

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

*No check*

Date of Notification (1) 2/19/14		Name of Building Owner/Operator (2) PSEG							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 440 Eagle Rock Road		City, State, Zip Code Roseland, NJ 07068							
Name of Contact Dawn Neville		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Excavation (Non Structure)		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 Intersection of Ackerman Ave & Holden St		Square Feet N/A							
City (5) Clifton, NJ 07011		# of Floors N/A							
County (6) Passaic County		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned Communication Lines (Transite)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045							
Name of Abatement Contractor (9) WRS Environmental Services, Inc.		Street Address 17 Old Dock Road							
Street Address 64 Broad St		City, State, Zip Code Yaphank, NY 11980							
City, State, Zip Code Matawan, NJ 07747		Telephone No. 631-924-8111							
Project Manager for Monitoring Firm Tom Geiger		License No. 33039							
Telephone No. 732-290-2217		Name of OSHA Monitor Tom Geiger							
Start Date (10) 2/8/14		Scheduled Completion Date (11) 2/8/14							
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 64 Broad St							
City, State, Zip Code Matawan, NJ 07747									
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Trenching			X	Transite Pipe	6 LFT	X			
Name of Registered Waste Hauler Veolia ES Technical Solutions Corp		NJDEP Waste Hauler ID No. 20071		Cubic Yards of Waste 1	Name of Registered Landfill Wayne Disposal, Inc.				
City, State 1 Eden Lane, Flanders NJ 07836				Disposal Date 2/18/14	City, State Belleville, MI 48111				
Completed by Michael J. DiMaria		Title Supervisor		Signature <i>Michael J. DiMaria</i>			Date 2/19/14		

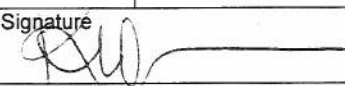
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>2 / 17 / 14</b>		Name of Building Owner/Operator (2) <b>US Army Corps of Engineers Philadelphia District Job#1310-4695 CK#5833</b>							
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>Wanamaker Building 100 Penn Square East</b>						
			City, State, Zip Code <b>Philadelphia, PA 19107-3390</b>						
		Name of Contact <b>Matthew Turner</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Walson Hospital</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>5250 New Jersey Ave.</b>									
City (5) <b>Fort Dix</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Air Force Base</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>M.E.C.S.</b>		ASCM No. <b>38135</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>Po Box 341</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone No. <b>(609) 298-4070</b>	License No. <b>00529</b>						
Start Date (10) <b>01 / 20 / 14</b>	Scheduled Completion Date (11) <b>03 / 21 / 14</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>108 Haddon Ave.</b>							
		City, State, Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) <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
Building 5251 Cooling Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 5251 Heating Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 5252 Heating Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	4,900 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>03/21/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>2/17/14</b>		



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

*No check*

Date of Notification (1) <div style="text-align: center;">02 / 19 / 14</div>			Name of Building Owner/Operator (2) <b>Springpoint @ Meadow Lakes</b> / Job # 1402-1848 Chk. #3495							
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 #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>13 Roszel Road</b> City, State, Zip Code <b>Princeton, NJ 08540</b>						
				Name of Contact <b>Heather Hill-Falkoff</b>						
				Telephone Number 2014						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Meadow Lakes Building #5</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>300 Etra Road</b>										
City (5) <b>East Windsor</b>				Square Feet <b>547,111</b>	# of Floors <b>1</b>					
				Bldg. Age <b>47</b>						
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Continuing Care Retirement Community</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCN No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>3370 Progress Drive, Suite J</b>				Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Bensalem, PA 19020</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>					
Start Date (10) 3 / 5 / 14		Scheduled Completion Date (11) 3 / 7 / 14		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
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 <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Sump Pump Room & Storage		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows & Fittings	30 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Pump Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	25 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 <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>				Disposal Date <b>3/7/14</b>	City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date 02/20/14			



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

CK# 5926

Date of Notification (1) <b>02 / 19 / 14</b>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1402-4729 Check #5926</b>							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b> City, State, Zip Code <b>New Brunswick, NJ 08901</b> Name of Contact <b>James Magnatta</b>							
		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital OR #7</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>One Robert Wood Johnson Place</b>									
City (5) <b>New Brunswick</b>		Square Feet	# of Floors						
County (6) <b>Middlesex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>						
License No. <b>00529</b>									
Start Date (10) <b>02 / 23 / 14</b>	Scheduled Completion Date (11) <b>02 / 28 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>10:00PM-6:00AM</b>		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>1<sup>st</sup> Floor, Housekeeping</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yellow Linoleum</b>	<b>30SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor, K-Mart</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Yellow Linoleum</b>	<b>360SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor, OR #7</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Yellow Linoleum</b>	<b>660SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor, Sub Sterile Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Yellow Linoleum</b>	<b>160SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/28/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>		Date <b>2/19/14</b>			

CK 2089

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

RECEIVED  
2014 FEB 24 PM 6:01  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>02/19/2014</u>		Name of Building Owner/Operator (2) Academy for Urban Leadership	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 622 Amboy Avenue	
		City, State, Zip Code Perth Amboy NJ	
		Name of Contact Gill Bareos	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Rectory Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 401 Hall Avenue			
City (5) Perth Amboy NJ		Square Feet 5000	# of Floors 3
		Bldg. Age 65+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) NJ	Current Use (Prior if being demolished) Vacant Building	
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Services		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC
Street Address 619 River Drive Center 1		Street Address 145 Mill Street	
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	License No. 01108
Start Date (10) 3/5/2014	Scheduled Completion Date (11) 3/15/2014	Name of OSHA Monitor Valiant Associates, 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 145 Mill Street	
		City, State, Zip Code Paterson, NJ 07501	
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"/> Govebag 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)
	Yes	No	
See Attached			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE		Disposal Date 3/15/2014	City, State Waynesburg, OH
Completed By Miodrag Stamenovic	Title Project Manager	Signature <i>Miodrag Stamenovic</i>	Date 02/19/2014

ASB41

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



Check # 8383

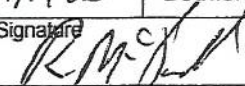
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) <b>2/19/14</b>		Name of Building Owner/Operator (2) <b>LEONARD LINDEN</b>							
Agencies Notified <input 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>202 WEST END AVE.</b>		City, State, Zip Code <b>RIDGEWOOD, NJ 07450</b>							
Name of Contact <b>Roy</b>		Telephone Number <b>[REDACTED]</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>MR. LINDEN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>202 WEST END AVE</b>		Square Feet <b>2800</b>	# of Floors <b>2</b>						
City (5) <b>RIDGEWOOD</b>		Bldg. Age <b>60</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RES</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>2/28/14</b>	Scheduled Completion Date (11) <b>3/3/14</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
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 <b>280 Huyler Street</b>  City, State, Zip Code <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
<b>BASEMENT</b>			<b>X</b>	<b>PIPE</b>	<b>30 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>			Disposal Date	City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <b>[Signature]</b>			Date <b>2/17/14</b>			

Check # 8383

Check # 8383

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

Date of Notification (1) <b>2/19/14</b>		Name of Building Owner/Operator (2) <b>MRS. YON</b>							
Agencies Notified <input 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>379 WEST MADISON AVE.</b> City, State, Zip Code <b>DUMONT, N.J. 07628</b> Name of Contact <b>RONNA</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MRS. YON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>379 W. MADISON AVE.</b>		Square Feet <b>1450</b>							
City (5) <b>DUMONT NJ</b>		# of Floors <b>1</b>	Bldg. Age <b>60</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RES</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>						
Street Address		Street Address <b>105 Lowell Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-262-5841</b> License No. <b>00156</b>						
Start Date (10) <b>3/1/14</b>	Scheduled Completion Date (11) <b>3/4/14</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
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 <b>280 Huyler Street</b> City, State, Zip Code <b>Hackensack, NJ 07606</b>							
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) 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
<b>BASEMENT</b>			<b>X</b>	<b>TILE</b>	<b>310 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>					
City, State <b>Riverdale, New Jersey 07457</b>		Disposal Date <b>3/1/14</b>		City, State <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature 			Date <b>2/19/14</b>			



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

**CK # 2659**

Date of Notification (1) 02/19/2014		Name of Building Owner/Operator (2) Gutmann, William							
Agencies Notified	Type Notification	Street Address 555 Riverside 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Jeff Ward	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address 555 Riverside Drive		<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) Wayne		Square Feet	# of Floors 1						
		Bldg. Age 58							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental		ASCM No. 00099	Name of Abatement Contractor (9) SMAC CORP.						
Street Address 619 River Drive Center 1 sor		Street Address 27 EAST 33rd STREET							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code PATERSON							
Project Manager for Monitoring Firm Vijau Patel		Telephone No. 201-398-4544	Telephone No. 973-345-4055						
		License No. 01110							
Start Date (10) 03/06/2014	Scheduled Completion Date (11) 03/10/2014	Name of OSHA Monitor EMSL ANALYTICAL, INC							
Occupancy Status During Abatement (Check Only One)		Street Address 1056 SHELTON AVE							
<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 PISCATAWAY NJ 08854							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Building		X		Siding Shingles	950sf	X			
Name of Registered Waste Hauler SMAC Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Grows Landfill					
City, State 27 East 33rd Street, Paterson, NJ 07514			Disposal Date 03/10/2014	City, State Morrisville, PA					
Completed by Borce Gjorsoski		Title President	Signature <i>Borce Gjorsoski</i>			Date 02/19/2014			



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

D&S Proj. #: 2014-64

**CL # 005509**

FEB 24 2014

Date of Notification (1) <b>10/21/17/14</b>		Name of Building Owner/Operator (2) <b>JOHN COLBY</b>	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>828 BROAD STREET</b>	
		City, State, Zip Code <b>BLOOMFIELD, NJ 07003</b>	
		Name of Contact <b>JOHN COLBY</b>	Telephone Number

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <b>JOHN COLBY</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address <b>828 BROAD STREET</b>			
City (5) <b>BLOOMFIELD</b>	County (6) <b>ESSEX</b>	County Code (7) (State use only)	Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address			Street Address <b>20 California Ave.</b>	
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm	Phone Number		Telephone Number <b>973-345-8020</b>	License Number <b>01169</b>
Start Date (10) <b>02/18/14</b>	Sched. Completion Date (11) <b>02/28/14</b>		Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>20 California Avenue</b>	
<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: <b>NORMAL HOURS</b>			City, State, Zip Code <b>Paterson, NJ 07503</b>	

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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						
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>PIPE INSULATION</b>	<b>89 L FT</b>	<input checked="" type="checkbox"/>			

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>1 yd</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>02/19/14</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>02/17/2014</b>

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

D&S Proj. #: 2014-61

FEB 24 2014

**16#005507**

Date of Notification (1) 10/21/17/14		Name of Building Owner/Operator (2) JUDY PARAKEVAS	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 228 CHARLOTTE TERRACE		City, State, Zip Code ROSELLE PARK, NJ 07204	
Name of Contact JUDY PARAKEVAS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JUDY PARAKEVAS			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 228 CHARLOTTE TERRACE			Square Feet		
City (5) ROSELLE PARK			County (6) UNION		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/18/14		Sched. Completion Date (11) 02/27/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	19 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/19/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/17/2014



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

D&S Proj. #: 2014-62

010 # 005508

Date of Notification (1) <u>02/17/14</u>		Name of Building Owner/Operator (2) <b>JOHN CUCCARO</b>	
Agencies Notified	Type Notification	Street Address <b>1129-1131 SOUTH AVENUE</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <b>WESTFIELD, NJ 07090</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <b>JOHN CUCCARO</b>	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>JOHN CUCCARO</b>			Type of Facility (4)		
Street Address <b>1129-1131 SOUTH AVENUE</b>			<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.)		
City (5) <b>WESTFIELD</b>	County (6) <b>UNION</b>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address			Street Address <b>20 California Ave.</b>	
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm	Phone Number		Telephone Number <b>973-345-8020</b>	License Number <b>01169</b>
Start Date (10) <b>02/28/14</b>	Sched. Completion Date (11) <b>03/20/14</b>		Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>20 California Avenue</b>	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code <b>Paterson, NJ 07503</b>	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>				

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 w/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)	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						
1129-1131 SOUTH AVENUE		<input checked="" type="checkbox"/>		BASEMENT	14 SQ FT	<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"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>1 yd</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>03/03/14</b>		City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>		Signature	
				Date <b>02/17/2014</b>	



FEB 24 2014

JC# 005511

Date of Notification (1)

10/21/18 1/14

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amended  
Amendment #: \_\_\_\_\_  
☐ Emergency  
(including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)

JEFFREY KAPRIS

Street Address

40 SAFRON AVENUE

City, State, Zip Code

EDISON, NJ

Name of Contact

JEFFREY KAPRIS

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

JEFFREY KAPRIS

Street Address

40 SAFRON AVENUE

City (5)

EDISON

County (6)

MIDDLESEX

County Code (7)  
(State use only)

ASCM No.

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

02/19/14

Sched. Completion Date (11)

03/14/14

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ DemolitionLocation of  
asbestos-containing  
material (acm) to be  
abated in facility (13)Is location normally used solely  
by maintenance/custodial  
staff (12)

Yes

No

N/A

Description of asbestos-containing  
material (ACM)Amount  
(Specify SF or  
LF)R  
e  
m  
o  
v  
e  
R  
e  
p  
a  
i  
r  
E  
n  
c  
a  
p  
s  
u  
l  
e

BASEMENT

BASEMENT &amp; BOILER

PIPE INSULATION

BOILER INSULATION

74 L FT

65 SQ FT

Registered Waste Hauler  
D & S RESTORATION, INC.NJDEP Hauler ID#  
13506Cubic Yards of Waste  
2 YDSName of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERYCity, State  
PATERSON, NJ 07503City, State  
TULLYTOWN, PADisposal Date  
02/20/14Date  
02/18/2014Completed by (Print or Type)  
BOGDAN JOLDZICTitle  
PRESIDENT

Signature

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



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 3:60 and 12:120)

D&S Proj. #: 2014-66

FEB 24 2014

UC# 005510

Date of Notification (1) 02/17/14		Name of Building Owner/Operator (2) PAUL NUBER	
Agencies Notified	Type Notification	Street Address 420 WEST DUDLEY AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code WESTFIELD, NJ 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact PAUL NUBER	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAUL NUBER			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 420 WEST DUDLEY AVENUE			Square Feet		
City (5) WESTFIELD			County (6) UNION	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/20/14			Sched. Completion Date (11) 03/12/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	28 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		CHIMNEY PACKING	2 SQ FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/21/14	City, State TULLYTOWN, PA	Date 02/17/2014
Completed by (Print or Type) RODAN IOLDZIC	Title PRESIDENT	Signature	

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

Check # 1079

EDS14-004

Date of Notification (1) 2-14-14		Name of Building Owner/Operator (2) Plainfield Public School							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 920 Park Ave		City, State, Zip Code Plainfield, NJ 07060							
Name of Contact Eugene Campbell		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Woodland Elementary 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 730 Central Street		Square Feet 40,000	# of Floors 1						
City (5) Plainfield		Bldg. Age 50+							
County (6) Union		Current Use (Prior if being demolished)							
County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 2-15-2014		Scheduled Completion Date (11) 2-16-2014							
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 GL Group, Inc							
Street Address 140 Hamburg Turnpike		City, State, Zip Code Bloomingdale, NJ 07403							
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
Auditorium Stage		X		Pipe Insulation	9 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Grows				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.		Signature			Date 2-14-2014		

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



Feb 14 2014 02:41pm

P001/001

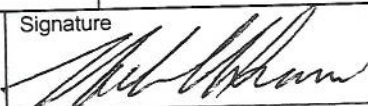
EDS14-004

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

Page 1 of 1

Date of Notification (1) 2-14-14		Name of Building Owner/Operator (2) Plainfield Public School		APPROVED Check # 1079 NJ Dept of Health & Senior Services <i>Paul C. Homer</i> (Signature) Date: 2/14/14 Time: 2:41PM							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 920 Park Ave City, State, Zip Code Plainfield, NJ 07060 Name of Contact Eugene Campbell Telephone Number							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Woodland Elementary 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 730 Central Street				Square Feet 40,000							
City (5) Plainfield				# of Floors 1							
County (6) Union				Bldg. Age 50+							
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)							
Name of Monitoring Firm hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003		Name of Abatement Contractor (9) GL Group, Inc							
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike		City, State, Zip Code Bloomington, NJ 07403							
City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8800		License No. 01084							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. (201)710-9725		Name of OSHA Monitor GL Group, Inc							
Start Date (10) 2-15-2014		Scheduled Completion Date (11) 2-16-2014		Street Address 140 Hamburg Turnpike							
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:				City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 180$ sf or $\geq 260$ 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	
Auditorium Stage			X		Pipe Insulation	9 LF	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Grows					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA							
Completed by Michael B Solakov		Title P.M.		Signature <i>Michael B Solakov</i>		Date 2-14-2014					

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)


Date of Notification (1) <b>2/19/2014</b>		Name of Building Owner/Operator (2) <b>Downse Realty, LLC.</b>	
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <b>No.1</b> <input type="checkbox"/> Cancelled <input type="checkbox"/> Emergency Notification	
Street Address <b>15 Brairfield Road</b>		City, State, Zip Code <b>Barrington, RI 02806</b>	
Name of Contact <b>Chris Downse</b>		Phone	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Washington Dry Cleaner</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>104 Washington Street</b>		Sq. Feet <b>1860</b> No. of Floors: <b>1</b>	
City (5) <b>Morristown</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)	Bldg. Age <b>59 Years</b> Current Use (prior if being demolished) <b>Supermarket</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates</b>		ASCM No. <b>00004</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>3 Crosswicks St.</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Bordentown NJ 08505</b>		City State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>Doug Ferry</b>	Telephone Number <b>(609) 298- 5520</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>1/9/2014</b>	Scheduled Completion Date (11) <b>4/30/2014</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
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 <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA   YES   NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)    Abatement Type
<b>Roof</b>	<b>X</b>	<b>Roof Flashing</b>	<b>X</b> Rem.    Rep.    Encap    Enclose
Name of Reg. Waste Hauler <b>Service Transport Group, Inc</b>	NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>30</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>4/30/2014</b>	City, State <b>9000 Minerva Road Waynesburgh OH 44688</b>
Completed by (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>2/19/2014</b>

C:\WORD\MYDOCS\ASBESTOS  
9/18/00



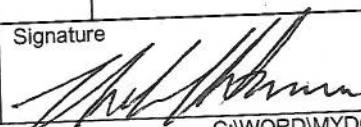
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

FEB 24 2014

Date of Notification (1) <b>12/30/2013</b>		Name of Building Owner/Operator (2) <b>Downse Realty, LLC.</b>	
Agencies Notified  ( ) EPA (x) DOL (x) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled ( ) Emergency Notification		Street Address <b>15 Brairfield Road</b>
			City, State, Zip Code <b>Barrington, RI 02806</b>
			Name of Contact <b>Chris Downse</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Washington Dry Cleaner</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>104 Washington Street</b>		Sq. Feet <b>1860</b> No. of Floors: <b>1</b>	
City (5) <b>Morristown</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)	Bldg. Age <b>59 Years</b> Current Use (prior if being demolished) <b>Supermarket</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates</b>		ASCM No. <b>00004</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>3 Crosswicks St.</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Bordentown NJ 08505</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>Doug Ferry</b>	Telephone Number <b>(609) 298- 5520</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>1/9/2014</b>	Scheduled Completion Date (11) <b>1/21/2014</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - ( ) Other - Describe		Street Address <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply)  ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure (X) Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap Enclose
<b>Roof</b>	<b>X</b>	<b>Roof Flashing</b>	<b>X</b>
Name of Reg. Waste Hauler <b>Service Transport Group, Inc</b>	NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>30</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disp. Date <b>1/21/2014</b>	City, State <b>9000 Minerva Road Waynesburgh OH 44688</b>	
Completed by (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>12/30/2013</b>


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

*No check*

Date of Notification (1) <b>2/19/2014</b>		Name of Building Owner/Operator (2) <b>Downse Realty, LLC.</b>	
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <b>No.1</b> <input type="checkbox"/> Cancelled <input type="checkbox"/> Emergency Notification	
Street Address <b>15 Brairfield Road</b>		City, State, Zip Code <b>Barrington, RI 02806</b>	
Name of Contact <b>Chris Downse</b>		Phone <b>FEB 24 2014</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>A &amp; P Supermarket</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>110 Washington Street</b>		Sq. Feet <b>20,180</b> No. of Floors: <b>2</b>	
City (5) <b>Morristown</b>	County (6) <b>Morris</b>	Bldg. Age <b>59 Years</b> Current Use (prior if being demolished) <b>Supermarket</b>	
County Code (7) (State Use Only)		Name of Contractor (9) <b>Superior Abatement, Inc.</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates</b>		ASCM No. <b>00004</b>	
Street Address <b>3 Crosswicks St.</b>		City State, Zip Code <b>West Caldwell, NJ 07006</b>	
City, State, Zip Code <b>Bordentown NJ 08505</b>		Telephone Number <b>(973) 808-1616</b>	
Project Manager for Monitoring Firm <b>Doug Ferry</b>		License Number <b>00411</b>	
Telephone Number <b>(609) 298- 5520</b>		Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Scheduled Start Date (10) <b>1/8/2014</b>		Scheduled Completion Date (11) <b>4/30/2014</b>	
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 <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type
			Rem. Rep. Encap Enclose
2nd Floor	X	VAT	556 SF X
Boiler Pit	X	Boiler Lagging/Packing	280SF X
Boiler Pit	X	Floor Debris	750 SF X
1st Floor	X	Tile Mastic	15,900 SF X
1st Floor above Ceiling	X	Duct Sleeve Packing	16 SF X
Exterior windows	X	Caulk	324 LF (11 ea.) X
Interior window	X	Window Glazing	152 LF (4 ea.) X
Exterior Door Units	X	Fire Doors	368 SF (16 ea.) X
Roof	X	Roofing/Flashing Materials	21,105 SF X
Exterior	X	Siding Shingles	384 SF X
Name of Reg. Waste Hauler <b>Service Transport Group, Inc</b>		Cubic Yards of Waste <b>400</b>	
NJDEP Waste Hauler ID # <b>SW2117</b>		Name of Reg. Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		City, State <b>9000 Minerva Road</b>	
Disp. Date <b>4/30/2014</b>		Waynesburgh OH 44688	
Completed by (Print or Type) <b>Nick Petrovski</b>		Signature 	
Title <b>President</b>		Date <b>2/19/2014</b>	



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

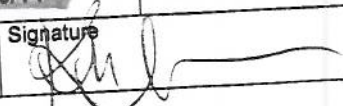
Date of Notification (1) <b>12/23/2013</b>		Name of Building Owner/Operator (2) <b>Downse Realty, LLC.</b>	
Agencies Notified  (x) EPA (x) DOL (x) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled ( ) Emergency Notification	Street Address <b>15 Brairfield Road</b> City, State, Zip Code <b>Barrington, RI 02806</b> Name of Contact <b>Chris Downse</b> Phone _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>A &amp; P Supermarket</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>110 Washington Street</b>		Sq. Feet <b>20,180</b> No. of Floors: <b>2</b>	
City (5) <b>Morristown</b>	County (6) <b>Morris</b>	County Code (7) (State Use Only)	Bldg. Age <b>59 Years</b> Current Use (prior if being demolished) <b>Supermarket</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates</b>		ASCM No. <b>00004</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>3 Crosswicks St.</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Bordentown NJ 08505</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>Doug Ferry</b>	Telephone Number <b>(609) 298- 5520</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>1/8/2014</b>	Scheduled Completion Date (11) <b>2/21/2014</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - ( ) Other - Describe		Street Address <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply) ( ) Demolition    (X) Renovation    ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)    ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Large Proj. (>160 SF or >260 LF ACM)    ( ) Glovebag Procedure    (X) Non-friable Procedure for Asbestos Roof Removal. (X) Full Containment with Negative Pressure    (X) Mini-Enclosure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA    YES    NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)      Abatement Type
2nd Floor	X	VAT	556 SF      X      Rep.      Encap      Enclose
Boiler Pit	X	Boiler Lagging/Packing	280SF      X
Boiler Pit	X	Floor Debris	750 SF      X
1st Floor	X	Tile Mastic	15,900 SF      X
1st Floor above Ceiling	X	Duct Sleeve Packing	16 SF      X
Exterior windows	X	Caulk	324 LF (11 ea.)      X
Interior window	X	Window Glazing	152 LF (4 ea.)      X
Exterior Door Units	X	Fire Doors	368 SF (16 ea.)      X
Roof	X	Roofing/Flashing Materials	21,105 SF      X
Exterior	X	Siding Shingles	384 SF      X
Name of Reg. Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>400</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>2/21/2014</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature  Date <b>12/23/2013</b>



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


*Handwritten:* Amend #1  
Extend end date?  
Additional scope added

*Handwritten:* up 3 out attached  
copy sheets attached

Date of Notification (1) 12 / 4 / 13		Name of Building Owner/Operator (2) <b>Matheson Tri-Gas, Inc.</b>		Job # 1312-1833 Chk. #3493					
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 #04 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>150 Allen Road</b>					
		City, State, Zip Code <b>Basking Ridge, J 07920</b>		Telephone Number					
		Name of Contact <b>Stephen Stroud, Esq.</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Matheson Tri-Gas Facility</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>932 Paterson Plank Road</b>				Square Feet <b>Attached</b>	# of Floors <b>1</b>				
City (5) <b>East Rutherford</b>				Bldg. Age <b>1930's</b>					
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Management Group, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>5066R West Chester Pike - P.O. Box129</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Edgemont, PA 19028</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Timothy Van Amburgh # 023173</b>		Telephone No. <b>610-359-1790</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>					
Start Date (10) 12 / 13 / 13		Scheduled Completion Date (11) 3 / 07 / 14		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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	Enclosure
Per Conv. w/ Chris Trevors on 12/4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACM survey attached (4 pgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All items to be removed attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BOILER ROOM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Doors	4 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/8/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>2/18/14</b>			



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;">02 / 19 / 14</div>		Name of Building Owner/Operator (2) <b>Ms. Francilia Attico</b> / Job # 1402-1847 Chk. #3494							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>162 Grant Street</b> City, State, Zip Code <b>Mount Holly, NJ 08060</b> Name of Contact <b>Fran Attico</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>28 Mosshill</b>		Square Feet <b>1372</b> # of Floors <b>2</b> Bldg. Age <b>50</b>							
City (5) <b>Willingboro</b>		County Code (7)(STATE USE ONLY) <b>Burlington</b> Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00862</b>						
Start Date (10) <b>02 / 20 / 14</b>	Scheduled Completion Date (11) <b>02 / 28 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
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 <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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"/> Full Containment with Negative Pressure <b>ENCLOSURE</b> <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) <b>TO BE ABATED</b> 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
<b>1<sup>st</sup> Floor &amp; 2<sup>nd</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Laminate Flooring</b>	<b>1,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor &amp; 2<sup>nd</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Laminate Flooring</b>	<b>1,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Mastic</b>	<b>600 SF</b>	<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 <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/29/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 			Date <b>02/19/14</b>		



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

OK # 3495

Date of Notification (1)  
02 / 19 / 14

Name of Building Owner/Operator (2)  
**Springpoint @ Meadow Lakes**

Job # 1402-1848 Chk. #3495

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

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

Street Address  
**13 Roszel Road**  
City, State, Zip Code  
**Princeton, NJ 08540**  
Name of Contact  
**Heather Hill-Falkoff**

Telephone Number

FEB 24 2014

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
**Meadow Lakes Building #5**

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

Street Address  
**300 Etra Road**

Square Feet  
**547,111**

# of Floors  
**1**

Bldg. Age  
**47**

City (5)  
**East Windsor**

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)  
**Continuing Care Retirement Community**

County (6)  
**Mercer**

Name of Monitoring Firm Hired by Building Owner (8)  
**Criterion Laboratories**

ASCM No.

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 19020**

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.  
**00862**

Start Date (10)  
3 / 5 / 14

Scheduled Completion Date (11)  
3 / 7 / 14

Name of OSHA Monitor  
**EMSL Analytical, Inc.**

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 / \_\_\_\_\_ PM - \_\_\_\_\_ AM

Street Address  
**200 U.S. Route 130 North**  
City, State, Zip Code  
**Cinnaminson, NJ 08077**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Sump Pump Room & Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows & Fittings	30 each	<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**

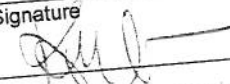
City, State  
**Freehold, NJ**

Disposal Date  
**3/7/14**

City, State  
**Morrisville, PA 19067**

Completed By (Print or Type)  
**Kimberly A. Trumbetti**

Title  
**Office Coordinator**

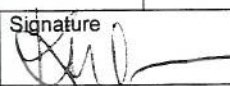
Signature  


Date  
**2/19/14**



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

**OK # 34916**

Date of Notification (1) <b>02 / 19 / 14</b>		Name of Building Owner/Operator (2) <b>Rosano Howell Land, LLC</b>		/ Job # <b>1402-1850 Chk. #3496</b>				
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 <b>175 Drift Road</b>						
		City, State, Zip Code <b>Tinton Falls, NJ 07724</b>						
		Name of Contact <b>Mr. Thomas Branch</b>		Telephone Number _____				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Rosano Asphalt Plant</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>360 Asbury Avenue</b>								
City (5) <b>Howell</b>			Square Feet <b>400</b>	# of Floors <b>1</b>	Bldg. Age <b>40</b>			
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>16 West Elizabeth Avenue</b>		Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Linden, NJ 07036</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone No. <b>908-862-4301</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <b>02 / 28 / 14</b>	Scheduled Completion Date (11) <b>02 / 28 / 14</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>200 U.S. Route 130 North</b>					
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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) <b>TO BE ABATED</b> 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) <b>40 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Exterior/Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Flashing</b>	<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 <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/28/14</b>	City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>	Signature 			Date <b>2-19-14</b>		