

NO CK

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

RECEIVED
 2015 DEC 29 PM 12:59
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) July 10, 2015		Name of Building Owner/Operator (2) PATH Harrison Station / Port Authority						
Agencies Notified	Type Notification	Street Address 241 Erie Street Room 236						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u>	City, State, Zip Code Jersey City, NJ 07310						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact U. Mehta, Manager, Environmental Field	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PATH Harrison Station		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 1000 Frank E Rodgers Blvd S		Square Feet	# of Floors					
City (5) Harrison NJ		Bldg. Age						
County (6) Hudson County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Weston Solutions		ASCM No. 00136	Name of Abatement Contractor (9) Gramercy Group, Inc.					
Street Address 205 Campus Drive		Street Address 3000 Burns Ave.						
City, State, Zip Code Edison, New Jersey 08837		City, State, Zip Code Wantagh, NY 11793						
Project Manager for Monitoring Firm		Telephone No. 732-417-5800	License No. 0085					
Start Date (10) 9-03-15	Scheduled Completion Date (11) 6-30-16	Name of OSHA Monitor Danny Garcia						
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 3000 Burns Avenue						
		City, State, Zip Code Wantagh NY 11793						
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 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)			Abatement Type				
	Yes	No	N/A	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Cut lines on Steel beams		X		3,510 sf	X			
Name of Registered Waste Hauler Horwith Trucking		NJDEP Waste Hauler ID No. PA-263	Cubic Yards of Waste	Name of Registered Landfill Enviro Safe Services				
City, State 1449 Nor Bath Road			Disposal Date	City, State 876 Otter Creek Rd				
Completed by Robert Lewin		Title Environmental Coordinator	Signature <i>Robert Lewin</i>		Date 12-28-15			

CK 1184

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

RECEIVED

Date of Notification (1) 12/28/15		Name of Building Owner/Operator (2) Genslers		2015 DEC 29 PM 12:34					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 North Park Place City, State, Zip Code Morristown NJ Name of Contact Brian Neil					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Genslers			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 10 North Park Place 4th floor			Square Feet 60000	# of Floors 5	Bldg. Age 90 yrs				
City (5) Morristown		County (6)		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial office space				
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting LLC		ASCM No. _____		Name of Abatement Contractor (9) Shoreline Contracts, Inc.					
Street Address 1600 Route 22 East		City, State, Zip Code Union NJ 07083		Street Address 13 Fullerton Ave City, State, Zip Code Yonkers NY 10704					
Project Manager for Monitoring Firm _____		Telephone No. 908-688-7800		Telephone No. 914-966-0033	License No. C 1230				
Start Date (10) 1/09/2016		Scheduled Completion Date (11) 1/09/2017		Name of OSHA Monitor Hillman Consulting LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1600 Route 22 East 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 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
4th Fl. suite#400 Southeast				VAT, mastic	24 sq ft				
4th Fl. suite#400 Southwest				roof flashing	72 sq ft				
Name of Registered Waste Hauler Asbestos Transportation Co		NJDEP Waste Hauler ID No. 1A-371		Cubic Yards of Waste	Name of Registered Landfill A&L Savage Inc				
City, State Shirley NY		Disposal Date		City, State Lisbon OH					
Completed by Michael Coleman		Title President		Signature <i>Michael Coleman</i>		Date 12/28/15			

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-03

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Check # 7612

Date of Notification (1) <u>1 2 / 1 8 / 1 5 </u>		Name of Building Owner/Operator (2) Rendina Health Care	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 661 University Boulevard, Suite 200	
		City, State, Zip Code Jupiter, FL 33458	
		Name of Contact Brian Mock	Telephone Number

RECEIVED
 2015 DEC 29 PM 2:41
 ASBESTOS CONTROL UNIT

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Abandoned 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 (Private/Commercial Bldg./Homes, etc.)		
Street Address 519 Broadway			Square Feet	# of Floors	Bldg. Age
City (5) Bayonne, NJ 07002	County (6) Hudson	County Code (7) (State use only)	Current Use Prior if being demolished Former Commercial Buildings		

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 00378	
Scheduled Start Date (10) 01/05/2016	Sched. Completion Date (11) 02/19/2016				
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: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code LincolnPark, NJ 07035					

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-friable 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 LF)	SF or	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																									
1st fl Main room			<input checked="" type="checkbox"/>	VAT	8,000 sf		<input checked="" type="checkbox"/>																					
1st fl sunken storage rooms			<input checked="" type="checkbox"/>	VAT & mastic	1,600 sf		<input checked="" type="checkbox"/>																					
Roof			<input checked="" type="checkbox"/>	roofing & flashing including Tar	9,000 sf		<input checked="" type="checkbox"/>																					
1st fl sunken storage room			<input checked="" type="checkbox"/>	paper pipe insulation	25 lf		<input checked="" type="checkbox"/>																					
1st fl brick wall to sunken storage rm			<input checked="" type="checkbox"/>	black tar waterproofing	25 lf		<input checked="" type="checkbox"/>																					

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 200	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ		Disposal Date 01/05/16 - 02/19/16	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 12/18/2015	

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-03

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Check #: 7621

RECEIVED
 2015 DEC 29 PM 2:41
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)
12/12/15

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

Name of Building Owner/Operator (2)
Rendina Health Care

Street Address
661 University Boulevard, Suite 200

City, State, Zip Code
Jupiter, FL 33458

Name of Contact
Brian Mock

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Abandoned Building

Street Address
509 - 513 Broadway

City (5)
Bayonne, NJ 07002

County (6)
Hudson

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 (if being demolished)
Former Commercial Buildings

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
01/07/2016

Sched. Completion Date (11)
02/21/2016

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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:

Scope of Work (check all that apply)

Demolition Renovation Full Containment w/negative pressure Glovebag procedure

>3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable 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 LF)
	Yes	No	N/A		
Main, & rear Upper roof			<input checked="" type="checkbox"/>	roofing & flashing	12,300 sf
Main & upper roof & front facade			<input checked="" type="checkbox"/>	black tar flashing cement	2,800 sf
513 basement			<input checked="" type="checkbox"/>	paper pipe insulation	60 lf
513 basement			<input checked="" type="checkbox"/>	tar waterproofing	400 sf
513 showrm, storage, hallway, corridors			<input checked="" type="checkbox"/>	VAT & mastic	5,000 sf

	R e m o v e	R e p a i r	E n c a p e	E n c l o s e
roofing & flashing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
black tar flashing cement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
paper pipe insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tar waterproofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAT & mastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
240

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
01/07/16 - 02/22/16

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
12/22/2015

**** SEE PAGE 2 with ADDITIONAL LOCATIONS/FOOTAGES ****

Re: One page attachment to 14 day initial notification dated
 12/22/2015 for asbestos removal at:
509 – 513 Broadway, Bayonne, NJ 07002
(509 side)

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
basement	NO	Transite pipe & debris	100 sf	X	
Basement north-side HVAC unit	NO	Black condenser pipe wrap	15 lf	X	
Basement - throughout	NO	Floor tile debris	100 sf	X	
Basement northeast & southeast corners	NO	Compressed layer paper pipe insulation	20 lf	X	
Basement north-side HVAC unit	NO	Flue & joint sealant	3 sf	X	
1 st floor showroom & storage room/office	NO	VAT & mastic	2,500 sf	X	
1 st floor rear stock room & closet	NO	VAT & mastic	300 sf	X	
1 st floor rear closet walls in NW corner stock room	NO	Transite paneling	150 sf	X	
1 st floor middle/north room	NO	Black mirror mastic dabs	100 sf	X	
1 st floor rear bathroom (SE corner)	NO	Textured floor tile	40 sf	X	

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-03

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Check # 7620

Date of Notification (1) <u>1 2 / 2 2 / 1 1 5 </u>		Name of Building Owner/Operator (2) <u>Rendina Health Care</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>661 University Boulevard, Suite 200</u>	
		City, State, Zip Code <u>Jupiter, FL 33458</u>	
		Name of Contact <u>Brian Mock</u>	Telephone Number

RECEIVED
 2016 DEC 29 PM 12:10
 ASBESTOS CONTROL
 & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Abandoned Building</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 Private/Commercial Bldgs. Homes, etc.		
Street Address <u>505 - 507 Broadway</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Bayonne, NJ 07002</u>	County (6) <u>Hudson</u>	County Code (7) (State use only)	Current Use (Former Commercial Buildings) (for if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm	Phone Number	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>		
Scheduled Start Date (10) <u>01/07/2016</u>	Sched. Completion Date (11) <u>02/21/2016</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</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: <input type="checkbox"/> Other-Describe:		Street Address <u>105 Ryerson Road</u>			
		City, State, Zip Code <u>LincolnPark, NJ 07035</u>			

Scope of Work (check all that apply)

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-friable 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)	SF or	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							
Upper roof			<input checked="" type="checkbox"/>	roof flashing & roofing field	4,200 sf		<input checked="" type="checkbox"/>			
Roof			<input checked="" type="checkbox"/>	tar flashing cement	500 sf		<input checked="" type="checkbox"/>			
505 Basement/crawl space			<input checked="" type="checkbox"/>	pipe insulation remnant	20 lf		<input checked="" type="checkbox"/>			
507 2nd & 3rd floor			<input checked="" type="checkbox"/>	ceiling plaster - scratch coat	1,000 sf		<input checked="" type="checkbox"/>			
507 1st floor			<input checked="" type="checkbox"/>	VAT & mastic	900 sf		<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>75</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>01/07/16 - 02/22/16</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <i>Gordana Luna</i>	Date <u>12/22/2015</u>

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-03

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Check # 7611

Date of Notification (1) <u>1 12 / 1 18 / 1 15 </u>		Name of Building Owner/Operator (2) Rendina Health Care	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 661 University Boulevard, Suite 200	
		City, State, Zip Code Jupiter, FL 33458	
		Name of Contact Brian Mock	Telephone Number

RECEIVED
 2015 DEC 29 PM 12:39
 ASBESTOS CONTROL
 & LIAISON
 INC

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Abandoned 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 (Private/Commercial Bldgs Homes, etc.)		
Street Address 501 - 503 Broadway			Square Feet	# of Floors	Bldg. Age
City (5) Bayonne, NJ 07002	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Former Commercial Buildings		

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 00378		
Scheduled Start Date (10) 01/05/2016	Sched. Completion Date (11) 02/19/2016	Name of OSHA Monitor B & G 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- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

Demolition
 Renovation
 Full Containment w/negative pressure
 Glovebag procedure
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf
 Mini-enclosure
 Non-friable 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 m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
roof			<input checked="" type="checkbox"/>	roof flashing	500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
first floor			<input checked="" type="checkbox"/>	VAT	35 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
first floor			<input checked="" type="checkbox"/>	tar coating on rear of bulding	500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 120	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ	Disposal Date 01/05/16 - 02/19/16	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 12/18/2015

NO 14

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

GAC Project # 060-15

Date of Notification (1) December 24, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled		
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854		
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025		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 COOK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00 40	
Scheduled Start Date (10) 12/26/15	Scheduled Completion Date (11) 01/04/2016		Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 5:00 AM (24 hours as needed)		Street Address 20-21 WARGARAW ROAD		
		City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		
		<input 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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Various locations (spot abatement)	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.I.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 01/04/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509				
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 24, 2015	

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 15 DEC 29 AM 9:41
 ASBESTOS CONTROL & LICENSING

PK 2392

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

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 2015 DEC 29 AM 9:48
 ASBESTOS CONTAINMENT LICENSING

Date of Notification (1) 12-24-2015		Name of Building Owner / Operator (2) Haddon Hills Apartments	
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 210 West Crystal Lake Avenue
			City, State & Zip Code Haddonfield, NJ 08033
			Name of Contact Kasia Krajewski
			Telephone Number

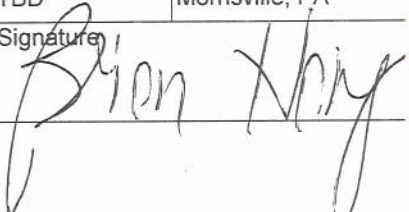
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Building 233			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 210 W. Crystal Avenue			Square Feet 2,214	# of Floors 2	Bldg. Age 66
City (5) Haddonfield, NJ	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		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 609-914-4279	License Number 01185	
Scheduled Start Date (10) 01-07-2016	Scheduled Completion Date (11) 01-16-2016		Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours: Describe: 8:30pm-5:30pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mud Pack	30 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 08619		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian Haney		Title President	Date 12/24/2015
		Signature 	

OK 2393

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

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21 15 DEC 29 AM 9:48

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-24-2015		Name of Building Owner / Operator (2) Haddon Hills Apartments	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 210 West Crystal Lake Avenue	
		City, State & Zip Code Haddonfield, NJ 08033	
		Name of Contact Kasia Krajewski	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Building 264			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 210 W. Crystal Avenue			Square Feet 2241217	# of Floors 2	Bldg. Age 66
City (5) Haddonfield, NJ	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		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 609-914-4279	License Number 01185	
Scheduled Start Date (10) 01-07-2016	Scheduled Completion Date (11) 01-16-2016		Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours: Describe: 8:30pm-5:30pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mud Pack	40 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 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 12/24/2015

OK 1661

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

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 2015 DEC 21 AM 9:53
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/23/2015		Name of Building Owner/Operator (2) Rachel Trobman	
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 247 Underhill Rd	
		City, State, Zip Code South Orange NJ	
		Name of Contact Rachel Trobman	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 247 Underhill Rd		Square Feet	# of Floor
City (5) South Orange		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc	
Street Address		Street Address 205 Route 46 West		
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244	Licence No. 011 5

Start Date (10) 01/02/2016	Scheduled Completion Date (11) 01/03/2016	Name of OSHA Monitor Same as above		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor Living Room			X	Pipe Insulation	30 LF	X		X	

Name of Registered Waste Hauler Academy Construction		NJDEP Waste Hauler ID No. 00334422	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill	
City, State Totowa		Disposal Date TBD	City, State Morrisville PA		
Completed by Zlate Geleski		Title VP	Signature 		Date 12/23/2015

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

CX 1649

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-3-2015		Name of Building Owner/Operator (2) Kenneth Chung							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 129 Wayne Street							
		City, State, Zip Code Jersey City, NJ 07032							
		Name of Contact Kenneth Chung	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 129 Wayne Street		Square Feet 1873	# of Floors 4						
City (5) Jersey City, NJ 07032		Bldg. Age 70+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. J1174						
Start Date (10) 12-3-2015	Scheduled Completion Date (11) 12-3-2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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	10 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ		Disposal Date 12-4-2015		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 12-3-2015			

OK 1065

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

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ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 12/23/2015		Name of Building Owner/Operator (2) CLG Properties, LLC						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 720 Monroe St. Suite E513					
			City, State, Zip Code Hoboken NJ 07030					
		Name of Contact Charlie Groeschke	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial		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 500 Palisade Ave		Square Feet 15000	# of Floors 2					
City (5) Jersey City NJ		Bldg. Age 60+						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services					
Street Address		Street Address 235 Virginia Ave						
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304						
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 12-23-2015		Scheduled Completion Date (11) 12-23-2015	Name of OSHA Monitor Same as Above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1st Floor Corridor		x	VAT	160	x			
2nd Floor Corridor		x	VAT	140	x			
2nd Floor Kitchen		x	VAT	150	x			
2nd Floor Main Room		x	VAT	350	x			
Name of Registered Waste Hauler Green Env Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 4	Name of Registered Landfill GROWS North Landfill				
City, State Jersey City NJ		Disposal Date 12-23-2015	City, State Morrisville P.A.					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 12-23-2015			

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

OK 1657

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-8-2015		Name of Building Owner/Operator (2) Investment Properties Group, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Lane Avenue	
		City, State, Zip Code Caldwell, NJ 07006	
		Name of Contact Josiv Krstinovski	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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 S William Street		Square Feet 1274	# of Floors 2
City (5) Bergenfield, NJ 07621		Bldg. Age 89+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 0174

Start Date (10) 12-8-2015	Scheduled Completion Date (11) 12-8-2015	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input 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 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		X		Pipe insulation	100 LF	X			

Name of Registered Waste Hauler Green Environmental Services, LLC	NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s. North
City, State Jersey City, NJ		Disposal Date 12-8-2015	City, State Morrisville, PA
Completed by Liliana Serrano	Title Office Manager	Signature <i>Liliana Serrano</i>	Date 12-8-2015

CK 1664

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

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2015 DEC 29 AM 9:49

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-21-2015		Name of Building Owner/Operator (2) Elyron Rubin	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 205 US Highway 46	
		City, State, Zip Code Totowa, NJ 07512	
		Name of Contact Elyron Rubin	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		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 97 George Street		Square Feet 1600	# of Floors 2	Bldg. Age 67+
City (5) Tenafly, NJ 07670	County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue		
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	Lic. No. 0174
Start Date (10) 12-22-2015	Scheduled Completion Date (11) 12-23-2015	Name of OSHA Monitor Same as above		
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)

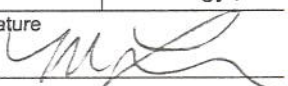
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-Main room		x		VAT	150 SF	x			
Basement- Laundry room		x		VAT	180 SF	x			
Roof		x		Flashing	35 LF				

Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s. North
City, State Jersey City, NJ		Disposal Date 12-23-2015	City, State Morrisville, PA	
Completed by Liliana Serrano	Title Office Manager	Signature <i>Liliana Serrano</i>		Date 12-21-2015

OK 4170

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

Date of Notification (1) 12/24/2015		Name of Building Owner/Operator (2) Seagis Edison 2170, LLC c/o Seagis Property Group		RECEIVED 2015 DEC 29 AM 9:46 ASBESTOS & LICENSE CONTROL							
Agencies Notified		Street Address									
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		100 Front Street									
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Conshohocken, PA 19428									
		Name of Contact Christopher Williams		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Former Victoria Classics / Warehousing				Type of Facility (4)							
Street Address 2170 Route 27 North				<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) Edison		Square Feet 955,000	# of Floors 1 & 2	Bldg. Age 50+							
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office / Warehousing								
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.								
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue, Unit #65									
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012									
Project Manager for Monitoring Firm Rick Eustagulo		Telephone No. (973) 494-3762	Telephone No. (973) 450-9500	License No. 1036							
Start Date (10) 11/23/2015		Scheduled Completion Date (11) 2/29/2016		Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One)			Street Address 1360 Clifton Avenue, Unit #65								
<input checked="" 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>Phased Project (See Attached)</u>			City, State, Zip Code Clifton, NJ 07012								
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No					N/A	Removal	Repair	Encapsulate
Boiler Room				X	Boiler Breaching, Tanks, Duct	5,370 SF	X				
Boiler Room				X	Pipe Insulation	650 LF	X				
Boiler Room				X	Pipe Fitting	75 SF	X				
See Attached Documents											
Name of Registered Waste Hauler Atlantic Carting			NJDEP Waste Hauler ID No. NJ-641/JA-464		Cubic Yards of Waste 40		Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Wayne, NJ			Disposal Date TBD		City, State Pen Argyl, PA						
Completed by Milena Zoric			Title Executive Director		Signature 		Date 12/24/2015				

MO 23171650593

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/18/15		Name of Building Owner/Operator (2) Impact Environmental	
Agencies Notified	Type Notification	Street Address 135 Main Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #003	City, State, Zip Code South Amboy, NJ 08879	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Impact Environmental		Type of Facility (4)	
Street Address 135 Main Street		<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) South Amboy		Square Feet	# of Floors
County (6) Middlesex County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement
Street Address		Street Address 1009 87th Street Suite A4	
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	Licenses No. 0 223
Start Date (10) 12/29/15	Scheduled Completion Date (11) 01/09/16	Name of OSHA Monitor HILMAMM CONSULTING LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 1600 ROUTE EAST SUITE 107	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code UNION NJ 07083	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Exterior				Miscellaneous	37,75 SF	x			

Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION	
City, State KENILWORTH, NJ		Disposal Date	City, State KEARNY, NJ		
Completed by Bryan Parra		Title Project Manager	Signature 	Date 12/18/15	


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

20 5 DEC 29 AM 9:44

ASBESTOS CONTROL & LICENSING

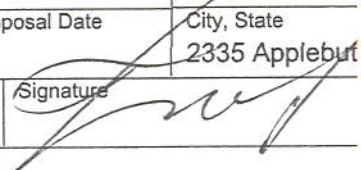
Date of Notification (1) 12/18/15		Name of Building Owner/Operator (2) Larry Styles								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1140 Route 22								
		City, State, Zip Code Bridgewater, NJ 08807								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Larry Styles		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 1140 Route 22		Square Feet	# of Floors							
City (5) Bridgewater		Bldg. Age								
County (6) Somerset County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement							
Street Address		Street Address 1009 87th Street Suite A4								
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047								
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. J1223							
Start Date (10) 12/21/15	Scheduled Completion Date (11) 12/31/15	Name of OSHA Monitor HILMAMM CONSULTING LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107								
		City, State, Zip Code UNION NJ 07083								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure								
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure		
Basement				VAT	3 500 SF	x				
First Floor				VAT	2 000 SF	x				
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWL INCHES COMMISSION						
City, State KENILWORTH, NJ		Disposal Date	City, State KEARNY, NJ							
Completed by Bryan Parra		Title Project Manager	Signature 					Date 12/18/15		

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

CK 364

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


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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/23/2015		Name of Building Owner/Operator (2) Private Property								
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 36 Route 35							
			City, State, Zip Code Neptune NJ							
			Name of Contact Richard Dunn							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Property			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 36 Route 35			Square Feet 4000	# of Floors 1	Bldg. Age +50					
City (5) Neptune NJ			Current Use (Prior if being demolished)							
County (6) Clerk County		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services LLC		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC							
Street Address Po Box 483		Street Address 339 Lafayette St								
City, State, Zip Code Glenwood NJ		City, State, Zip Code Newark NJ 07015								
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 877-434-6041	Telephone No. 973-491-0877	License No. 01240						
Start Date (10) 12/28/2015		Scheduled Completion Date (11) 1/8/2016		Name of OSHA Monitor J&S Environmental 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 type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West							
			City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill						
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebush rd Bethlehem PA						
Completed by Carlos Gomes		Title President	Signature 		Date 12/23/2015					

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

Check 4807

GAC Project # 544-2016

<u>Date of Notification (1)</u> December 24, 2015		<u>Name of Building Owner/Operator (2)</u> BUY RITE CORPORATION	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 661 ROUTE 33	
		<u>City, State, Zip Code</u> EAST HAMILTON, NJ 08619	
		<u>Name of Contact</u> REDDY BATHENA	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> BUY RITE CORPORATION		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> 661 ROUTE 33		<u>Sq. Feet: ~11,000SF # of Floors: Bldg. Age: 40+ years</u>	
<u>City (5)</u> EAST HAMILTON	<u>County (6)</u> MERCER	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished): LIQUOR STORE</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		<u>ASCM No.</u> 0090	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 401 ST. JAMES AVENUE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> PHILLIPSBURG, NJ 08865		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JON GILBERT	<u>Telephone Number</u> 908-454-6316	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00340
<u>Scheduled Start Date (10)</u> 01/04/2016	<u>Scheduled Completion Date (11)</u> 01/05/2016	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement SHIFT HOURS 6PM - 6AM (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Source of Work (Check all that apply)</u>			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u> Remove Repair Encap Enclose			
<u>General Area</u>	<input checked="" type="checkbox"/>	CEILING MATERIAL	120 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 10 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 01/05/16	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> 	<u>Date</u> December 24, 2015

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 ASBESTOS LICENSING CONTROL

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

check # 119'19

GAC Project # 060-16

<u>Date of Notification (1)</u> December 23, 2015		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY		<u>Telephone Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> JOHNSON APTS, BLDG# 3734, 3735		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> BUSCH CAMPUS		<u>Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years</u>	
<u>City (5)</u> PISCATAWAY	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished): ACADEMIC</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC GROUP SERVICES LLC		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00340
<u>Scheduled Start Date (10)</u> 01/08/16	<u>Scheduled Completion Date (11)</u> 01/07/16	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u>			
<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)	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Room 004 (APTS 816-831) & Room 004 (APTS 832-851)	<input checked="" type="checkbox"/>	VAT	280 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 20 CY
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969</u>		<u>Disposal Date</u> 01/07/16	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509</u>		<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> December 23, 2015

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

FILE # 11712

GAC Project # 060-15

Date of Notification (1) December 23, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	City, State, Zip Code PISCATAWAY, NJ 08854
Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025		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.)	Telephone Number 908-915-1400
Street Address COOK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	RECEIVED ASBESTOS CONTROL & LICENSING DEC 29 AM 9:48 2015
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC GROUP SERVICES LLC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 010840
Scheduled Start Date (10) 01/15/2016	Scheduled Completion Date (11) 01/19/2016	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 5:00 AM (24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
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"/> 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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Various locations (spot abatement)	<input checked="" type="checkbox"/>	SURFACING MATERIALS	140 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969	Hauler #2) Newark Carting, Inc., Newark, NJ NJDEP # 04509	Disposal Date 01/19/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 23, 2015

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

check # 2883

GAC Project # 060-15

Date of Notification (1) December 22, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 908-340-3400	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ENGINEERING, BLDG# 3558		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00340
Scheduled Start Date (10) 01/08/16		Scheduled Completion Date (11) 01/11/16	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 400 SF
D127, D128, D130	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
D127, D128, D130	<input checked="" type="checkbox"/>	TSI	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 01/11/15	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067	
Hauler #2) Newark Carting, Inc., Newark, NJ NJDEP # 04509		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 22, 2015

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ASBESTOS CONTROL & LICENSING

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

GAC Project # 060-16

Date of Notification (1) December 23, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SMITH HALL, BLDG# 7223		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC GROUP SERVICES LLC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00340
Scheduled Start Date (10) 01/08/16	Scheduled Completion Date (11) 01/11/16	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (* and Non-Friable Procedure)	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 371 A	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1200 SF
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 01/11/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 23, 2015

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

Check # 11915

GAC Project # 060-15


Date of Notification (1) December 23, 2015		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 2 - New Start & Completion Dates Additional Areas & Materials <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	RECEIVED DEC 29 AM 9:59 CONTROL NSING
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 01/05/2016	Scheduled Completion Date (11) 01/12/2016	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM (24 hours as needed)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify S or LF) Abatement Type Remove Repair Encap Enclose
EXTERIOR	<input checked="" type="checkbox"/>	TRANSITE WASTE LINE	150 LF
5th Floor (various locations)	<input checked="" type="checkbox"/>	VAT	75 SF
5th Floor (various locations)	<input checked="" type="checkbox"/>	BENCHTOPS	30 SF
5th Floor (various locations)	<input checked="" type="checkbox"/>	CEILING TILE	20 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 1/12/2016	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date December 23, 2015

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

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

Check # 0026

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Date of Notification (1) 12/23/15		Name of Building Owner/Operator (2) 124 West 5th St LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 540 Broadway City, State, Zip Code Bayonne, NJ Name of Contact Mitch Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Residential 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 124 West 5th St City (5) Bayonne		Square Feet 3000	# of Floors 2						
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083		Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Sherill Gelsomino		Telephone No. 908-206-0073	Telephone No. 973-460-6026 License No. 01255						
Start Date (10) 12/28/15		Scheduled Completion Date (11) 01/10/16							
Name of OSHA Monitor Harmony Contracting 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 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026							
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-Removable 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
DEMOLISHED STRUCTURE				DEMOLISHED STRUCTURE					
TO BE DISPOSED AS ACM				TO BE DISPOSED AS ACM					
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Stevan Lazarevich		Title President		Signature 				Date 12/28/15	