
 DCA (NJAC 5:23-8)

Type Notification
 Initial
 Amended Amendment # 2
 Emergency (including justification)
 Cancellation

Street Address
2 Esterbrook Lane

City, State, Zip Code
Cherry Hill, NJ 08034

Name of Contact
John Reber

Telephone Number

2013 DEC 18 PM 9:54

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
West-Ward Pharmaceuticals

Street Address
2 Esterbrook Lane

City (5)
Cherry Hill

County (6)
Camden

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e., private and commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
1 Source Safety & Health

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
140 South Village Ave., Suite 130

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Brian Hovendon

Telephone No.
610-524-5525

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
12 / 4 / 13

Scheduled Completion Date (11)
12 / 27 / 13

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State, Zip Code
Westmont, NJ 08108

Occupancy 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: 7AM-3:30PM/3:30PM-11:30AM

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-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
Production Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Epoxy	3,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic (NF)	3,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
12/27/13

City, State
Tullytown, PA

Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature
Jennifer Piraine

Date
12/11/13

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

RECEIVED
2013 DEC 16 11:47:13 Check #5832
PH 9:53
ASBESTOS CONTROL
LICENSING

Date of Notification (1) <u>12</u> / <u>12</u> / <u>13</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Ave.	
		City, State, Zip Code Jenkintown, PA 19046	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon - Montclair CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 9 Gates Ave		Square Feet	# of Floors
City (5) Montclair		Bldg. Age	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 10 Exchange Place, 13th Floor		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Brian Kingsbury	Telephone No. 201-479-6382	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>12</u> / <u>26</u> / <u>13</u>	Scheduled Completion Date (11) <u>01</u> / <u>10</u> / <u>14</u>	Name of OSHA Monitor EMSL Analytical	
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 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
Rear Stairwell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Stairwell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	843 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 1/10/14	City, State Tullytown, PA	
Completed By (Print or Type) Jennifer Piraine	Title Operations Coordinator	Signature <i>Jennifer Piraine</i>	Date 12/12/13

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

RECEIVED
2013 DEC 16 PM 9:53
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **12/10/13**

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended #
 Emergency
 Cancellation

Name of Building Owner / Operator (2)
Robert Wood Johnson Hospital

Street Address
One Robert Wood Johnson Place

City, State & Zip Code
New Brunswick, NJ 08901

Name of Contact
Jim Magnatta

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Wood Johnson Hospital – East Tower Enabling

Street Address
One Robert Wood Johnson Place

City (5)
New Brunswick

County (6)
Middlesex

County Code (7)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Hospital

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 25

City, State & Zip Code
Lumberton, NJ 08048

Telephone Number
609-265-2107

License Number
00529

Name of Monitoring Firm Hired by Building Owner (8)
Omega Environmental

Street Address
280 Huyler Street

City, State & Zip Code
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone Number
201-489-8700

Scheduled Start Date (10)
12/10/13

Scheduled Completion Date (11)
12/13/13

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Hours
 Facility Occupied During Abatement

Describe:
Describe:

City, State & Zip Code
Westmont, NJ 08108

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf ≥ 260 lf

Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedures
 Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
1 st Floor Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
2

Name of Registered Landfill
TRRF Landfill

City, State
Lumberton, NJ

Disposal Date
12/13/13

City, State
Tullytown, PA

Completed By (Print or Type)
Jennifer Piraine

Title
Office Coord.

Signature
Jennifer Piraine

Date
12/10/13

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

OK 3194

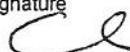
Date of Notification (1) 12/13/13		Name of Building Owner/Operator (2) Victaulic REH, LLC.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4901 Kesslersville Road								
		City, State, Zip Code Easton, PA 18044-0031								
		Telephone Number								
		Name of Contact Kraig Hume								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC.		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 119 Edison Road		Square Feet 2,500	# of Floors 1							
City (5) Stewartsville, NJ		Bldg. Age 100								
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Research & Development								
Name of Monitoring Firm Hired by Building Owner (8) Tech Environments Health Investigations		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.							
Street Address 655 West Shore Trail		Street Address 815 12th Street								
City, State, Zip Code Sparta Township, NJ 07871		City, State, Zip Code Hammonton, NJ 08037								
Project Manager for Monitoring Firm Jill K. Wack		Telephone No. 973-729-5649	Telephone No. 609-567-1250							
		License No. 01172								
Start Date (10) 12/30/13	Scheduled Completion Date (11) 03/30/14	Name of OSHA Monitor Tech Environments Health Investigations								
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: _____		Street Address 655 West Shore Trail								
		City, State, Zip Code Sparta Township, NJ 07871								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Building No. 2, Basement		X		TSI & Misc. mixed with soil	525 CY				X	
Name of Registered Waste Hauler Elk Transportation, Inc.		NJDEP Waste Hauler ID No. 50174	Cubic Yards of Waste 525 +/-	Name of Registered Landfill Republic- BFI- Cunestoya LF.						
City, State Reading, PA		Disposal Date		City, State Morgantown, PA						
Completed by Kati DiNatale		Title Office Manager	Signature 				Date 12/13/13			

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

** Emergency **

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

CR 3776

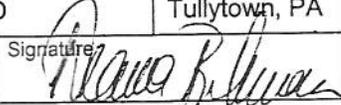
Date of Notification (1) 12/11/13		Name of Building Owner/Operator (2) Robert Brede Private Home									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Harry								
	City, State, Zip Code Manahawkin NJ 08050			Telephone Number _____							
	Name of Contact Robert			Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Robert Brede Private Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 101 Harry			Square Feet 1000+	# of Floors 1	Bldg. Age 35+						
City (5) Manahawkin NJ 08050		County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.								
Street Address _____			Street Address PO Box 329								
City, State, Zip Code _____			City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 12/12/13	Scheduled Completion Date (11) 12/17/13		Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address _____								
City, State, Zip Code _____			City, State, Zip Code _____								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
bedrooms			x	floor tile		600 sf		x			
Exterior siding			x	Exterior Siding		1000		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.							
City, State Elm NJ		Disposal Date 12/17/13	City, State Morrisville PA 19067								
Completed by Anthony T Perna		Title President	Signature 		Date 12/11/13						

OK 5110

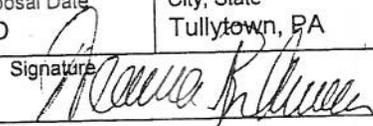
Date of Notification (1) 12/11/13		Name of Building Owner/Operator (2) Stacy Janzer Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Budd Dr								
		City, State, Zip Code Manahawkin NJ 08050								
		Name of Contact Stacy								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Stacy Janzer Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 4 Budd Dr		Square Feet 1000+	# of Floors 1							
City (5) Manahawkin NJ 08050		Bldg. Age 35+								
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 12/12/13		Scheduled Completion Date (11) 12/17/13								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same								
		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior siding			X	Exterior siding	1000 Sf	X				
			X							
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 12/17/13		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 				Date 12/11/13		

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

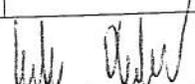
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 12/06/13		Name of Building Owner/Operator (2) Joan Gorman								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 7 Old Forge Road								
		City, State, Zip Code Pennsville, NJ 08070								
		Name of Contact Mike Gorman								
		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 164 Willow Street		Square Feet N/A	# of Floors N/A							
City (5) Bloomfield		Bldg. Age N/A								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685							
			License No. #00675							
Start Date (10) 12/26/13	Scheduled Completion Date (11) 12/27/13	Name of OSHA Monitor D&S Abatement, 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: <u>Occupied</u>		Street Address 11 Rosengren Avenue								
		City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement		X		pipe insulation	90 LF	X				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA						
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Deanna Brkusanin		Title Project Manager		Signature 				Date 12/09/13		

**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) Ray Zirpolo							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 335 New Dover Road							
		City, State, Zip Code Colonia, NJ 07067							
		Name of Contact Ray Zirpolo	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 335 New Dover Road		Square Feet N/A	# of Floors N/A						
City (5) Colonia		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		11 Rosengren Avenue							
City, State, Zip Code		Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/24/13	Name of OSHA Monitor D&S Abatement, 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: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	260 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 12/09/13		

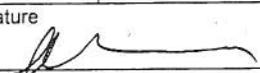
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>12</u> / <u>10</u> / <u>13</u>		Name of Building Owner/Operator (2) New Jersey Institute of Technology							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 323 Dr. Martin Luther King Jr. Blvd.							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Mr. Joseph Myers	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT - Central High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 363-383 Martin Luther King Jr. Blvd. (100 Summit Street)		Square Feet 300,000 SF	# of Floors 4						
City (5) Newark		Bldg. Age 40+							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.	ASCM No. 117	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address 318 12th Street		Street Address 494 E. 41 Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm James J. Proctor	Telephone No. 609-704-8850	Telephone No. 973-345-0022	License No. 00507						
Start Date (10) <u>12</u> / <u>20</u> / <u>13</u>	Scheduled Completion Date (11) <u>01</u> / <u>18</u> / <u>14</u>	Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> / <u> </u> PM - <u> </u> AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Rm 221, 208/A, 208B, 209&Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling & Wall Plaster	5,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staircase (2) - Two	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling & Wall Plaster	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Fl - North Elevation - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spot Removal - Around Perimeter	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 221	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Removal Wood Floor-Concrete Floor	290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13206	Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.					
City, State Paterson, NJ 07504		Disposal Date 01-18-2014	City, State Morrisville, PA 12506						
Completed By (Print or Type) Leslie Olszewski		Title Project Manager	Signature 			Date 12-10-13			

* 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)

Check 12549

Date of Notification (1) 12/10/13		Name of Building Owner/Operator (2) Robert A. Miller							
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 13066 Fiddlers Creek Road south City, State, Zip Code Jacksonville, FL 32224						
			Name of Contact Bill Tode		Telephone Number _____				
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 118 Blauvelt Avenue			Square Feet 2200	# of Floors 2	Bldg. Age 50				
City (5) Ho Ho Kus		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07481							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 12/20/13	Scheduled Completion Date (11) 1/25/14		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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	exterior siding	1710 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 		Date 12/10/13				

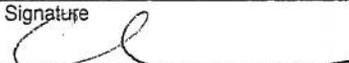
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

962

Date of Notification (1) December 11, 2013		Name of Building Owner/Operator (2) Asbury Partners, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1100 Ocean Avenue								
		City, State, Zip Code Asbury Park, NJ 07712								
		Name of Contact Project Manager	Telephone Number DEC 16							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 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 600 Grand Avenue		Square Feet	# of Floors							
City (5) Asbury Park		Bldg. Age								
County (6) Monmouth	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) empty								
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209								
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034								
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. License No. (973) 759 - 5000 00781							
Start Date (10) 12/12/13	Scheduled Completion Date (11) 3-31-14	Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209								
		City, State, Zip Code Cherry Hill, NJ 08034								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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	
Phase 1		<input checked="" type="checkbox"/>		floor tile	2862 s/f	<input checked="" type="checkbox"/>				
Phase 2		<input checked="" type="checkbox"/>		concrete with attached waterproofing/mastic	100 tons	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF						
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 3-31-14		City, State Newburg / Imperial / Morrisville, PA						
Completed by Mike Cooper		Title President		Signature 			Date 12/11/13			

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

OK 3777

Date of Notification (1) 12/11/13		Name of Building Owner/Operator (2) Jean Michaliszyn Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1116 Mill Creek						
	City, State, Zip Code Manahawkin NJ 08050			Name of Contact Jean					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jean Michaliszyn Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1116 Mill Creek				Square Feet 1000+	# of Floors 1				
City (5) Manahawkin NJ 08050				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address			Street Address PO Box 329						
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 12/12/13		Scheduled Completion Date (11) 12/17/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bedrooms			x	floor tile	500 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 		Date 12/11/13				

Date of Notification (1)
12/12/13

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Name of Building Owner/Operator (2)
Jim Kennard Private Home

Street Address
21 West 21st

City, State, Zip Code
Long Beach Twp NJ 08008

Name of Contact
Jim

Telephone Number
DEC 16

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jim Kennard Private Home

Street Address
21 West 21st

City (5)
Long Beach Twp NJ 08008

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
1000+

of Floors
1

Bldg. Age
35+

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Current Use (Prior if being demolished)
House

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
12/13/13

Scheduled Completion Date (11)
12/17/13

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____

Scope of Work (Check All That Apply)
 ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 Sf				

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

Name of Registered Landfill
G.R.O.W.S.

City, State
Elm NJ

Disposal Date
12/17/13

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
12/12/13

* Do not use this form for asbestos licensure exempted activity

Emergency

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Brown
(signature)
Date: 12/11/13 Time: 9:04 AM

Date of Notification (1) 12-11-13		Name of Building Owner/Operator (2) Therese Cresanti	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 105 Horseneck Point Road	
		City, State, Zip Code Oceanport NJ 07757	
		Name of Contact Therese Cresanti	

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling (Storm Damage)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 105 Horseneck Point Road			Square Feet	# of Floors 2	Bldg. Age 60+-
City (5) Oceanport NJ 07757		County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc		
Street Address P.O. Box 337		Street Address P.O. Box 337			
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533			
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394	
Start Date (10) 12-12-13	Scheduled Completion Date (11) 12-22-13		Name of OSHA Monitor EPC Technologies Inc		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address P.O. Box 337		
			City, State, Zip Code New Egypt NJ 08533		

Scope of Work (Check All That Apply)

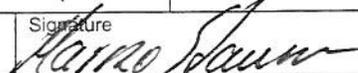
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior walls			X	Siding Shingles	2000 SF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 12-23-13	City, State Moansville PA		
Completed by Steve Schenker		Title President	Signature <i>Steve Schenker</i>	Date 12-11-13	

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

CHECK # 1061

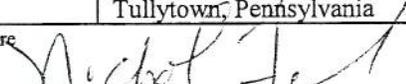
Date of Notification (1) 11/29/13		Name of Building Owner/Operator (2) United States Gypsum Corp.								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>8</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 550 West Adams Street, Floor 8								
		City, State, Zip Code Chicago, IL 60661								
		Name of Contact Thomas Catanzaro	Telephone Number [REDACTED]							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) United States Gypsum 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 1255 Raritan Road		Square Feet 100,000	# of Floors 2							
City (5) Clark		Bldg. Age 50+-								
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC							
Street Address		Street Address 27 Edsall Drive								
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461								
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137							
Start Date (10) 12/04/13	Scheduled Completion Date (11) 12/18/13	Name of OSHA Monitor AmeriSci								
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 117 East 30th Street								
		City, State, Zip Code New York, NY 10016								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
parapet wall, several parts of the roof		X		contaminated brick from ACM tar	1,700 S.F.	X				
Name of Registered Waste Hauler Pro-Tech		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 200	Name of Registered Landfill G.R.O.W.S.						
City, State New Haven, CT		Disposal Date on completion		City, State Morrisville, A						
Completed by Marko Stankovic		Title President	Signature 				Date 11/29/13			

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

Date of Notification (1) December 11, 2013		Name of Building Owner/Operator (2) Advantage Site Work 23283	
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 335 Parkertown Drive
			City, State, Zip Code Little Egg Harbor, NJ 08087
			Name of Contact John Tuck

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 25 W. Potomac Drive			Square feet 1000 sf		
City Little Egg Harbor		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 12/12/13		Scheduled Completion Date (11) 12/16/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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	R	E	E	
Exterior		X		Asbestos siding	900 sf	X				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 12/17/13			City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fericola		Title Project Manager		Signature 				Date 12/11/2013		

*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)

RECEIVED
 2013 DEC 16 PM 10:25
 ASBESTOS CONTROL

CK
 4968

Date of Notification (1) 12/12/13		Name of Building Owner/Operator (2) P.S.E.G.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080	
Name of Contact Fox McQuillen			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE+G		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 996 KLEMM AVE.		Square Feet N/A	# of Floors N/A
City (5) GLOUCESTER		Bldg. Age N/A	Current Use (Prior if being demolished) SWITCH STATION
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 12/23/13	Scheduled Completion Date (11) 12/23/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OUTDOORS		Street Address 396 WHITEHEAD AVE.		
		City, State, Zip Code SOUTH RIVER, NJ 08882		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS		X		SOMASTIC PIPE COATING	20 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 4	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 12/12/13	

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

Date of Notification (1) December 11, 2013		Name of Building Owner/Operator (2) Advantage Site Work 23282	
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 335 Parkertown Drive
			City, State, Zip Code Little Egg Harbor, NJ 08087 DEC 16 2013
			Name of Contact John Tuck

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 110 S. Longboat Drive			Square feet 2000 sf		
City Little Egg Harbor			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/12/13		Scheduled Completion Date (11) 12/16/13	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Glovebag Procedure					
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			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 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	1900 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 12/17/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 12/11/2013		

*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)**

CL # 3238

Date of Notification (1) 11/27/13		Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center	
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 Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 703 Main Street	
		City, State, Zip Code Paterson, NJ 07503	
		Name of Contact Edward Curry	

DEC 16 2013

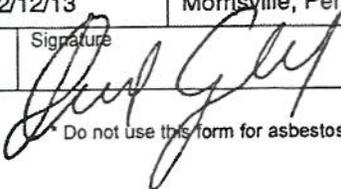
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Convent 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 703 Main Street		Square Feet 30,000 +	# of Floors 3 +
City (5) Paterson		Bldg. Age 50+	
County (6) Passaic	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) Pyramid Contracting Corp.
Street Address		Street Address 163 Sargeant Avenue	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099
Start Date (10) 12/09/13	Scheduled Completion Date (11) 12/13/13	Name of OSHA Monitor J&S Environmental Laboratories 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 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07081	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Offices		x		Pipe Insulation	120 LF	x			
Elevator Machine Room	x			Pipe Insulation	45 LF	x			
Old Operating Room		x		Pipe Fitting Insulation	250 LF	x			
Room G-138		x		Pipe Insulation	1 LF	x			

Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, New Jersey		Disposal Date 12/12/13	City, State Morrisville, Pennsylvania		
Completed by Dimo Golcev	Title President	Signature 	Date 12/05/13		

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:80-7 and 12:120-7)
 ***** EMERGENCY *****

B & G Proj. #: 2013-242

Check # 5396

Date of Notification (1) <u>11/21/10/11/13</u>		Name of Building Owner/Operator (2) Nicole & Robert Mobley	Check # 5396 DOL - 10 DAY DEC 10 2013 <i>[Signature]</i> WAIVER APPROVED Telephone Number
Agencies Notified	Type Notification	Street Address 7 Kingsland Court	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Nicole Mobley	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nicole & Robert Mobley			Type of Facility (4)		
Street Address 7 Kingsland Court			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)		
City (5) South Orange	County (6) Essex	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869	License Number 0378

Scheduled Start Date (10) 12/11/2013	Sched. Completion Date (11) 12/12/2013	Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road

<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code Lincoln Park, NJ 07035
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Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥180 sf or ≥280 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-frable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
basement boiler room			X	pipe insulation	45 lf	✓			
basement boiler room			X	boiler insulation	45 sqft	✓			
above basement door			X	pipe insulation	3 lf	✓			

Registered Waste Receptor B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/12/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Laina	Title Secretary/Treasurer	Signature <i>Gordana Laina</i>	Date 12/10/2013