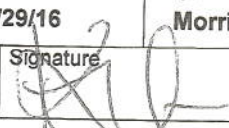


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)


NO CK

Date of Notification (1) 10 / 30 / 15		Name of Building Owner/Operator (2) Johns Manville Corp. / Job #1510 2035							
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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 717 17th Street City, State, Zip Code Denver, CO 80217 Name of Contact Anthony Volkens Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse Roof A		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 437 North Grove Street		Square Feet 665,000 SF							
City (5) Berlin		# of Floors 1							
County (6) Camden		Bldg. Age 52							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health		ASCM No.							
Street Address 140 S. Village Avenue Suite 130		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Exton, PA 19341		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Brian Hovendon		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 610-524-5525		Telephone No. 609-702-0400							
Start Date (10) 11 / 9 / 15		License No. 01862							
Scheduled Completion Date (11) 2 / 29 / 16		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							
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		City, State, Zip Code Cinnaminson, NJ 08077							
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
Warehouse Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Decking	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Flues	6 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 10		Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ		Disposal Date 2/29/16		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 2-10-14			

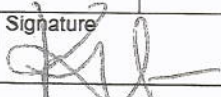
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

NO CK

extend end date

Date of Notification (1) 8 / 21 / 15		Name of Building Owner/Operator (2) Dipesh Patel		/ Job #1503-2011 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 # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 110 Davidson Avenue City, State, Zip Code Somerset, NJ 08873 Name of Contact Ernie Gandolfo					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Somerset/Bridgewater Hotel			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 110 Davidson Avenue			Square Feet 21,000						
City (5) Somerset			# of Floors 3		Bldg. Age 37				
County (6) Somerset			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant				
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address PO Box 316		City, State, Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Boulevard					
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800		City, State, Zip Code Hainesport, NJ 08036					
Start Date (10) 9 / 3 / 15		Scheduled Completion Date (11) 2 / 29 / 16		Telephone No. 609-702-0400					
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		Name of OSHA Monitor EMSL Analytical, Inc.		License No. 00832					
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
Phase 1 - 66 Rooms on 3 Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	2,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 - 3 Buildings Date: 11/2/15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	20,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 - 147 Rooms Dates: 11/2/15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	3,475 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 3 - Bal of Rooms Dates: TBD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	13,275 SF	<input checked="" 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 2/29/16		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 1-29-16			

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;">2 / 10 / 16</div>		Name of Building Owner/Operator (2) Wayne Senior Citizens Runnymede Corp / Job: 1502-1959 Chk. 4243							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Runnymede Drive							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Vincy Bruno	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edward Sisco Sr. Citizens Village		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 100 Runnymede Drive		Square Feet 9000	# of Floors 1						
City (5) Wayne	County (6) Passaic	County Code (7) (STATE USE ONLY)	Bldg. Age 40						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp							
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00812						
Start Date (10) <div style="text-align: center;">2 / 19 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 22 / 16</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 checked="" 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Units 505, 509, 405, 409, 305, 309,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling (1" strip per unit)	approx. 5 SF per unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
205, 209, 105 and 107	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAME UNITS AS ABOVE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic (14 SF per unit)	140 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"/>
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 2/22/16		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator		Signature 			Date 2-10-16			

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

Date of Notification (1) 02/09/2016		Name of Building Owner/Operator (2) Mrs. Celina Closet							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Ferry NJ 07643							
		Name of Contact Mrs. Celina Closet	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<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) Little Ferry, NJ 07643		Square Feet 1,500	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8) Omega Laboratory		ASCM No.	Name of Abatement Contractor (9) All Clean Environmental LLC						
Street Address 280 Huyler Street		Street Address P.O. Box 1627							
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code South Hackensack NJ 07606							
Project Manager for Monitoring Firm Gayser Fajardo		Telephone No. 201 481-6209	Telephone No. 201 546-2027						
Start Date (10) 2/22/2016		Scheduled Completion Date (11) 2/25/2016	License No. 01243						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<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: House will be empty		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"/> ≥160 sf or ≥260 lf <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 L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Closet		X		Floor tile/ VAT	15 SQ FT	X			
Name of Registered Waste Hauler Tri-State Transfer Associates, INC		NJDEP Waste Hauler ID No. 2A-456	Cubic Yards of Waste 1 CYD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Bronx, NY 10474		Disposal Date TBD		City, State SE Waynesburg, OH, 44888					
Completed by Rene Repreza		Title President		Signature		Date 02/09/2016			

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)
2 / 10 / 16

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

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

Name of Building Owner/Operator (2)
St. Luke's Hospital

Street Address
185 Roseberry St.

City, State, Zip Code
Phillipsburg, NJ 08865

Name of Contact
Ted Ruhf

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St. Luke's Clinton Care

Street Address
29 Walmart Plaza

City (5)
Clinton, NJ 08809

County (6)
Hunterdon

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni

Street Address
515 Grove Street

City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Tom Adams

Start Date (10)
2 / 25 / 16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____AM-_____PM **7:00 PM-7:00 AM**

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

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

Square Feet
20,200

of Floors
1

Bldg. Age
31

Current Use (Prior if being demolished)
Medical Office

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union St.

City, State, Zip Code
West Chester, PA 19382

Telephone No.
610-701-9000

License No.
01508

Name of OSHA Monitor
AET

Street Address
28 N. Pennel Road

City, State, Zip Code
Media, PA 19063

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Old Nail Salon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Glue Dots	10 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
Richard Burns & Co.

City, State
Phila., PA

Completed By (Print or Type)
Mark H. Griffin

NJDEP Waste Hauler ID No.
19955

Cubic Yards of Waste
1

Disposal Date
TBD

Name of Registered Landfill
Western Berks Community Landfill

City, State
Birdsboro, PA

Date
2-10-16

Title
Estimator

Signature

ASB-41

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) 02/11/2016		Name of Building Owner/Operator (2) Englewood Hospital and Medical Center							
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 350 Engle Street City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Harry Hahn	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital and Medical Center		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 350 Engle Street		Square Feet # of Floors Bldg. Age 10,000 2 +50							
City (5) Englewood, NJ 07631		Current Use (Prior if being demolished) Hospital Power Plant							
County (6) Bergen	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental Group, LLC		ASCM No.	Name of Abatement Contractor (9) Degmor Inc.						
Street Address 1600 Route 22E		Street Address 511 Canal Street - 3rd Floor							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code New York, NY 10013							
Project Manager for Monitoring Firm		Telephone No. 212-431-0696	License No. 01 50						
Start Date (10) 02/22/2016	Scheduled Completion Date (11) 02/23/2016	Name of OSHA Monitor EMSL Anal							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:00 PM to 11:00 PM		Street Address 307 West 38th Street							
		City, State, Zip Code New York, NY 10018							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Power House	X			TSI	15 SF	X			
Name of Registered Waste Hauler New Carting Inc.		NJDEP Waste Hauler ID No. NJ-913	Cubic Yards of Waste 2	Name of Registered Landfill					
City, State 369 Raymond Boulevard		Disposal Date		City, State Newark, NJ 07115					
Completed by Diana Ruiz		Title Administrative Assistant	Signature <i>Diana Ruiz</i>	Date 02/11/2016					

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

Date of Notification (1) 2/11/16		Name of Building Owner/Operator (2) 320 PC Valley LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 515	
		City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Maximillian Dorne	Telephone Number

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,400	# of Floors 2 1/2						
City (5) South Orange		Bldg. Age 136							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Residence							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Red Roc Materials, LLC						
Street Address 1130 West Chestnut Street		Street Address 20 Ramapo Valley Road							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Mahwah, NJ 07430							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 201-529-4700						
License No. 01248									
Start Date (10) 2-26-16	Scheduled Completion Date (11) 3-8-16	Name of OSHA Monitor Red Roc Materials, 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 20 Ramapo Valley Road							
		City, State, Zip Code Mahwah, NJ 07430							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Thermal System Insulation	75 LF	X			
Throughout 1st, 2nd, Attic			X	Plaster	2,720 SF	X			
Throughout 1st, 2nd Floor			X	Floor Tile	750 SF	X			
Name of Registered Waste Hauler Atlantic Carting, LLC	NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill						
City, State Wayne, NJ		Disposal Date on/about 3/8/16	City, State Pennargyl, PA						
Completed by Michael F. Keith	Title Project Manager	Signature <i>Michael F. Keith</i>	Date 2-11-16						