

Dec 23 14 09:07p

Resource Management

5589144051

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 6:90 and 12:120)

DOL - 10 DAY

2014 DEC 26 PM 7:24

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 12-23-2014		Name of Building Owner / Operator (2) Rider University	
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"/> DOA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2003 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Mr. Mike Reed		Telephone Number ---	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Westminster Choir College-The Play House Building		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 101 Walnut Lane		Square Feet 7,000	
City (6) Princeton, NJ		# of Floors 1	
County (6) Mercer		Bldg. Age 50	
County Code (7) ---		Current Use (Prior if being demolished) Campus Building	
Name of Monitoring Firm Hired by Building Owner (8) Patriot Associates, Inc.		Name of Abatement Contractor (8) Resource Management Group, LLC	
Street Address 515 Grove Street, #13		Street Address 2115 Hamilton Ave. Suite 200	
City, State & Zip Code Haddon Heights, NJ 08033		City, State & Zip Code Trenton, NJ 08610	
Project Manager for Monitoring Firm		Telephone Number 855-547-0925	
Schedule Start Date (10) 12-23-2014		Schedule Completion Date (11) 1-10-2015	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed During 1st Shift 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor JES Environmental Laboratories, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25 sf or less if <input type="checkbox"/> 250 sf or less if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures/Cut & Wrap Non-Damaged and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	
Play House Building		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)	
Plac insulation		80 LF	
Abatement Type		Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0036215	
City, State Trenton, NJ		Cubic Yards of Waste 7.90	
Name of Registered Landfill Growe Landfill		City, State Morrisville, PA	
Disposal Date TBD		Signature B. Long	
Completed By (Print or Type) Mr. Brian J. Honey		Title President	
Date 12/23/2014			

3542

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

RECEIVED

Date of Notification (1) <u>12/23/14</u>		Name of Building Owner/Operator (2) <u>MEU + MACHINES</u> 2014 DEC 26 PM 7:25	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREMONT AVE</u> City, State, Zip Code <u>WOODBINE, N.J. 08027</u>	
		Name of Contact <u>LISA</u>	Telephone Number <u>552-552-5525</u>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>225-14 COMMONWEALTH AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>STRATFORD</u>		Bldg. Age <u>40+</u>	
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>1/5/15</u>	Scheduled Completion Date (11) <u>1/12/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 SF or 23 LL <input type="checkbox"/> 2160 SF or 2260 LL	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Enclosure	Encapsulation	Encasement
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>12000</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJ DEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/23/14</u>

Date of Notification (1) 1 2 / 1 8 / 1 4		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 2 Cedar Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Newark, NJ 07102	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Douglas Bland, Bus. Admin.	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Avon Avenue School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 219 Avon Avenue			Square Feet 45000		
City (5) Newark, NJ 07108			# of Floors 2		
County (6) Essex			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00003			Street Address 180 Sargeant Avenue		
Street Address 1253 North Church Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Moorestown, NJ 08057			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Jim Guillard			License Number 00807		
Telephone Number 856-840-8800			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 1 2 / 1 9 / 1 4			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 1 2 / 2 2 / 1 4			City, State, Zip Code Clifton, NJ 07013		
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input type="checkbox"/> Other - Describe:					


Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C I O S U R E
Room UN-21	<input checked="" type="checkbox"/>	Ceiling Plaster	130 SF	<input checked="" type="checkbox"/>			
Room UN-21	<input checked="" type="checkbox"/>	Pipe Insulation	90 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 12/18/14	

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

RECEIVED

Date of Notification (1) 12/18/14		Name of Building Owner/Operator (2) Richard + Shannon Pisciotta						
Agencies Notified	Type Notification	Street Address 122A Rendell Ave						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Point Pleasant, New Jersey						
		Name of Contact Mike	Telephone Number 732-294-1757					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Pasciotta Residence		Type of Facility (4) <input 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 122A Rendell Ave								
City (5) Point Pleasant		Square Feet 1500	# of Floors 1					
County (6) Ocean		Bldg. Age 60+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road						
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029					
Start Date (10) 12/22/14		Scheduled Completion Date (11) 12/24/14						
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: 7am-7pm		Name of OSHA Monitor						
		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 ≥250 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) 1500 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Outdoor			X Siding		X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins				
City, State Colts Neck, New Jersey		Disposal Date 12/24/14		City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 12/18/14		

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

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Date of Notification (1) 12/17/14		Name of Building Owner/Operator (2) Bridge Development Partners, LLC						
Agencies Notified	Type Notification	Street Address One Gatehall Drive, Suite 201						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, NJ 07054						
		Name of Contact John Porcek	Telephone Number --					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Tuscan Diary		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 750 Union Avenue		Square Feet 150,000	# of Floors 2					
City (5) Union		Bldg. Age 50+-						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Property						
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) 12/30/14	Scheduled Completion Date (11) 2/18/15	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached		x	Please see attached		x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 300	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA				
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>	Date 12/17/14				

The analyses of samples taken from the buildings inspected confirmed the presence of asbestos at levels greater than the regulatory limit of one percent in the following materials:

Building	Material	Location	Condition	Approximate Amount	Estimated Removal Cost
11/12	Vinyl Floor Tile	Office Area	Good	260 SF ✓	\$ 910.
11/12	Pipe Insulation	Garage & Small Boiler Room	Fair	425 LF ✓	\$10,625.
13	Pipe Insulation	Boiler Area	Fair	50 LF ✓	\$ 1,250.
13	Vinyl Floor Tile	Office Area	Good	300 SF ✓	\$ 1,050.
13	Transite® Ceiling	Throughout	Good	2,750 SF ✓	\$ 19,250.
14	Vinyl Floor Tile	Rooms behind Lab	Good	370 SF ✓	\$1,295.
14	Transite® Ceiling	Motor Control Center	Good	1,500 SF ✓	\$ 10,500.
14	Transite® Ceiling	Pasteurizing Area	Good	2,000 SF ✓	\$ 14,000.
14	Transite® Ceiling	Link between buildings	Good	2,000 SF ✓	\$ 14,000.
14	Transite® Ceiling	Creamer Room Area	Good	3,400 SF ✓	\$23,800.
14	Transite® Ceiling	Filler Room Area	Good	900 SF ✓	\$ 6,300.
14	Transite® Wall/Ceiling	Rooms behind Lab	Good	470 SF ✓	\$ 3,290.
15	Vinyl Floor Tile	2 nd Floor Drawing Room	Good	400 SF ✓	\$ 1,400.
16	Texture Paint	Stairway Ceiling	Good	500 SF ✓	\$ 3,500.
16	Joint Compound	Throughout	Good	6,000 SF ✓	\$ 42,000.
17	Radiator Backing	Behind Radiators	Good	260 SF ✓	\$ 910.
17	Flooring Middle Layer	Entrance Room, 1 st Floor	Good	120 SF ✓	\$ 480.
18	Floor Tile Mastic	Stairway Landing	Good	120 SF ✓	\$ 300.
18	Joint Compound	Throughout	Good	2,400 SF ✓	\$ 16,800.
23	Vinyl Floor Tile	Rear Storage Room	Good	350 SF ✓	\$1,225.
23	Vinyl Floor Tile*	Office	Good	200 SF ✓	\$700.
23	Joint Compound*	Office	Good	800 SF ✓	\$ 5,600.
TOTAL ESTIMATED REMOVAL COST					\$ 179,700.

*Presumed ACM – material not sampled due to damage considerations (Tuscan leases this space to others)

**The exterior of Building 17 is Transite® shingles (not included in the scope of work)

The cost to abate all the interior ACM identified at the Tuscan site is estimated to be \$179,700.

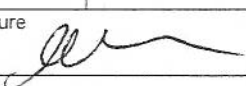
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

01566-13477

Date of Notification (1) 12-22-14		Name of Building Owner/Operator (2) Coldwell Banker		2014 DEC 26 PM 7:29					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 North Avenue West City, State, Zip Code Westfield, NJ 07090 Name of Contact Jessica Marino Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 725 Hanford Place			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Westfield			Square Feet 2100	# of Floors 2	Bldg. Age 50				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASC 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 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703					
Start Date (10) 12/5/14		Scheduled Completion Date (11) 1/18/15		Name of OSHA Monitor					
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 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 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	65 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste TBD	Name of Registered Landfill TBD				
City, State Freehold NJ				Disposal Date TBD	City, State				
Completed by A. Scott Higgins		Title President		Signature 		Date 12-22-14			

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

Check 13488

Date of Notification (1) 12/22/14		Name of Building Owner/Operator (2) Diocese of Paterson							
Agencies Notified	Type Notification	Street Address 777 Valley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07013							
		Name of Contact Patrick Peace	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Brendan School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 154 E First Street		Square Feet 2300	# of Floors 2						
City (5) Clifton		Bldg. Age 67							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 300 Grand Avenue		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code Englewood NJ 07631		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-583-8500						
		License No. 703							
Start Date (10) 12/24/14	Scheduled Completion Date (11) 1/31/15	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached list			x	See attached list		x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste	Name of Registered Landfill TBD					
City, State Freehold, NJ			Disposal Date TBD	City, State					
Completed by A. Scott Higgins		Title President/Owner	Signature 	Date 12/22/14					

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

ST. BRENDAN SCHOOL
154 E First Street, Clifton, NJ

Boiler Room	20 LF	pipe insulation
Room #4	50 SF	ceiling plaster
Room #4	12 LF	pipe insulation
Room #25	50 SF	ceiling plaster
Room #25	12 LF	pipe insulation
Maintenance Office	10 LF	pipe insulation
Annex Power Meter Rm	12 LF	pipe insulation

ABS Environmental
P.O. Box 483
Glenwood, NJ 07418
U.S.A.

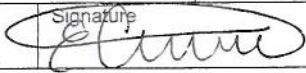
PHONE (877) 434-6041
FAX (973) 764-9676
E-MAIL absenv@warwick.net
Web www.absenvironmental.com

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

Date of Notification (1) 12/17/2014		Name of Building Owner/Operator (2) Vineland BOE		RECEIVED 2014 DEC 26 PM 7:29 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 17 West Landing Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Paul Farinaccio							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland High School South			Type of Facility (4)						
Street Address 2880 Chestnut Avenue			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Vineland			Square Feet	# of Floors	Bldg. Age				
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No. _____		Name of Abatement Contractor (9) VMC Company, Inc.					
Street Address 1930 Brown Rd		Street Address 208 Piaget Avenue							
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077		Telephone No. 973-253-8828	License No. 00704				
Start Date (10) 12/20/2014		Scheduled Completion Date (11) 12/21/2014		Name of OSHA Monitor VMC Company, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Bathroom		x		Pipe insulation "wrap & cut"	75 LF	x			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ				Disposal Date		City, State Bethlehem, PA			
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>		Date 12/17/2014			

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

REC# 0994

Date of Notification (1) 12-22-2014		Name of Building Owner/Operator (2) Legow Management		2014 DEC 26 PM 7:28					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 South Livingston Ave.					
		City, State, Zip Code Livingston, NJ 07039		ASBESTOS CONTROL & LICENSING					
		Name of Contact John		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 52 B				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address Brandywyne East Court									
City (5) Brielle, NJ		Square Feet 2500		# of Floors 1	Bldg. Age 50+				
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Unit					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01193				
Start Date (10) 1-5-2015		Scheduled Completion Date (11) 1-6-2015		Name of OSHA Monitor Loznica Management Corporation					
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 22 Troy Lane					
				City, State, Zip Code Lincoln Park, NJ 07035					
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
Throughout Apartment			x	VAT	485 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by E. Cirovic		Title Secretary		Signature 		Date 12-22-2014			

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

RECEIVED Check # 7651

Date of Notification (1) 11/3/14		Name of Building Owner/Operator (2) Union Township Public Schools	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 2369 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Thomas Wiggins	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burnett MS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1000 Caldwell Ave.			Square Feet 60000		
City (5) Union			# of Floors 2		
County (6) Union			Bldg. Age ~ 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Offices		
Name of Monitoring Firm Hired by Building Owner Omega Environmental Services, Inc		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 280 Huyler St.			Street Address 3 Lynn Court		
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Anton Rezin		Telephone Number 201-489-8700	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 11/6/14	Sched. Completion Date (11) 11/10/14		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: <u>school off days</u> <input type="checkbox"/> Other – Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

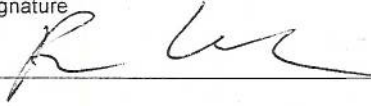
Scope of Work (Check all that apply)

- ☐ Demolition
☒ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If

☒ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Fan room			x	debris cleanup	20 SF		x		

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 11/21/14		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 11/3/14

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

RECEIVED
CK# 0996
2014 DEC 26 PM 7:27

Date of Notification (1) 12-22-2014		Name of Building Owner/Operator (2) Dhavel Patel							
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 31 Absecon Way		City, State, Zip Code Parsippany, NJ							
Name of Contact Dhavel Patel		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 31 Absecon Way		Square Feet 1000	# of Floors 1						
City (5) Parsippany, NJ		Bldg. Age 50+							
County (6) Morris	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. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 1-2-2015	Scheduled Completion Date (11) 1-3-2015	Name of OSHA Monitor Loznica Management Corp							
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: 9am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Asbestos Pipe Insulation	30 LF	x			
Basement			x	VAT	150 SF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>		Date 12/22/2014				

AK 3036

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

RECEIVED

2011 DEC 26 PM 7:26

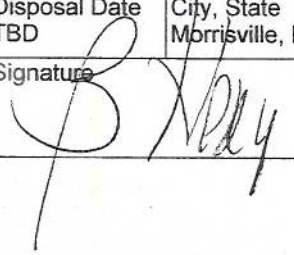
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) SUSAN REEVES	
Agencies Notified	Type Notification	Street Address 618 PARKVIEW AVENUE	
<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"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH PLAINFIELD, NJ 07063	
		Name of Contact DIANE	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 618 PARKVIEW AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NORTH PLAINFIELD, NJ		Square Feet 1500	# of Floors 2
County (6) SOMERSET COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 12/23/14	Scheduled Completion Date (11) 12/23/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701	
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 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)
	Yes	No	
INTERIOR			ACM PIPE INSULATION
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Name of Registered Landfill IESI
City, State NEWARK, NJ		Cubic Yards of Waste 1 YD	Disposal Date 12/23/14
City, State BETHLEHEM PA			
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature
		Date 12/22/14	

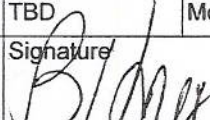
NO CK

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

RECEIVED

Date of Notification (1) 12-23-2014		Name of Building Owner / Operator (2) The Kamson Corporation							
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#3-Street Address <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
		Street Address 270 Sylvan Avenue City, State & Zip Code Englewood Cliffs, NJ Name of Contact Joe Spadaccini							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valley Manor Apartment Buildings		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 131 Marina Drive - Building # 149		Square Feet 126,000 # of Floors 2.5 Bldg. Age 49							
City (5) Edison, NJ	County (6) Middlesex	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC.		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185						
Scheduled Start Date (10) 12-29-2014	Scheduled Completion Date (11) 1-10-2015		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm & Wknd hours <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 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	Encapsulat	Enclosure
Room #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	5 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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 12/23/2014			

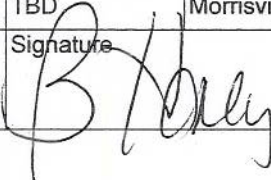
RECEIVED

Date of Notification (1) 12-23-2014		Name of Building Owner / Operator (2) The Kamson Corporation		DEC 26 PM 7:24					
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 #3-Street Address <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 270 Sylvan Avenue City, State & Zip Code Englewood Cliffs, NJ Name of Contact Joe Spadaccini Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valley Manor Apartment Buildings			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 131 Marina Drive -Building # 147			Square Feet 126,000 # of Floors 2.5 Bldg. Age 49						
City (5) Edison, NJ		County (6) Middlesex	County Code (7)						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC.			ASCM No. 117						
Street Address P.O. Box 365			Name of Abatement Contractor (9) Resource Management Group, LLC						
City, State & Zip Code Berlin, NJ 08009			Street Address 2115 Hamilton Ave, Suite 202						
Project Manager for Monitoring Firm Mr. Jim Proctor			Telephone Number 856-452-1311		License Number 01185				
Scheduled Start Date (10) 12-29-2014		Scheduled Completion Date (11) 1-10-2015		Name of OSHA Monitor J&S Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm & Wknd hours <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West						
			City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 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	Encapsulat	Enclosure
Room #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	12 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"/>
	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 12/23/2014			

NO CK

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

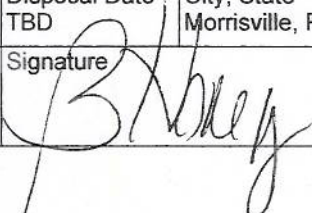
RECEIVED

Date of Notification (1) 12-23-2014		Name of Building Owner / Operator (2) The Kamson Corporation		2011 DEC 26 PM 7:24	
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 -Street Address <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 270 Sylvan Avenue City, State & Zip Code Englewood Cliffs, NJ Name of Contact Joe Spadaccini Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Valley Manor Apartment Buildings			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 131 Marina Drive- Building # 136			Square Feet 126,000 # of Floors 2.5 Bldg. Age 49		
City (5) Edison, NJ	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC.		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 12-29-2014	Scheduled Completion Date (11) 1-10-2015		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm & Wknd hours <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes No N/A			Removal	Repair
Room #1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Wrap	6 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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 	Date 12/23/2014	

NO CK

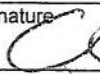
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification (1) 12-23-2014		Name of Building Owner / Operator (2) The Kamson Corporation		2014 DEC 26 PM 7:24					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3-Street Address)	270 Sylvan Avenue							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Englewood Cliffs, NJ							
		Name of Contact Joe Spadaccini		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valley Manor Apartment Buildings			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 131 Marina Drive Building # 127			Square Feet 126,000	# of Floors 2.5	Bldg. Age 49				
City (5) Edison, NJ	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC.		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-977-6159	License Number 01185					
Scheduled Start Date (10) 12-29-2014	Scheduled Completion Date (11) 1-10-2015		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm & Wknd hours <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West						
			City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 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	Encapsulat	Enclosure
Room #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	8 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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 12/23/2014				

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

CK 4554
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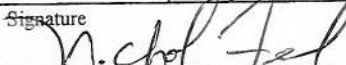
Date of Notification (1) 12/23/14		Name of Building Owner/Operator (2) Camden City School District							
Agencies Notified	Type Notification	Street Address 201 N Front Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden NJ 08102							
		Name of Contact Steve							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden High School		Type of Facility (4)							
Street Address 1700 Park Blvd		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Camden NJ 08103		Square Feet 1000+	# of Floors 2						
County (6) Camden		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Smithco Engineering Group		Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 808 Market Street Suite 336		Street Address PO Box 329							
City, State, Zip Code Camden NJ		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Sean Smith		Telephone No. 856-365-9111	License No. 00727						
Start Date (10) 12/26/14	Scheduled Completion Date (11) 12/29/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
Room 107 storage room	x			Floor Tile & mastic	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/29/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/23/14			

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

Date of Notification (1) December 22, 2014		Name of Building Owner/Operator (2) Barclay Developments	
Agencies Notified	Type of Notification	Street Address 23 Barclay Court	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Middlesex, NJ 08846	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Keith	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 351 Grant Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Middlesex			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Middlesex	County Code (7) (STATE USE ONLY)		Square feet 2500 sf	# of Floors 2	Bldg. Age 80
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 12/22/14	Scheduled Completion Date (11) 12/23/14	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 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	150 lf	X			
Exterior		X		Asbestos siding	1700 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 12/24/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 12/22/2014	

*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 # 8649

Date of Notification (1) <u>12/22/14</u>		Name of Building Owner/Operator (2) <u>F + E REALTY</u>	
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 <u>168 NORTH BRIDGE STREET</u>	
		City, State, Zip Code <u>SOMERVILLE, NJ 08876</u>	
		Name of Contact <u>JACK PIVNICK</u>	Telephone Number <u>7</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>SOMERVILLE REALTY APARTMENTS</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <u>168 NORTH BRIDGE STREET</u>		Square Feet <u>8000</u>	# of Floors <u>2</u>
City (5) <u>SOMERVILLE</u>		Bldg. Age <u>60</u>	
County (6) <u>MIDDLESEX</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>APTS</u>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>	
Street Address		Street Address <u>185 Vreeland Ave.</u>		
City, State, Zip Code		City, State, Zip Code <u>Midland Park, NJ 07432</u>		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>	

Start Date (10) <u>1/12/15</u>	Scheduled Completion Date (11) <u>1/23/15</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyer Street</u>	
		City, State, Zip Code <u>Hackensack, NJ 07606</u>	

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 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) <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	Encapsulation	Enclosure
<u>APT 24</u>			<input checked="" type="checkbox"/>	<u>PIPE</u>	<u>40 LF</u>	<input checked="" type="checkbox"/>			
<u>Boiler Room</u>			<input checked="" type="checkbox"/>	<u>THERMAL</u>	<u>240 SF / 60 SF</u>	<input checked="" type="checkbox"/>			
<u>Boiler Room</u>			<input checked="" type="checkbox"/>	<u>THERMAL</u>	<u>80 LF</u>	<input checked="" type="checkbox"/>			
<u>Laundry Room</u>			<input checked="" type="checkbox"/>	<u>PIPE</u>	<u>30 LF</u>	<input checked="" type="checkbox"/>			
<u>HALL</u>			<input checked="" type="checkbox"/>	<u>PIPE</u>	<u>240 LF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Newark Carting, Inc</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State, Zip Code <u>Newark, NJ 07105</u>		Disposal Date <u>1/10/15</u>		City, State, Zip Code <u>Bethlehem, PA 18015</u>	

Completed by <u>R. McDonald</u>	Title <u>President</u>	Signature <u>R. McDonald</u>	Date <u>12/22/14</u>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 8649

Date of Notification (1) 12/22/14		Name of Building Owner/Operator (2) HEKEMIAN & CO, INC						
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 505 MAIN STREET						
		City, State, Zip Code HACKENSACK NJ 07602						
		Name of Contact FABIAN RECCO						
		Telephone Number ASBESTOS CONTROL						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RETAIL STORE		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 336 MAIN ST								
City (5) HACKENSACK		Square Feet 2600	# of Floors 1					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) STORE						
ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 185 Vreeland Ave.						
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432						
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156					
Start Date (10) 11/6/15	Scheduled Completion Date (11) 11/10/15	Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street						
		City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used 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) 117 LF	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
ASBESTOS			X	PIPE	117 LF	X		
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Newark, NJ 07105		Disposal Date 11/6/15		City, State, Zip Code Bethlehem, PA 18015				
Completed by R. McDonald		Title President		Signature R. McDonald			Date 12/22/14	

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

Date of Notification (1) 12 / 24 / 14		Name of Building Owner/Operator (2) WELLS FARGO BANK							
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 303 BROAD STREET City, State, Zip Code RED BANK NJ 07701 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WELLS FARGO RED BANK		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 303 BROAD STREET		Square Feet >50,000	# of Floors 2						
City (5) RED BANK		Bldg. Age 40+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 700 TURNER WAY, SUITE 105		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code ASTON PA 19014		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm DON HEIM	Telephone No. 610558-8902	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 01 / 09 / 15	Scheduled Completion Date (11) 03 / 06 / 15	Name of OSHA Monitor CRITERION LAB							
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: 7AM-____PM/12PM-____AM		Street Address 3370 PROGRESS DRIVE City, State, Zip Code BENSALEM, PA 19020							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
BOILER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GASKET ROPE	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITTINGS	12 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 SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHEAL PARSON	Title PROJECT MGR		Signature Michael Parson	Date 12/24/14					