

Asbestos Abatement
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 12 / 30 / 13			Name of Building Owner/Operator (2) Jersey Central Power & Light/First Energy						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <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 PO Box 1911 - 300 Madison Ave					
		City, State, Zip Code Morristown, NJ 07962		JAN 2 2014					
Name of Contact Kenneth Seborowski			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 801 St John's Street				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City (5) Cape May				Square Feet 2,500	# of Floors 2				
County (6) Cape May				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No. 117		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address 318 12th Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		Telephone No. 215-542-7000	License No. 00847				
Start Date (10) 1 / 13 / 14		Scheduled Completion Date (11) 1 / 31 / 14		Name of OSHA Monitor CES					
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: 7:00AM-7:00PM PM- AM				Street Address 1121 N. Bethlehem Pike - Suite 60					
				City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
thru out building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile 9"x 9"	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings and walls thru out	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior north west door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler STG		NJDEP Waste Hauler ID No. 20900		Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE				Disposal Date 2/7/14	City, State Waynesburg, OH 44688				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 12/30/13			

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

Date of Notification (1) 1 2 / 12 17 / 1 3		Name of Building Owner/Operator (2) David Fapohunda	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 59 Beverly Road		City, State, Zip Code WEST ORANGE, NJ 07052	
Name of Contact David Fapohunda		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) David Fapohunda			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 59 Beverly Road			Square Feet # of Floors Bldg. Age		
City (5) WEST ORANGE	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
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) 01-07-2014		Sched. Completion Date (11) 01-11-2014	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 w/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)	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	711 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 01-13-2014		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature 		Date 12-27-2014

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

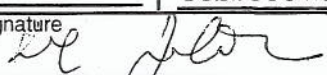
D&S Proj. #: 13-500 Emergency

Date of Notification (1) <u>1</u> / <u>2</u> / <u>12</u> / <u>1</u> / <u>3</u>		Name of Building Owner/Operator (2) <u>CIBCO</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address <u>30 Stonegate Rd</u>	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Old Tappan, NJ 07675</u>	
		Name of Contact <u>Eddy Sujac</u>	Telephone Number _____

FACILITY INFORMATION

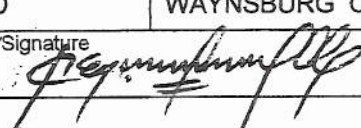
Name of facility where abatement is taking place (3) <u>CIBCO</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>36 Engle St</u>			Square Feet _____		
City (5) <u>ENGLEWOOD</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	# of Floors _____		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____			Bldg. Age _____		
Street Address _____			Current Use (Prior if being demolished) _____		
City, State, Zip Code _____			Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Project Manager for Monitoring Firm _____			Street Address <u>20 California Ave.</u>		
Phone Number _____			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Start Date (10) <u>12-28-13</u>			Telephone Number <u>973-345-8020</u>		
Sched. Completion Date (11) <u>1-4-14</u>			License Number <u>01169</u>		
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: <u>NORMAL HOURS</u>			Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
			Street Address <u>20 California Avenue</u>		
			City, State, Zip Code <u>Paterson, NJ 07503</u>		

Scope of Work (check all that apply)						<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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									
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						
First Floor & Basement		<input checked="" type="checkbox"/>		Removal of ~1,100SF of tiles & cleaning	1,100 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"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>3 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>1/4/14</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature 	Date <u>12/27/2013</u>

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

217

Date of Notification (1) 12/16/2013		Name of Building Owner/Operator (2) MARION KARUNARATNE							
Agencies Notified	Type Notification	Street Address 530 BURTON AVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HASBROOK HIGHTS NJ							
		Name of Contact MARION. K	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 530 BURTON AVE		Square Feet 1700	# of Floors 2						
City (5) HASBROOK HIGHTS		Bldg. Age 89							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) NONE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CO. LLC						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 12/18/2013	Scheduled Completion Date (11) 12/19/2013	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 <input type="checkbox"/> Other - Describe: _____		Street Address 307 WEST 38 THST. City, State, Zip Code NY.NY. 10018							
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) <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		PIPE INSULATION	83	X			
BASEMENT		X		VAT FLOOR TILE 9X9	383	X			
Name of Registered Waste Hauler SHARON QUALITY CO. LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK NJ			Disposal Date TBD	City, State WAYNSBURG OHIO					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 	Date 12/16/2013					

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2014 JAN - 2 CHECK #7773

Date of Notification (1) 12/30/13		Name of Building Owner/Operator (2) The Pennington School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial	Street Address 112 W. Delaware Avenue	
	<input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Pennington, New Jersey 08534	
	<input type="checkbox"/> Emergency (including justification)	Name of Contact DAVID J. D'ANDREA	
	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The Pennington School Lowellden Bldg.		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address 112 W. Delaware Avenue			
City (5) Pennington, NJ 08534		Square Feet	# of Floors Bldg. Age
County MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address 120 N. Warren St.		Street Address 15 BLACK FOREST ROAD		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm Ryan Broadwater	Telephone No. 609-392-4200	Telephone No. 609-890-7110	License No. 00676	
Start Date (10) 12/30/2013	Scheduled Completion Date (11) 1/8/14	Name of OSHA Monitor Environmental Connection		
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 120 N. Warren Street		
		City, State, Zip Code Trenton, NJ		

Scope of Work (Check all that apply)				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wrap & Cut <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
<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			

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
CEILING/WALLS (2ND FLR)		X		ASBESTOS PLASTER	1200 SQ. FT.	X			
BASEMENT	X			INSULATION & FITTINGS	215 L.F.	X			
1ST FLR CLOSET		X		NFVAT	75 SQ. FT.	X			

Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 20 YDS.	Name of Registered Landfill GROWS	
City, State WEST CREEK, NJ		Disposal Date 01/08/14	City, State MORRISVILLE, PA		
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>	Date 12/30/13		

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Check # 9307

Date of Notification (1) December 30, 2013		Name of Building Owner / Operator (2) Kathleen Defeo	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	48357 Sunburst Drive City, State & Zip Code Lexington Park, MD 20653 Name of Contact Price Home Group	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 50 South Spinnaker 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, home, etc.)	
City (5) Little Egg Harbor		Square Feet 1,032	# of Floors 2
County (6) Ocean		Bldg. Age 47 years	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 9, 2014	Scheduled Completion Date (11) February 10, 2014	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Renovation
<input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |
|--|---|---|

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Asbestos-containing siding	800 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 8	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date February 11, 2014		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>		Date December 30, 2013	

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

Dec.23.2013 12:50 PM

6094812123

PAGE. 2/ 4

RECEIVED

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

2014 JAN -2 AM 8:10
DOL - 10 DAY

Date of Notification (1) 12/23/13		Name of Building Owner/Operator (2) Jon Biggs, Exec.	
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 118 Woodlynne Ave. City, State, Zip Code Pitman, NJ 08071 Name of Contact Jon Biggs	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter Other than K-12 <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 118 Woodlynne Ave.		Square Feet 1800	
City (4) Pitman, NJ 08071		No. of Floors 3	
County (5) Gloucester		Bldg. Age 35 yrs	
Current Use (If being demolished)			
Name of Monitoring Firm Hired by Building Owner (6) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (5) AEI2, LLC	
City, State, Zip Code		Street Address 300 S. Lenola Road	
Project Manager for Monitoring Firm		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No.		Telephone No. 609-481-2122	
License No. 00689		Name of OSHA Monitor AEI2, LLC	
Start Date (10) 12/26/2013		Schedules Completion Date (11) 12/27/2013	
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 300 S. Lenola Road	
Scops of work (check all that apply) <input checked="" type="checkbox"/> 23 or of 23 H <input type="checkbox"/> 160 or of 2282 H <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Maple Shade, NJ 08052	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted ("") and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Basement		Residual Asbestos on HVAC Duct 5 SF	
Name of Registered Waste Hauler AEI2, LLC		NJ DEP Waste Hauler ID No. 21376	
City, State Maple Shade, NJ		Date of Waste 1	
Completed by Wm. Minnick		City, State TBD	
Title Program Mgr.		Date 12/23/13	

A02-01

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)
 1 | 2 | / | 2 | 7 | / | 1 | 3 |

Agencies Notified Type Notification

[] EPA
 [] DEP
 [X] DOL
 [X] DOH
 [] DCA

[X] Initial Notification
 [] Amended Notification
 [] Cancellation

Name of Building Owner/Operator (2)
 Pascack Valley Regional High School District

Street Address
 225 West Grand Avenue

City, State, Zip Code
 Montvale, NJ 07645

Name of Contact
 Bill Fahey

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Pascack Valley High School

Street Address
 200 Piermont Avenue

City (5)
 Hillsdale, NJ 07642

County (6)
 Bergen

County Code (7)
 (STATE USE ONLY)

Type of Facility (4)
 [X] School (K-12)
 [] Subchapter 8 (Other than K-12)
 [] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
 50,000

of Floors
 2

Bldg. Age
 50

Current Use (Prior if being demolished)
 School

Name of Monitoring Firm Hired by Building Owner (8)
 Health & Safety Services, Inc.

Street Address
 318 12th Street

City, State, Zip Code
 Hammonton, NJ 08037

Project Manager for Monitoring Firm
 Jim Proctor

Telephone Number
 609.704.8850

Scheduled Start Date (10)
 1 | 2 | / | 2 | 8 | / | 1 | 3 |

Sched. Completion Date (11)
 1 | 2 | / | 3 | 0 | / | 1 | 3 |

Month / Day / Year

Occupancy Status During Abatement (Check only one)
 [X] Facility Closed/Vacated During Entire Period of Abatement
 [] Abatement Performed Outside of Normal Facility Hours - Describe:
 [] Other - Describe:

Name of Abatement Contractor (9)
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue

City, State, Zip Code
 Clifton, NJ 07013-1935

Telephone Number
 973-614-0377

License Number
 00807

Name of OSHA Monitor
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue

City, State, Zip Code
 Clifton, NJ 07013

Scope of Work (Check all that apply)

- [] Demolition
 [X] >3 sf or >3 lf
 [] >160 sf or >260 lf

[X] Renovation

- [] Full Containment with Negative Pressure
 [X] Mini-Enclosure
 [] Glovebag Procedure
 [] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Basement Compressor Room	X	Cleanup	30 SF		X			

Name of Registered Waste Hauler
 Four Strong Builders, Inc.

NJDEP Waste Hauler ID No.
 12609

Cubic Yards of Waste

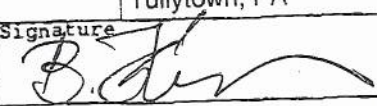
Name of Registered Landfill
 G.R.O.W.S., Inc.

City, State
 Tullytown, PA

Disposal Date

Completed By (Print or Type)
 Bilyana Kulakovska

Title
 Office Administrator

Signature


Date
 12/27/13