

PROJECT # BRCK-00460  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:29 and 12:12b)

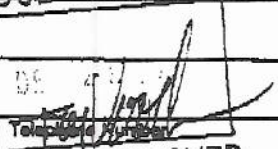
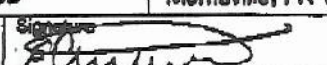
\$200.00 FOR A BLOCK OF 5 HOUSES  
PER HOWARD BLACK JOB KICK OFF  
MEETING  
CK# 9464

Date of Notification (1) 12-26-2013		Name of Building Owner/Operator (2) Township of Brick							
Agencies Notified	Type Notification	Street Address 401 Chambersbridge Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" 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 Brick, NJ 08723							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 132 Captains Ave.		Square Feet 1000	# of Floors 1						
City (5) Brick		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 01-02-2014	Scheduled Completion Date (11) 01-03-2014	Name of OSHA Monitor Loznica Management Corporation							
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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 280$ lf		<input type="checkbox"/> Removal <input checked="" 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
Throughout House			X	VAT & Linoleum	875 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJ DEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Monteville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature 		Date 12-26-2013			

PROJECT # BRCK-00450  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

\$200.00 FOR A BLOCK OF 6 HOUSES  
PER HOWARD BLACK / JOB KICK OFF  
MEETING. **CK# 0464**

Date of Notification (1) 12-26-2013		Name of Building Owner/Operator (2) Township of Brick		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>DOL - 10 DAY</b>    <b>WAIVER APPROVED</b> </div>					
Agencies Notified		Type Notification				Street Address 401 Chambersbridge Road			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Brick, NJ 08723			
						Name of Contact			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House for Demo				Type of Facility (4)					
Street Address 84 Seagoin Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Brick				Square Feet 1000	# of Floors 1				
County (6) Ocean				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a			Street Address 22 Troy Lane						
City, State, Zip Code n/a			City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm n/a			Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193				
Start Date (10) 01-06-2014		Scheduled Completion Date (11) 01-07-2014		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<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 Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or less IF <input checked="" type="checkbox"/> 2160 sf or less IF									
<input checked="" 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) in Facility (13) <b>TO BE ABATED</b>	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	Encapsulation	Enclosure
Breezeway Area			X	VAT	180 SF	X			
Exterior of House			X	Transite Shingles below Siding	2,500 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation			NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035			Disposal Date TBD		City, State Morrisville, PA 19067				
Completed by E. Cirovic			Title Secretary	Signature 		Date 12-26-2013			



PROJECT # BRCK-00450  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12b)

\$200.00 FOR A BLOCK OF 5 HOUSES  
PER HOWARD BLACK / JOB KICK OFF  
MEETING. CK# 0464

Date of Notification (1) 12-26-2013		Name of Building Owner/Operator (2) Township of Brick							
Agencies Notified		Street Address 401 Chambersbridge Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> OCA		City, State, Zip Code Brick, NJ 08723 Name of Contact Telephone No.							
Type Notification		DOL - 10 DAY WAIVER APPROVED							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4)							
Street Address 1 Bay Way		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Brick		Square Feet 1000	# of Floors 1						
Country (6) Ocean		County Code (7) (STATE USE ONLY)	Blgd. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 01-08-2018	Scheduled Completion Date (11) 01-13-2018	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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 Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 of or 23 if <input checked="" type="checkbox"/> 2180 of or 2280 if									
<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 type="checkbox"/> Non-Exempted (C) 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	Encapsulation	Enclosure
Detached Garage			X	Cement Board Siding	1,000 SF	x			
Throughout inside			X	Sheetrock Wallboard	4,500 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NUDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by E. Cirovic		Title Secretary	Signature 	Date 12-28-2013					

**PROJECT # BRCK-00450**  
**POST SANDY DEMOLITION**  
**ASBESTOS REMOVAL**

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:64 and 12:126)

**\$200.00 FOR A BLOCK OF 5 HOUSES**  
**PER HOWARD BLACK / JOB KICK OFF**  
**MEETING**

Date of Notification (1) 12-26-2013		Name of Building Owner/Operator (2) Township of Brick							
Agencies Notified		Type Notification							
<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		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 401 Chambersbridge Road City, State, Zip Code Brick, NJ 08723 Name of Contact									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House for Demo			Type of Facility (4)						
Street Address 643 Bancroft Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Brick			Square Feet 1000	# of Floors 1	Bldg. Age 50+				
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193					
Start Date (10) 01-09-2014		Scheduled Completion Date (11) 01-09-2014		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One)			Street Address 22 Troy Lane						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 1$ of or $\geq 3$ if $\geq 150$ sf or $\geq 2250$ 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 type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	Encapsulation	Enclosure
Garage			X	Transite Siding	260 SF	X			
2nd Floor Throughout			X	VAT and Mastic	825 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by E. Cirovic		Title Secretary		Signature 		Date 12-26-2013			



PROJECT # BRCK-00450  
POST SANDY DEMOLITION  
ASBESTOS REMOVAL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

\$200.00 FOR A BLOCK OF 5 HOUSES  
PER HOWARD BLACK JOB KICK OFF  
MEETING.

Date of Notification (1) 12-26-2013		Name of Building Owner/Operator (2) Township of Brick							
Agencies Notified	Type Notification	Street Address 401 Chambersbridge Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick, NJ 08723							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact							
<div style="text-align: right;"> <b>DOL - 10 DAY</b>  <b>WAVE APPROVED</b>  <i>Joe V...</i> </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House for Demo		Type of Facility (4)							
Street Address 697 Harbor Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Brick	Square Feet 1000	# of Floors 1	Bldg. Age 50+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		Name of Abatement Contractor (9) Loznica Management Corporation							
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 01-10-2013	Scheduled Completion Date (11) 01-10-2013	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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 Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Throughout			X	Black Vapor Barrier	1,200 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by E. Girovito		Title Secretary	Signature <i>E. Girovito</i>				Date 12-26-2013		



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

2004 JAN -6 AM 11:53

Date of Notification (1) 1 / 2 / 14		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA  City, State, Zip Code WOODBIDGE, NEW JERSEY 07095  Name of Contact DAVID CERULO	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		County (6) MIDDLESEX	Bldg. Age 42
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 1 / 6 / 14 Month Day Year		Sched. Completion Date (11) 3 / 15 / 14 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL

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: <input checked="" type="checkbox"/> Other - Describe: Monday - Friday 6pm - 2:30 am		Street Address 1376 ROUTE 9 W	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR MER ROOM			X	PIPE FITTINGS	16 LF	X			
ADDITION TO SCOPE:									
1ST FLOOR MER ROOM			X	PIPE FITTINGS	19 LF	X			

Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL	
City, State KEARNEY, NEW JERSEY		Disposal Date 12/16/13-03/15/14		City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 1/2/14	



07095


14  
Signature



Date of Notification (1)		Name of Building Owner/Operator	
12 / 6 /13		HESS CORPORATION	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		1 HESS PLAZA	
Type Notification		City, State, Zip Code	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		WOODBIDGE, NEW JERSEY 07095	
		Name of Contact	Telephone Number
		DAVID CERULO	

Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
HESS PLAZA				<input type="checkbox"/> School (K-12)	
				<input type="checkbox"/> Subchapter 8 (Other than K-12)	
				<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address ↑ HESS PLAZA				Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL				ASCM No. 17	
Street Address 1600 ROUTE 22				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code UNION, NEW JERSEY 07083				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm MIKE NEHLSSEN				Telephone Number 845-369-7500	
Expected State Date (10) 12 / 16 / /13 Month Day Year		Sched. Completion Date (11) 3 / 15 /14 Month Day Year		License Number 460	
Occupancy Status During Abatement (Check only one)				Name of OSHA Monitor QUALITY ENVIRONMENTAL	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				Street Address 1376 ROUTE 9 W	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:				City, State, Zip Code WAPPINGERS FALLS, NY 1259	
<input checked="" type="checkbox"/> Other - Describe: Monday - Friday 6pm - 2:30 am					
Scope of Work (Check all that apply)				Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Mini-Enclor.	
<input checked="" type="checkbox"/> >3SF OR LF				<input checked="" type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> >160 SF OR				<input type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovator					

[illegible]

Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY		Disposal Date 12/16/13-03/15/14	City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12/6/13



**BEST**

CK #4842 PAGE 02/04

REMEMBER - MAIL IN HARD COPY

DOL - 10 DAY

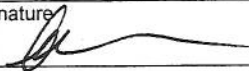
Date of Notification (1) <b>12/27/13</b>		Name of Building Owner/Operator (2) <b>ELIZABETH BOARD OF EDUCATION</b>		DEC 30 2013	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment of 8 <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Consultation		Street Address <b>500 NORTH WALTON ST</b> City, State, Zip Code <b>ELIZABETH, N.J. 07207</b> Name of Contact	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL # 5 B</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
Street Address <b>720 CLACKSON AVE</b>				Square Feet <b>6000</b>	
City (5) <b>ELIZABETH</b>				# of Floors <b>2</b>	
County (6) <b>UNION</b>				State Code (7) (STATE USE ONLY) <b>32400 L</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>DETAIL ASSOCIATES</b>		ACSM No. <b>00012</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address <b>300 GRAND AVE</b>		Street Address <b>490 E. River St</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
City, State, Zip Code <b>ENCLWOOD, NJ 07631</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>		Telephone No. <b>201-329-7444</b>	
Project Manager for Monitoring Firm <b>STEVE J. MASLOVSKI</b>		Telephone No. <b>201-569-6708</b>		License No. <b>00388</b>	
Start Date (10) <b>12/28/13</b>		Scheduled Completion Date (11) <b>12/28/13</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
Company Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Description: <b>FROM 12 PM TO 12 AM</b>				Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 250 sq ft or less <input type="checkbox"/> 251 to 1000 sq ft <input type="checkbox"/> 1001 to 2500 sq ft <input type="checkbox"/> 2501 to 5000 sq ft <input type="checkbox"/> 5001 to 10000 sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Hot Enclosure (C) and Non-Plastic Procedure				City, State, Zip Code <b>Hackensack, N.J. 07606</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE REMOVED IN FACILITY</b> (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., structural systems, insulation, siding, VAT, or other miscellaneous)	
<b>1ST FLOOR</b>		<b>X</b>		<b>THERMAL SYSTEMS INSULATION</b>	
<b>2ND FLOOR</b>		<b>X</b>		<b>2ND FLOOR</b>	
<b>3RD FLOOR</b>		<b>X</b>		<b>3RD FLOOR</b>	
<b>4TH FLOOR</b>		<b>X</b>		<b>4TH FLOOR</b>	
<b>5TH FLOOR</b>		<b>X</b>		<b>5TH FLOOR</b>	
<b>6TH FLOOR</b>		<b>X</b>		<b>6TH FLOOR</b>	
<b>7TH FLOOR</b>		<b>X</b>		<b>7TH FLOOR</b>	
<b>8TH FLOOR</b>		<b>X</b>		<b>8TH FLOOR</b>	
<b>9TH FLOOR</b>		<b>X</b>		<b>9TH FLOOR</b>	
<b>10TH FLOOR</b>		<b>X</b>		<b>10TH FLOOR</b>	
<b>11TH FLOOR</b>		<b>X</b>		<b>11TH FLOOR</b>	
<b>12TH FLOOR</b>		<b>X</b>		<b>12TH FLOOR</b>	
<b>13TH FLOOR</b>		<b>X</b>		<b>13TH FLOOR</b>	
<b>14TH FLOOR</b>		<b>X</b>		<b>14TH FLOOR</b>	
<b>15TH FLOOR</b>		<b>X</b>		<b>15TH FLOOR</b>	
<b>16TH FLOOR</b>		<b>X</b>		<b>16TH FLOOR</b>	
<b>17TH FLOOR</b>		<b>X</b>		<b>17TH FLOOR</b>	
<b>18TH FLOOR</b>		<b>X</b>		<b>18TH FLOOR</b>	
<b>19TH FLOOR</b>		<b>X</b>		<b>19TH FLOOR</b>	
<b>20TH FLOOR</b>		<b>X</b>		<b>20TH FLOOR</b>	
<b>21ST FLOOR</b>		<b>X</b>		<b>21ST FLOOR</b>	
<b>22ND FLOOR</b>		<b>X</b>		<b>22ND FLOOR</b>	
<b>23RD FLOOR</b>		<b>X</b>		<b>23RD FLOOR</b>	
<b>24TH FLOOR</b>		<b>X</b>		<b>24TH FLOOR</b>	
<b>25TH FLOOR</b>		<b>X</b>		<b>25TH FLOOR</b>	
<b>26TH FLOOR</b>		<b>X</b>		<b>26TH FLOOR</b>	
<b>27TH FLOOR</b>		<b>X</b>		<b>27TH FLOOR</b>	
<b>28TH FLOOR</b>		<b>X</b>		<b>28TH FLOOR</b>	
<b>29TH FLOOR</b>		<b>X</b>		<b>29TH FLOOR</b>	
<b>30TH FLOOR</b>		<b>X</b>		<b>30TH FLOOR</b>	
<b>31ST FLOOR</b>		<b>X</b>		<b>31ST FLOOR</b>	
<b>32ND FLOOR</b>		<b>X</b>		<b>32ND FLOOR</b>	
<b>33RD FLOOR</b>		<b>X</b>		<b>33RD FLOOR</b>	
<b>34TH FLOOR</b>		<b>X</b>		<b>34TH FLOOR</b>	
<b>35TH FLOOR</b>		<b>X</b>		<b>35TH FLOOR</b>	
<b>36TH FLOOR</b>		<b>X</b>		<b>36TH FLOOR</b>	
<b>37TH FLOOR</b>		<b>X</b>		<b>37TH FLOOR</b>	
<b>38TH FLOOR</b>		<b>X</b>		<b>38TH FLOOR</b>	
<b>39TH FLOOR</b>		<b>X</b>		<b>39TH FLOOR</b>	
<b>40TH FLOOR</b>		<b>X</b>		<b>40TH FLOOR</b>	
<b>41ST FLOOR</b>		<b>X</b>		<b>41ST FLOOR</b>	
<b>42ND FLOOR</b>		<b>X</b>		<b>42ND FLOOR</b>	
<b>43RD FLOOR</b>		<b>X</b>		<b>43RD FLOOR</b>	
<b>44TH FLOOR</b>		<b>X</b>		<b>44TH FLOOR</b>	
<b>45TH FLOOR</b>		<b>X</b>		<b>45TH FLOOR</b>	
<b>46TH FLOOR</b>		<b>X</b>		<b>46TH FLOOR</b>	
<b>47TH FLOOR</b>		<b>X</b>		<b>47TH FLOOR</b>	
<					

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\* Do not use this form for automatic telephone answering machine messages.

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


check 12583

Date of Notification (1) 12/31/13		Name of Building Owner/Operator (2) Delbarton School							
Agencies Notified	Type Notification	Street Address 230 Mendham Road							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact M. Rimpel	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 230 Mendham Road		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) Morristown		Square Feet 3000	# of Floors 3						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 100						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 1/10/14	Scheduled Completion Date (11) 3/10/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
center attic/attic storage room			x	wall plaster	60 SF		x		
basement/basement storage rm			x	wall/ceiling plaster	40 SF		x		
Room 301			x	plaster	10 SF		x		
Room 302			x	plaster	10 SF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State			Disposal Date	City, State					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 12/30/13		



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

*ck 12575*

Date of Notification (1) 12/30/13		Name of Building Owner/Operator (2) Lou Bancala							
Agencies Notified	Type Notification	Street Address 33 Forest Place							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Towaco, NJ 07082							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lou Bancala	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 33 Forest Place		Square Feet 2200	# of Floors 2						
City (5) Towaco		Bldg. Age 50							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 1/7/14	Scheduled Completion Date (11) 1/20/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 12/30/13		

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

Date of Notification (1) 12/31/13 CK:2960 \$200		Name of Building Owner/Operator (2) Elizabeth Board of Education							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 North Broad Street							
		City, State, Zip Code Elizabeth, New Jersey 07201							
		Name of Contact Luis Milanes	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) School #16 Annex		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 1086		Square Feet 20,000	# of Floors 2						
City (5) Elizabeth, New Jersey 07201		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Stephen J.		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 01/17/14	Scheduled Completion Date (11) 01/19/14	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5PM Start Friday		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Boys Bathroom		X		TSI	15 LF	X			
				Limited Containment					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 01/20/14	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 12/31/13			



PROJECT ON HOLD

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

Date of Notification (1) <b>12/27/13</b>		Name of Building Owner/Operator (2) Elizabeth Board of Education							
Agencies Notified	Type Notification	Street Address 500 North Broad Street							
<input 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 checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07201							
		Name of Contact Luis Millanes	Telephone Number <b>201-569-6708</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) School #16 Annex		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 1086 North Avenue		Square Feet 20,000	# of Floors 2						
City (5) Elizabeth		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Englewood, New Jersey 07631		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Stephen J.		Telephone No. 201-569-6708	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) <b>PROJECT ON HOLD</b>	Scheduled Completion Date (11) <b>PROJECT ON HOLD</b>	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM Start 7PM Completion</b>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement Boys Bathroom		X		TSI	15 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 12/27/13					



CK 4843

2013 JAN - 6 PM 12:15

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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:120)

DOL - 10 DAY

DEC 30 2013

Date of Notification (1) 12/30/13		Name of Building Owner/Operator (2) CATHY BENIPAYO		DEC 30 2013 JMM	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> SDOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation		Street Address 102 GRIGGS AVE City, State, Zip Code TEANECK, NJ 07666 Name of Contact CATHY BENIPAYO Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CATHY BENIPAYO Street Address 102 GRIGGS AVE. City (4) TEANECK County (5) BERGEN				Type of Facility (6) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 1800 # of Floors 2 Bldg. Age 1935 Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ACSM No. Name of Abatement Contractor (9) Best Removal Inc Street Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 License No. 00388		Name of OSHA Monitor Omega Environmental Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Start Date (10) 12/31/13		Estimated Completion Date (11) 1/1/14		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 If Other - Describe: 7AM 5PM	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> AS or less <input type="checkbox"/> AS or less & 200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Commitment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed and Non-Plastic Procedure					
Location of Asbestos-Containing Material (ACM) (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other circumstances)	
				Amount (Specify SF or LF) 70 LF	
				Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1/2 CY Name of Registered Landfill Cumberland County Landfill	
City, State Hackensack, N.J. 07601		Disposal Date 12/31/13		City, State Newburgh, PA. 17240	
Completed by J. Maiorano		Title Estimator		Signature Date 12/30/13	

ADB-01

\* Do not use this form for asbestos removals performed indoors.




**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:26)

CL# 4848

Date of Notification (1) <b>1/2/14</b>		Name of Building Owner/Operator (2) <b>MR. IRA BAUMAN</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>936 RED RD</b>					
		City, State, Zip Code <b>TEANECK NJ, 07666</b>					
		Name of Contact <b>MR. BAUMAN</b>	Telephone Number <b>201-329-7444</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MR. BAUMAN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>936 RED RD</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>				
City (5) <b>TEANECK</b>		Bldg. Age <b>1940</b>					
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address <b>777</b>		Street Address <b>450 S. River St</b>					
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>				
Start Date (10) <b>1/14/14</b>	Scheduled Completion Date (11) <b>1/15/14</b>	Name of OSHA Monitor <b>Omega Environmental Inc</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 <input checked="" type="checkbox"/> Other - Describe: <b>7AM to 5PM</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> $\geq 3$ of $\geq 3$ F <input type="checkbox"/> $\geq 150$ of $\geq 250$ F		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wet Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible 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, gaskets, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclose
<b>BASEMENT</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>40LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		N.J.E.P Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>1/15/14</b>	City, State <b>Waynesburg, Oh</b>				
Completed by <b>J. MAJORANO</b>	Title <b>Estimator</b>	Signature <i>J. Majorano</i>		Date <b>1/2/14</b>			

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

*check 12586*

Date of Notification (1) 1/2/14		Name of Building Owner/Operator (2) Mr. & Mrs. Fine							
Agencies Notified	Type Notification	Street Address 36 Rynda Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code South Orange, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. & Mrs. Fine	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 36 Rynda Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) South Orange		Square Feet 2200	# of Floors 2						
County (6) Essex		Bldg. Age 50							
County Code (7) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 1/10/14	Scheduled Completion Date (11) 2/10/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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			x	pipe insulation	120 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 1/2/14			



No CAC

PH 12:50  
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 12 / 6 /13		<b>Name of Building Owner/Operator (2)</b> HESS CORPORATION	
<b>Agencies Notified</b>		<b>Street Address</b> 1 HESS PLAZA	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>City, State, Zip Code</b> WOODBRIDGE, NEW JERSEY 07095	
<b>Type Notification</b>		<b>Name of Contact</b> DAVID CERULO	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		<b>Telephone Number</b> _____	

<b>Name of Facility Where Abatement is Taking Place (3)</b> HESS PLAZA			<b>Type of Facility (4)</b>	
<b>Street Address</b> 1 HESS PLAZA			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, et	
			<b>Square Feet</b> 187,000	<b># of Floors</b> 13
<b>City (5)</b> WOODBIDGE	<b>County (6)</b> MIDDLESEX	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> COMMERCIAL OFFICE	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> HILLMANN ENVIRONMENTAL			<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 1600 ROUTE 22			<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> UNION, NEW JERSEY 07083			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> MIKE NEHLSSEN		<b>Telephone Number</b> 908-377-5644	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460
<b>Expected State Date (10)</b> 12 / 16 /13		<b>Sched. Completion Date (11)</b> 3 / 15 /14		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL
<b>Occupancy Status During Abatement (Check only one)</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: Monday - Friday 6pm - 2:30 am			<b>Street Address</b> 1376 ROUTE 9 W	
			<b>City, State, Zip Code</b> WAPPINGERS FALLS, NY 1259	

**Scope of Work (Check all that apply)**

<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR	<input checked="" type="checkbox"/> Renovator	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
--	---	--

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abater		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
1ST FLOOR MER ROOM			X	PIPE FITTINGS	16 LF	X		

<b>Name of Registered Waste Hauler</b> DJM TRANSPORT, LLC	<b>NJDEP Waste Hauler ID No.</b> 26981	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> GROWS LANDFILL
<b>City, State</b> KEARNEY, NEW JERSEY		<b>Disposal Date</b> 12/16/13-03/15/14	<b>City, State</b> MORRISVILLE, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 12/6/13



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  
1 2 / 3 0 / 1 3

Name of Building Owner/Operator (2)  
State of NJ Dept. of Environmental Protection

CK# 024164

Agencies Notified Type of Notification  
☒ EPA  
☐ DEP ☒ Initial  
☒ DOL ☐ Amended  
☐ Amendment # \_\_\_\_\_  
☒ DOH ☐ Emergency (including  
Justification)  
☐ DCA ☐ Cancellation

Street Address  
P.O. Box 420  
City, State, Zip Code  
Trenton NJ 08625  
Name of Contact Telephone Number  
Bob Kunze

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

State Forestry Nursery  
Street Address

372 East Veterans Highway

City (5) County (6)

Jackson Somerset  
Name of Monitoring Firm Hired by Building Owner (8)

USA Environmental Management Inc  
Street Address  
344 West State Street

Trenton, NJ 08618

Project Manager for Monitoring Firm  
Willie Weisgarber

Telephone Number  
609-656-8101

Scheduled State Date (10)

0 1 / 1 3 / 1 3  
Month / Day / Year

Scheduled Completion Date (11)

0 1 / 2 8 / 1 3  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period  
of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ Full Containment With Negative Pressure  
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Mini-Enclosure  
☐ 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			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Throughout		X Drywall / Joint Compound	2,618 sf ft.	X			
Throughout		X Pipe & Fitting Insulation	140 sq. ft.	X			
Throughout		X Boiler Rib Insulation	10 sq. ft.	X			
Throughout		X Linoleum & Mastic	192 sq. ft.	X			
Throughout		X Flue Cement	2 sq. ft.	X			
Throughout		X Textured Ceiling Finish	721 Sq. ft.	X			

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

NJDEP Waste  
Hauler ID No.  
17819

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Completed by (Print or Type)

Jerry Bijelonic

Title

Project Manager

Signature

Date

12/30/2013

CK# 1799

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

Check#1799

Date of Notification (1) 12 / 31 / 13		Name of Building Owner/Operator (2) Junior R. Fortuna							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 West 25th Street City, State, Zip Code Bayonne, NJ 07002 Name of Contact Junior R. Fortuna Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 125 West 25th Street City (5) Bayonne, NJ 07002 County (6) Hudson		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 and commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 01 / 09 / 14 Scheduled Completion Date (11) 01 / 10 / 14		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127 Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
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		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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							
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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 12/31/2013				



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

*No CK*

Date of Notification (1) December 27th, 2013		Name of Building Owner/Operator (2) VNO WAYNE TOWN CENTER LLC							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Wayne Town Center, NJ State Rte. 23 Willowbrook Blvd.							
		City, State, Zip Code Wayne, New Jersey 07470							
		Name of Contact Mark Messier	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff		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 250 Wayne Town Center		Square Feet 220,000	# of Floors 2						
City (5) Wayne		Bldg. Age 45							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commerical							
Name of Monitoring Firm Hired by Building Owner (8) Omega Envirnomental Services		ASCM No.	Name of Abatement Contractor (9) Slavco Construction Inc.						
Street Address 280 Huyler Street		Street Address 164 Getty Ave.							
City, State, Zip Code South Hackensack, New Jersey		City, State, Zip Code Clifton, New Jersey 07011-1802							
Project Manager for Monitoring Firm Mr. Gary Mellor		Telephone No. 201-489-8700	License No. 00724						
Start Date (10) October 2, 2013	Scheduled Completion Date (11) January 31, 2013	Name of OSHA Monitor Slavco Construction Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Monday-Saturday 7:00am-3:30pm</u>		Street Address 164 Getty Ave.							
		City, State, Zip Code Clifton, New Jersey 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
South East Corner			x	Clean up	3240sf	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Clifton, New Jersey 07011-1802			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Vivian D. Jurcevic		Title Office Manager	Signature <i>Vivian D. Jurcevic</i>	Date 12/27/13					



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

CK # 4845

Date of Notification (1) <b>1-2/30/13</b>		Name of Building Owner/Operator (2) <b>Mrs. JUDITH BITTERMAN</b>							
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> PCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 EAST FAIRMOUNT AVE</b>							
		City, State, Zip Code <b>MAYWOOD NJ 07607</b>							
		Name of Contact <b>MR A. BITTERMAN</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SALE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>25 E. FAIRMOUNT AVE</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>						
City (5) <b>MAYWOOD</b>		Bldg. Age <b>1940</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 S. River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>1/13/14</b>	Scheduled Completion Date (11) <b>1/14/14</b>	Name of OSHA Monitor <b>Omega Environmental Inc</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 <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ F <input type="checkbox"/> $\geq 160$ of or $\geq 250$ F									
<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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Finable 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, gaskets, 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>THERMAL INSULATION</b>	<b>90 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1.207</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>1/14/14</b>		City, State <b>Waynesburg, Oh</b>					
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>			Date <b>12/30/13</b>		



12/27/2013 08:11 9736149955

PARAGON

PAGE 03/04

Paragon Job#

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80-7 and 12:120-7)

OK# 6850

JAN 6 2014

Date of Notification (1) 12/12/13		Name of Building Owner/Operator (2) Church of Sacred Heart	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # <input checked="" type="checkbox"/> Emergency (Include justification) <input type="checkbox"/> Cancellation	
Street Address 171 Clifton Ave.		City, State, Zip Code Newark, NJ 07104	
Name of Contact Chris Tomlan		Telephone Number	

DOL - 10 DAY

WAIVER APPROVED

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Main School South Side of the Building Boiler Room			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1060-1066 South Orange Avenue			Square Feet 16,000 sf		
City (5) Newark			# of Floors 03		
County (6) Essex			Bldg. Age 50		
County Code (7) (State use only)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Companies			Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address 7 Pleasant Hill Rd.			Street Address 590 River Rd.		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number (973) 614-1600		
Phone Number 732-390-3858			License Number 00748		
Scheduled Start Date (10) 12/27/2013			Name of OSHA Monitor Paragon Contracting, Inc.		
Sched. Completion Date (11) 12/30/2013			Street Address 590 River Rd.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:			City, State, Zip Code Clifton, NJ 07014		

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure

☒ >3 sf or >3 ft ☐ ≥160 sf or ≥260 ft ☒ Mini-enclosure ☐ Non-Exempted ("") Non-Friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Rem	Rep	Enc	Encl
	Yes	No	N/A						
Basement Boiler Room	<input checked="" type="checkbox"/>			Pipe Elbows	8 EA	<input checked="" type="checkbox"/>			

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 1 eys	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 12/27/2013



CHECK#

3133

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

Date of Notification (1) <u>12/30/13</u>		Name of Building Owner/Operator (2) <u>MEN + MACHINES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE</u>	
		City, State, Zip Code <u>WOODBINE, N.J. 08270</u>	
		Name of Contact <u>LISA FISHER</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1770 RT. 9</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>SWANTON</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u> <u>MIDDLE TOWNSHIP</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLGMC INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>1/13/14</u>	Scheduled Completion Date (11) <u>1/20/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160-si or 2260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1400 LF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/30/13</u>



2084 JAN 1962

6 PM 12:38

CHK# 10085

Date of Notification (1) <b>12-27-13</b>		Name of Building Owner/Operator (2) <b>James Herring</b>	
Agencies Notified	Type Notification	Street Address <b>30 Castle Howard Ct.</b>	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Princeton, NJ, 08540</b>	
		Name of Contact <b>James Herring</b>	Telephone Number <b>---</b>

2014 JAN -6 PM 12:30  
ED


Name of Facility Where Abatement is Taking Place (3) <b>Same as above</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			Square Feet <b>4500</b>	# of Floors <b>2</b>	Bldg. Age <b>200</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>1-9-14</b> Month Day Year	Sched. Completion Date (11) <b>1-14-14</b> Month Day Year	Name of OSHA Monitor <b>N/A</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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

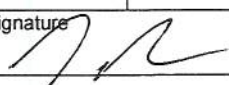
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	110 lf	X			
Crawl Space			X	Pipe Insulation	165 lf	X			
Furnace Area			X	Pipe Insulation	210 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-15-14</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>12-27-13</b>		



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

CK# 2409

Date of Notification (1) 12/31/13		Name of Building Owner/Operator (2) A.K. Schreiber							
Agencies Notified	Type Notification	Street Address 1454 CANTERBURY ROAD							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD NJ 08701							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1454 CANTERBURY ROAD		<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) LAKEWOOD		Square Feet 1000	# of Floors 1						
County (6) OCEAN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 01/10/14	Scheduled Completion Date (11) 01/13/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		SIDING		X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 01/13/13	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature 			Date 12/31/13			

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

CK# 2957

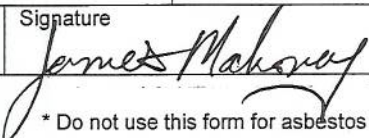
2004 JAN - 6 PM 12:30

Date of Notification (1) 12/27/13      Ck:2957      \$200		Name of Building Owner/Operator (2) Dover Board of Education							
Agencies Notified	Type Notification	Street Address 100 Grace Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dover, New Jersey 07801							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Bob Gomes	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) North Dover Elementary School		Type of Facility (4) <input checked="" 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 51 Highland Avenue		Square Feet 20,000	# of Floors 2						
City (5) Dover, New Jersey 07801		Bldg. Age 55+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 500 South Broad Street		Street Address 606 McBride Avenue							
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	License No. 01104						
Start Date (10) 12/27/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor J&S Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5PM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
Attic Near Gym	X			Asbestos Debris Clean Up	24 SF				
				Critical Barriers Negative Air HEPA					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 01/03/14	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 12/27/13					



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

OK# 14609

Date of Notification ( 12/ 30/13		Name of Building Owner/Operator (2) Township of South Orange Village							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address Temp - 76 South Orange Avenue JAN 6 2014  City, State, Zip Code South Orange, N.J. 07079  Name of Contact Salvatore Renda  Telephone Number							
<b>FACILITY INFORMATION</b>									
name of Facility Where Abatement is Taking Place (3) South Orange Village Hall		Type of Facility (4) School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 101 South Orange Avenue		Square Feet 40,000	# of Floors 3 Bldg. Age 100+						
City (5) South Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Town Hall						
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 27 Bleeker St.		Street Address 322 Beers St							
City, State, Zip Code Milburn, N.J. 07041		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Kevin Herrigthy		Telephone No. 973 912 - 2480	Telephone No. 732-739-1200 License No. 01095						
Start Date (10) 1/14 / 14	Scheduled Completion Date (11) 2/15/14	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure         </div> </div>									
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 crawlspace			x	Pipe insulation	300 lf	x			
Attic staircase			x	Transite panels	150 sf	x			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd					
City, State 1141 Rt 23 Wayne N.J. 07470			Disposal Date 8/29/12	City, State Bethlehem P.A. 10815					
Completed by James Mahoney		Title Project manager	Signature 			Date 12/30/13			

CK # 10084

Date of Notification (1) <b>12-27-13</b>		Name of Building Owner/Operator (2) <b>Denise Riordan</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 checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	Street Address <b>527 Grove Street</b> City, State, Zip Code <b>Montclair, NJ, 07042</b> Name of Contact <b>Denise Riordan</b> Telephone Number <b>JAN 6 2014</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</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		Square Feet <b>2400</b>	# of Floors <b>2</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age <b>88</b>
		Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address				Street Address <b>86 Christopher St.</b>	
City, State, Zip Code				City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	
Scheduled Start Date (10) <b>1-8-14</b> Month Day Year		Sched. Completion Date (11) <b>1-9-14</b> Month Day Year		License Number <b>00371</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				Name of OSHA Monitor <b>N/A</b>	
				Street Address	
				City, State, Zip Code	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	25 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1-10-14</b>		City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature <i>Constantine Vivian</i>		Date <b>12-27-13</b>



#1538

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

Date of Notification (1) <b>12/24/2013</b>		Name of Building Owner / Operator (2) <b>Lurch Demolition</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 42</b>	
		City, State & Zip Code <b>Avon by the Sea, NJ 07717</b>	
		Name of Contact <b>Frank Lurch</b>	
		Telephone Number <b>JAN 6 2014</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Residence</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>28 Catalina Drive</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>
City (5) <b>Bricktown</b>	County (6) <b>Ocean</b>	Bldg. Age <b>80</b>	
Current Use (Prior if being demolished) <b>Residential</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>	
City, State & Zip Code		Street Address <b>2129 Route 33</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>1/2/2014</b>	Scheduled Completion Date (11) <b>1/4/2014</b>	Name of OSHA Monitor <b>EMSL Analytical</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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 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"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
<b>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Siding</b>		<b>2000</b>
Abatement Type			
Removal		<input checked="" type="checkbox"/>	
Repair		<input type="checkbox"/>	
Encapsulate		<input type="checkbox"/>	
Enclosure		<input type="checkbox"/>	
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>4</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>Various</b>	Name of Registered Landfill <b>Grows Landfill</b>
			City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>
			Date <b>12/24/2013</b>

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

CK# 2211

Date of Notification (1) <b>12/31/13</b>		Name of Building Owner/Operator (2) <b>Karen Chaffee</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>107 Herbert Ave</b>	
		City, State, Zip Code <b>Hamilton, New Jersey</b>	
		Name of Contact <b>Karen</b>	Telephone Number 

Name of Facility Where Abatement is Taking Place (3) <b>Chaffee Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>107 Herbert Ave</b>		Square Feet <b>1500</b>	# of Floors <b>1</b>
City (5) <b>Hamilton</b>		Bldg. Age <b>55+</b>	
County (6) <b>Meriden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>	
Street Address		Street Address <b>95 Montrose Road</b>		
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>732-294-1757</b>	License No. <b>00029</b>
Start Date (10) <b>1-9-14</b>		Scheduled Completion Date (11) <b>1-13-14</b>		Name of OSHA Monitor
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 Other - Describe: <b>7am - 7pm</b>			Street Address	
			City, State, Zip Code	

Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure		
		<input checked="" type="checkbox"/> Glovebag Procedure		
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>basement</b>			<b>X</b>	<b>pipe covering</b>	<b>50 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESE</b>	
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>1-13-14</b>		City, State <b>Bethlehem, Pa</b>	
Completed by <b>George Wuest</b>		Title <b>President</b>	Signature <b>George Wuest</b>	Date <b>12/31/13</b>	



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

Chae K# 10701

**GAC Project # 060-14**

<b>Date of Notification (1)</b> <b>December 26, 2013</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT</b>		<b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>		<b>Name of Contact</b> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
		<b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>CONKLIN HALL, BLDG# 7218</b>		<b>Type of Facility (4)</b> <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.) <b>Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years</b>	
<b>Street Address</b> <b>NEWARK CAMPUS</b>		<b>Current Use (prior if being demolished): ACADEMIC</b>	
<b>City (5)</b> <b>NEWARK</b>	<b>County (6)</b> <b>ESSEX</b>	<b>County Code (7) (State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Cardno ATC</b>		<b>ASCM No.</b> <b>0098</b>	
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>		<b>Telephone Number</b> <b>609-386-8800</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>01/17/14</b>		<b>Scheduled Completion Date (11)</b> <b>01/20/14</b>	
<b>Name of OSHA Monitor</b> <b>1 ENVIROVISION, INC.</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD</b>	
<b>Occupancy Status During Abatement (Check only one)</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>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>	
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
<b>Room 239</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>500 SF</b>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste: 15 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b>		<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>	
<b>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</b> <b>NJ DEP # 20990</b>		<b>Disposal Date</b> <b>01/20/14</b>	<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>
		<b>Date</b> <b>December 26, 2013</b>	

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



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

GAC Project # 060-14

Date of Notification (1) <b>December 26, 2013</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 4 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>BLUMENTHAL HALL, BLDG# 7493</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>NEWARK CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Current Use (prior if being demolished): <b>ACADEMIC</b>			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Cardno ATC</b>		ASCM No. <b>0098</b>	
Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>			
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>01/10/14</b>	Scheduled Completion Date (11) <b>01/13/14</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</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 <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>Room 209</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>300 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Disposal Date <b>01/13/14</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>December 26, 2013</b>



## NOTIFICATION OF ASBESTOS ABATEMENT

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

ck# 23380

Date of Notification (1) December 30, 2013		Name of Building Owner/Operator (2) Joelaine construction	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address 668 Hyson Road	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact Joe	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 24 North Cooks Bridge Rd..					
City Jackson	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 12/31/2013	Scheduled Completion Date (11) 01/03/2014		Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1150 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 01/06/2014		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 12/30/13		

\*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)

# 23379

Date of Notification (1) <b>December 30, 2013</b>		Name of Building Owner/Operator (2) <b>Miller Homes</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>112 Giffordtown Lane</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Tuckerton, NJ 08087</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Jim Miller</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>29 West Mohawk Rd.</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Little Egg Harbor</b>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <b>Ocean</b>		
County Code (7) (STATE USE ONLY)		Square feet	# of Floors	Bldg. Age	
		<b>1300 sf</b>	<b>1</b>	<b>60</b>	
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address		
			<b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code		
			<b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			<b>732-349-9932</b>		<b>00624</b>
Scheduled Start Date (10) <b>12/31/2013</b>		Scheduled Completion Date (11) <b>01/03/2014</b>			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>E.M.S.L. Analytical</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			<b>1056 Stelton Road</b>		
			City, State, Zip Code		
			<b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input 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)  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			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1600 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>01/06/2014</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>12/30/13</b>		

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



B &amp; G proj. #: 2013-97H

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

\*\*\* RESUMES 01/02/2014 \*\*\*

Check # 6349

Date of Notification (1) 1/2/13 1/1/13		Name of Building Owner/Operator (2) Seminary Urban Renewal	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 120 Albany Street			
City, State, Zip Code New Brunswick, NJ 08901			
Name of Contact Merissa Buczny		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vacant Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 46 College Avenue			Square Feet # of Floors Bldg. Age		
City (5) New Brunswick, NJ 08901	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential housing		
Name of Monitoring Firm Hired by Bldg. Owner (8) The Louis Berger Group, Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 412 Mount Kemble Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Morristown, NJ 07960			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Craig Napolitano		Phone Number 973-407-1000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/05/2013		Sched. Completion Date (11) 01/25/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation                    | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure    |
| <input type="checkbox"/> >3 sf or >3 lf        | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure            | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
SEE ATTACHED SHEET									
ADDITIONAL QUANTITIES									
ADDED to PROJECT									

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/05/13 - 01/27/14	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 12/31/2013

RECEIVED  
2004 JAN -6 PM 12:33

December 31, 2013

Re: One page attachment to 10-day notification for asbestos removal at  
46 College Avenue, New Brunswick, NJ 08901.

Resume Start date: 01/02/2014

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Throughout	NO	Pipe insulation & Assoc. mudded joints	525 LF	X	
Basement	NO	Scratch coat on brick furnace	150 SF	X	
Basement	NO	Compressed board above furnace	80 SF	X	
1 <sup>st</sup> & 2 <sup>nd</sup> fl. restrooms	NO	12x12 floor tile	72 SF	X	
2 <sup>nd</sup> fl. restroom outside break room	NO	Tub & wall caulking	2 SF	X	
1 <sup>st</sup> fl. Office 104, 104A & 104B	NO	Floor tile & mastic	215 SF	X	
1 <sup>st</sup> & 2 <sup>nd</sup> Fl. Offices	NO	Particle paper behind heaters	36 SF	X	



Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
2 <sup>nd</sup> fl.	NO	Electrical paper to light fixtures	10 SF	X	
Exterior Façade	NO	Exterior window frame caulking	750 LF	X	
2 <sup>nd</sup> fl.	NO	Joint compound	410 SF	X	
Rear roof	NO	Black roofing tar	190 SF	X	

2004 JAN -6 PM 12:33

RECEIVED

B &amp; G proj. #: 2013-97H

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

\*\*\* ON HOLD \*\*\*

Check # MA

Date of Notification (1)

1/2/10/4/1/3

Name of Building Owner/Operator (2)

Seminary Urban Renewal

Agencies Notified

☒ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Street Address

120 Albany Street

City, State, Zip Code

New Brunswick, NJ 08901

Name of Contact

Merissa Buczny

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Vacant Building

Street Address

46 College Avenue

City (5)

New Brunswick, NJ 08901

County (6)

Middlesex

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

residential housing

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

The Louis Berger Group, Inc.

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

412 Mount Kemble Avenue

City, State, Zip Code

Morristown, NJ 07960

Project Manager for Monitoring Firm

Craig Napolitano

Phone Number

973-407-1000

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Scheduled Start Date (10)

12/05/2013

Sched. Completion Date (11)

01/11/2014\*\*\*\*\*

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:

Street Address

105 Ryerson Road

City, State, Zip Code

LincolnPark, NJ 07035

Scope of Work (check all that apply)

☒ Demolition☐ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☒ Mini-enclosure☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

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SEE ATTACHED SHEET

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
10Name of Registered Landfill  
Tullytown Resource & Recovery CenterCity, State  
Lincoln Park, NJDisposal Date  
12/05/13 - 01/13/14City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

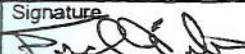
Date

12/04/2013



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

2004 JAN -6 PM 2:46  
FILED

Date of Notification (1) <b>30 Dec 2013</b>		Name of Building Owner/Operator (2) <b>MIDDLETOWN TRUST</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2802 MALLARD LAKE DR</b> City, State, Zip Code <b>JOHN'S ISLAND, SC 29455</b> Name of Contact <b>MIKE</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Res</b>		Type of Facility (4) <input type="checkbox"/> Public Contracts <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>336 17th ST</b>		Square Feet <b>575</b>					
City (5) <b>Ship Bottom N.J. 08008</b>		# of Floors <b>1</b>					
County (6) <b>OCEAN</b>		Bldg. Age <b>55+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Home</b>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Giberson Environmental LLC</b>					
Street Address		Street Address <b>909 Wilbur Ave</b>					
City, State, Zip Code		City, State, Zip Code <b>Phillipsburg, N.J. 08865</b>					
Project Manager for Monitoring Firm		Telephone No. <b>908-938-1343</b>					
Telephone No.		License No. <b>01207</b>					
Contract No.		Name of OSHA Monitor					
Start Date (10) <b>9 JAN 2013</b>		Scheduled Completion Date (11) <b>10 JAN 2013</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 <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 friable					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>728 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>EXTERIOR</b>	<b>X</b>	<b>surfacing (siding)</b>	<b>728 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>A Greener Recycling</b>		NJDEP Waste Hauler ID No. <b>2943</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROVES</b>			
City, State <b>Hainesport N.J.</b>		Disposal Date <b>10 Dec 2013</b>	City, State <b>Morrisville, PA.</b>				
Completed By <b>Fred Giberson</b>		Title <b>owner</b>	Signature 		Date <b>30 Dec 2013</b>		