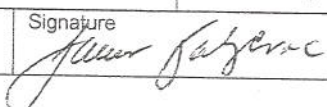


CK 3501

Print Form

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

Date of Notification (1) 01/28/2015		Name of Building Owner/Operator (2) Bound Brook Board Of Education							
Agencies Notified	Type Notification	Street Address 201 W. 2nd Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Bound Brook, NJ 08805							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Raul Nieves	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 120 East 2nd Street		Square Feet 30,000	# of Floors 3						
City (5) Bound Brook		Bldg. Age 80							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc		ASCM No. 090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc						
Street Address 401 St. James Avenue		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010						
Start Date (10) 02/16/2015		Scheduled Completion Date (11) 02/28/2015	License No. 00666						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Bako Construction & Restoration, Inc							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 265A Route 46 Suite 3D							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Totowa, NJ 07512							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Kitchen Area, Cafeteria, Adm. Office	X			TSI Pipe	97LF	X			
Basement Crawlspace	X			TSI Pipe	270 LF	X			
Gym Lobby, Locker/Mech. Room	X			TSI Pipe	220 LF	X			
Rm. 12, 13, 18, 21, 9	X			TSI Pipe	49 LF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S					
City, State Totowa, NJ		Disposal Date 02/28/2015		City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 01/28/2015			

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

RECEIVED

Date of Notification (1) 1/28/15		Name of Building Owner/Operator (2) HMS Host							
Agencies Notified	Type Notification	Street Address 6905 Rockledge Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bethesda, MD 20817							
		Name of Contact Daniel Coppinger	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grover Cleveland Service Plaza		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 New Jersey Turnpike Northbound		Square Feet 15,000	# of Floors 1						
City (5) Woodbridge		Bldg. Age 30+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Service Plaza							
Name of Monitoring Firm Hired by Building Owner (8) Environetics		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 180 Sylvan Avenue		Street Address 152 Route 206 South							
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm Valdemar Fracz		Telephone No. 201-894-1000 x5687	License No. 01228						
Start Date (10) 2/9/15	Scheduled Completion Date (11) 2/19/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 152 Route 206 South							
		City, State, Zip Code Hillsborough, NJ 08844							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see list attached.			x		2,282 SF	x			
Please see list attached.			x		622 LF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 60 CY	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date 2/23/15		City, State Bethlehem, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>			Date 1/28/15		

TABLE A-2
ROOM by ROOM
INVENTORY
Grover Cleveland Service Area
Woodbridge, New Jersey

ROOM NAME:	SUSPECT MATERIALS	ASBESTOS CONTENT (%)	FLOORING (SF)	MISCELLANEOUS
Game Room	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Mastic to 6" Black Ceramic Covebase	NAD		
	Seam Grout to 6" Black Ceramic Covebase	NAD		
	6" Black Ceramic Covebase	NAD		
	Bedding Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	Seam Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	12" Light Tan Ceramic Floor Tile	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile (Underlying)	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile (Underlying)	NAD		
	6" Red Ceramic Floor Tile (Underlying)	NAD		
	2' x 2' Ceiling Tile w/ Wormhole	NAD		
	Plaster Ceiling - Skimcoat and Subcoat	NAD		
Vestibule #1	Seam Grout to 1' x 5" Pink Ceramic Wall Tile	NAD		
	1' x 5" Pink Ceramic Wall Tile	NAD		
	Bedding Mastic to 1" Grey Ceramic Floor Tile	3.6%	240 SF	
	Seam Grout to 1" Grey Ceramic Floor Tile	NAD		
	1" Grey Ceramic Floor Tile	NAD		
	Terrazo Floor	NAD		
	Sheetrock	NAD		
Family Bathroom	Joint Compound	NAD		
	Bedding Grout to 4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	Bedding Grout to 12" Grey w/ Brown Ceramic Floor Tile	NAD		
	Seam Grout to 12" Grey w/ Brown Ceramic Floor Tile	NAD		
	12" Grey w/ Brown Ceramic Floor Tile	NAD		
	Sheetrock	NAD		
Office 1	Joint Compound	NAD		
	Bedding Mastic to 6" Black Ceramic Covebase	NAD		
	Seam Grout to 6" Black Ceramic Covebase	NAD		
	6" Black Ceramic Covebase	NAD		
	Bedding Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	Seam Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	12" Light Tan Ceramic Floor Tile	NAD		
	2' x 2' Ceiling Tile w/ Wormhole	NAD		
	Sheetrock	NAD		
Janitor's Closet	Joint Compound	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
	Plaster Walls - Skimcoat and Subcoat	NAD		
Men's Bathroom	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Grout to 4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	Bedding Grout to 12" Grey w/ Brown Ceramic Floor Tile	NAD		
	Seam Grout to 12" Grey w/ Brown Ceramic Floor Tile	NAD		
	12" Grey w/ Brown Ceramic Floor Tile	NAD		

TABLE A-2
ROOM by ROOM
INVENTORY
Grover Cleveland Service Area
Woodbridge, New Jersey

ROOM NAME	SUSPECT MATERIALS	ASBESTOS CONTENT (%)	FLOORING (SF)	MISCELLANEOUS
Women's Bathroom	Plaster Walls - Skimcoat and Subcoat	NAD		
	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Grout to 4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	4" White w/ Blue Speckles Ceramic Wall Tile	NAD		
	Bedding Grout to 12" Grey w/ Brown Ceramic Floor Tile	NAD		
	Seam Grout to 12" Grey w/ Brown Ceramic Floor Tile	NAD		
	12" Grey w/ Brown Ceramic Floor Tile	NAD		
	2' x 2' Ceiling Tile w/ Wormhole	NAD		
Gift Shop	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Mastic to 6" Black Ceramic Covebase	NAD		
	Seam Grout to 6" Black Ceramic Covebase	NAD		
	6" Black Ceramic Covebase	NAD		
	Bedding Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	Seam Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	12" Light Tan Ceramic Floor Tile	NAD		
	2' x 2' Ceiling Tile w/ Wormhole	NAD		
Gift Shop Cooler	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
Vestibule #2	Seam Grout to Rock Wall	NAD		
	Bedding Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	Seam Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	12" Light Tan Ceramic Floor Tile	NAD		
	2' x 2' Ceiling Tile w/ Wormhole	NAD		
Dining Room	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	Seam Grout to 12" Light Tan Ceramic Floor Tile	NAD		
	12" Light Tan Ceramic Floor Tile	NAD		
	Bedding Grout to 12" Brown Ceramic Floor Tile	NAD		
	Seam Grout to 12" Brown Ceramic Floor Tile	NAD		
	12" Brown Ceramic Floor Tile	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile (Underlying)	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile (Underlying)	NAD		
	6" Red Ceramic Floor Tile (Underlying)	NAD		
	2' x 2' Ceiling Tile w/ Wormhole	NAD		
	Black Paper on Fiberglass Insulation	NAD		
	Black Mastic on Metal Hangar Fixed to Concrete Ceiling	4.2%		1,800 SF

TABLE A-2
ROOM by ROOM
INVENTORY
Grover Cleveland Service Area
Woodbridge, New Jersey

ROOM NAME	SUSPECT MATERIALS	ASBESTOS CONTENT (%)	FLOORING (SF)	MISCELLANEOUS
Roy Rogers	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Mastie to 4" White w/ Blue and Black Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 4" White w/ Blue and Black Speckles Ceramic Wall Tile	NAD		
	4" White w/ Blue and Black Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 12" White w/ Black Ceramic Wall Tile	NAD		
	12" White w/ Black Ceramic Wall Tile	NAD		
	2' x 2' Ceiling Tile Smooth	NAD		
Nathan's Hotdogs	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Mastie to 4" White w/ Blue and Black Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 4" White w/ Blue and Black Speckles Ceramic Wall Tile	NAD		
	4" White w/ Blue and Black Speckles Ceramic Wall Tile	NAD		
	Seam Grout to 12" White w/ Black Ceramic Wall Tile	NAD		
	12" White w/ Black Ceramic Wall Tile	NAD		
	2' x 2' Ceiling Tile Smooth	NAD		
	Bedding Mastie to 4" Pink Ceramic Wall Tile	NAD		
	Seam Grout to 4" Pink Ceramic Wall Tile	NAD		
	4" Pink Ceramic Wall Tile	NAD		
	Mastic to Textured Plastic Wall Panel	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
Starbuck's Coffee	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Grout to 6" x 3" White Ceramic Wall Tile	NAD		
	Seam Grout to 6" x 3" White Ceramic Wall Tile	NAD		
	6" x 3" White Ceramic Wall Tile	NAD		
	Bedding Grout to 12" Brown Ceramic Floor Tile	NAD		
	Seam Grout to 12" Brown Ceramic Floor Tile	NAD		
	12" Brown Ceramic Floor Tile	NAD		
Preparation Area	2' x 2' Ceiling Tile Smooth	NAD		
	Sheetrock	NAD		
	Joint Compound	NAD		
	Mastic to Textured Plastic Wall Panel	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
	Bedding Mastie to 4" Pink Ceramic Wall Tile	NAD		
	Seam Grout to 4" Pink Ceramic Wall Tile	NAD		
	4" Pink Ceramic Wall Tile	NAD		
Safe Room	2' x 2' Ceiling Tile Smooth	NAD		
	Sheetrock	NAD		
	Joint Compound	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
Office 2	6" Red Ceramic Floor Tile	NAD		
	Sheetrock	NAD		
	Joint Compound	NAD		
	Black Sealant on Wall	16.9%		210 SF
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		

TABLE A-2
ROOM by ROOM
INVENTORY
Grover Cleveland Service Area
Woodbridge, New Jersey

ROOM NAME	SUSPECT MATERIALS	ASBESTOS CONTENT (%)	FLOORING (SF)	MISCELLANEOUS
Refrigerator	No Suspect ACMs	NAD		
Kitchen	Sheetrock	NAD		
	Joint Compound	NAD		
	Mastic to Textured Plastic Wall Panel	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
	Bedding Mastic to 4" Pink Ceramic Wall Tile	NAD		
	Seam Grout to 4" Pink Ceramic Wall Tile	NAD		
	4" Pink Ceramic Wall Tile	NAD		
	2' x 2' Ceiling Tile Smooth	NAD		
Storage	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
	2' x 2' Ceiling Tile Smooth	NAD		
Cooler	No Suspect ACMs	NAD		
Receiving	Sheetrock	NAD		
	Joint Compound	NAD		
	Mastic to Textured Plastic Wall Panel	NAD		
	Bedding Grout to 6" Red Ceramic Floor Tile	NAD		
	Seam Grout to 6" Red Ceramic Floor Tile	NAD		
	6" Red Ceramic Floor Tile	NAD		
	Bedding Mastic to 4" Pink Ceramic Wall Tile	NAD		
	Seam Grout to 4" Pink Ceramic Wall Tile	NAD		
Freezer	No Suspect ACMs			
Maintenance	No Suspect ACMs			
Exterior				
Sunoco	Exterior Window Caulk	7.9%		24 LF x 8 =192 LF
East Side adjacent to Roy Rogers	Exterior Window Caulk	10.9%		12 LF x 12=144 LF
	Exterior Window Glazing	NAD		
East Side adjacent to Nathan's Hotdogs	Silver Caulk on Basement Vent	1.2%		20 LF
North Wall of Kitchen	Exterior Expansion Caulk	11%		20 LF
South Wall of Kitchen	Exterior Window Caulk	10.6%		14 LF x 2=28 LF
East Side of Storage Room	Exterior Door Caulk	13.7%		18 LF
Receiving, Loading Dock	Overhead Door Caulk	5.1%		30 LF
Maintenance	Exterior Door Caulk	18.4%		18 LF
South Side of Starbuck's Coffee	Exterior Expansion Caulk	15.4%		20 LF
Shed	Black Sealant at Vent	1.2%		6 LF
	Black Sealant at Intersection of Wall and Roof	2.9%		30 LF
Lobby	Exterior Textured Surface on Foam	NAD		
	Concrete Board behind Textured Surface on Foam	NAD		
Main Roof	Field Roof, Bottom - Paper on Foam Insulation Board	NAD		
	Field Roof, Third Layer - Fiberboard	NAD		
	Field Roof, Second Layer - Rolled Roof	NAD		
	Field Roof, First Layer - Rolled Roof	NAD		
	Perimeter Flashing, Bottom - Rolled Roof	NAD		
	Perimeter Flashing, Third Layer - Rolled Roof	NAD		
	Perimeter Flashing, Second Layer - Rolled Roof	NAD		
	Perimeter Flashing, First Layer - Rolled Roof	NAD		
	Penetration Flashing - One Layer	NAD		
	Sloped Roof, Bottom - Fiberboard	NAD		
	Sloped Roof, Second Layer - Rolled Roof	NAD		
	Sloped Roof, First Layer - Rolled Roof with Foil Top	NAD		
	Pitch Pocket	NAD		
	White Perimeter Caulk	NAD		
	Black Sealant on Roof Surface	NAD		

TABLE A-2
ROOM by ROOM
INVENTORY
Grover Cleveland Service Area
Woodbridge, New Jersey

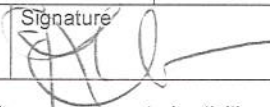
ROOM NAME	SUSPECT MATERIALS	ASBESTOS CONTENT (%)	FLOORING (SF)	MISCELLANEOUS
Sunoco Roof	Field Roof, Bottom - Built Up Roof	NAD		
	Field Roof, Second Layer - Built Up Roof	NAD		
	Field Roof, First Layer - Built Up Roof	NAD		
	Perimeter Flashing - One Layer	NAD		
	Penetration Flashing - One Layer	10.3%		16 SF
	Grey /Black Sealant on Supports	10.6%		96 LF
	White Perimeter Caulk	NAD		
	One Layer Roofing w/ Silvercoat	NAD		
	Black Sealant at Vent	4.4%		16 SF
Notes:				
NAD - No Asbestos Detected				

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

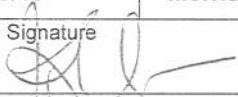
CHECK # 8662

Date of Notification (1) 1/28/15		Name of Building Owner/Operator (2) AIKOVA COMPANIES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO BOX 1056 City, State, Zip Code ALPINE, NJ 07620 Name of Contact SHERGON ALKILANI Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDINGS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 152-168 MAIN STREET		Square Feet 4,500							
City (5) HACKENSACK		# of Floors 3							
County (6) BERGEN		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OFFICE/RETAIL/DEMO							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 2/6/15		License No. 00156							
Scheduled Completion Date (11) 3/23/15		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF			X	GRAY SHINGLES	1,800 SF	X			
ROOF			X	FLASHING	12,254 SF	X			
#166 HALL 1, 2, 3 AND RM # 8 WALLS			X	PLASTER	2,920 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 60	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Newark, NJ 07105		Disposal Date 2/6/15		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 1/28/15			

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

Date of Notification (1) <div style="text-align: center;">1 / 29 / 15</div>		Name of Building Owner/Operator (2) Joseph Evangelista		2015 / Job # 1501-1954 Chk. #3894					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 306 West Bayview Avenue							
		City, State, Zip Code Lavallette, NJ 08735							
		Name of Contact Randy Worrell		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 306 West Bayview Ave.									
City (5) Lavallette		Square Feet 833 SF	# of Floors 1	Bldg. Age 1970s					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <div style="text-align: center;">2 / 9 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 11 / 15</div>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Shingles & Felt	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Shingles	294 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 2/11/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 1-29-15			

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

Date of Notification (1) <div style="text-align: center;">01 / 28 / 15</div>		Name of Building Owner/Operator (2) Burlington Net Holdings		Job #1501-1953 Chk. #3895					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 141 Ayers Court Suite 1A City, State, Zip Code Teaneck, NJ 07666 Name of Contact Steven Yenowitz Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington Carpet One (Vacant)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1204 North Route 130				Square Feet 12,851 # of Floors 1 Bldg. Age 1965					
City (5) Burlington		County (6) Burlington		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 West Elizabeth Avenue		City, State, Zip Code Linden, NJ 07036		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301		Telephone No. 609-702-0400 License No. 00862					
Start Date (10) <div style="text-align: center;">2 / 4 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 4 / 15</div>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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) 70 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 2/5/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 1-28-15		

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

CR# 0256
RECEIVED
2015 FEB 3 PM 9:46
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 1/29/15		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified	Type Notification	Street Address 1490 Prospect Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Mr. Everett O. Collins	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Trenton Central HS West			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1001 West State Street			Square Feet # of Floors Bldg. Age 70,000 3 60+		
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Jim Frisbee		Telephone Number 609-392-4200	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 2/9/15		Scheduled Completion Date (11) 2/10/15		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4:00 PM to 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

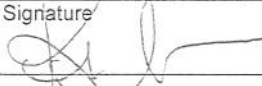
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
A-38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nail Crete	185 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 cu yd	Name of Registered Landfill Grows Landfill	
City, State Bristol, PA		Disposal Date 2/11/15	City, State Morrisville, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 1/29/15

NO CK

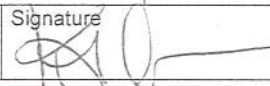
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 7 / 15		Name of Building Owner/Operator (2) WPG Rockaway Commons, LLC an Indiana LLC # 1501-1947 Chk. #NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 West Washington Street							
		City, State, Zip Code Indianaapolis, IN 46204							
		Name of Contact Jim Stocks, PM	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Proposed DSW		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 343 Mt. Hope Avenue									
City (5) Rockaway	Square Feet 17,383	# of Floors 1	Bldg. Age 1979						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) TRC	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 1430 Broadway 10 th Floor		Street Address 3859 Sylon Boulevard							
City, State, Zip Code NY, NY 10018		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dmitry Khimich	Telephone No. 212-221-7822	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 1 / 21 / 15	Scheduled Completion Date (11) 1 / 28 / 15	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
(2) Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 1/28/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 1-26-15			

NO CK

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

RECEIVED

Date of Notification (1) 1 / 7 / 15		Name of Building Owner/Operator (2) WPG Rockaway Commons, LLC an Indiana LLC #1501-1947 Chk. #NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 West Washington Street							
		City, State, Zip Code Indianaopolis, IN 46204							
		Name of Contact Jim Stocks, PM	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Proposed Nordstrom Rack		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 343 Mt. Hope Avenue									
City (5) Rockaway	Square Feet 38,785	# of Floors 2	Bldg. Age 1979						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) TRC	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 1430 Broadway 10 th Floor		Street Address 3859 Sylon Boulevard							
City, State, Zip Code NY, NY 10018		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dmitry Khimich	Telephone No. 212-221-7822	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 1 / 21 / 15	Scheduled Completion Date (11) 1 / 30 / 15	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st and 2 nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	4,130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.	NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Landfill						
City, State Freehold, NJ	Disposal Date 1/30/15	City, State Morrisville, PA 19067							
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 					Date 1-26-15		