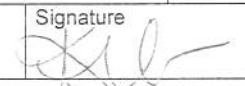


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">1 / 5 / 15</div>		Name of Building Owner/Operator (2) Maureen and Joseph Lesniak		Job # 1501-1946 Chk. NA 2015 JAN 15 PM 10:50					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 6357 Irving Avenue						
			City, State, Zip Code Pennsauken, NJ 08109						
			Name of Contact Maureen & Joseph						
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 6357 Irving Avenue									
City (5) Pennsauken			Square Feet 1933	# of Floors 2	Bldg. Age 133 yrs				
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 16 West Elizabeth Avenue		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Linden NJ 07036		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 1 / 19 / 15		Scheduled Completion Date (11) 1 / 30 / 15		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
DR, FR, Foyer, 1 st Fl Hall & stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Plaster	1,690 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 1/30/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 		Date 1-9-15				

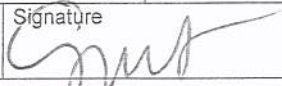
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">1 / 8 / 15</div>		Name of Building Owner/Operator (2) PSE&G / Job #1501-4861 Check #5842							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ 07080							
		Name of Contact Michael Luciani	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Control 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 and commercial buildings, homes, etc.)							
Street Address Front Street		Square Feet	# of Floors						
City (5) Scotch Plains		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00529						
Start Date (10) 1 / 20 / 14	Scheduled Completion Date (11) 2 / 4 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor of Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Panels	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Materials	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Door	1 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Camden, NJ		Disposal Date 2/4/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 1/8/15		

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">1 / 12 / 15</div>		Name of Building Owner/Operator (2) State of NJ DPMC/ Job #1412-4857 Check #6958							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street PO Box 034							
		City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact John DeAngelo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eatontown MVC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 109 Route #36		Square Feet	# of Floors						
City (5) Eatontown		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Conenction, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Rolly Jones	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 1 / 21 / 15	Scheduled Completion Date (11) 1 / 23 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expansion Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SlopSink Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	4 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 1/23/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 1/12/15		

B & G proj. #: 2015-08

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

*** NON Friable ***

Check # 7046

Date of Notification (1) 01/11/15		Name of Building Owner/Operator (2) Atlantic Health System	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 100 Madison Avenue		City, State, Zip Code Morristown, NJ 07960	
Name of Contact Peter Palmer		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center, Franklin 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 100 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road		Street Address 105 Ryerson Road			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-4000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/23/2015	Sched. Completion Date (11) 01/25/2015		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 4:00pm - 12:30am			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

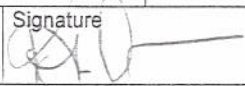
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st fl East wing Hallway			X	floor tile, mastic, carpeting	800 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/26/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/12/2015

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>13</u> / <u>15</u>		Name of Building Owner/Operator (2) Mr. Robert Gesregan		2015 JAN 15 10:56 AM #3893					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 922 Route 518							
		City, State, Zip Code Skillman, NJ 08558							
		Name of Contact Robert G.		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 922 Route 518									
City (5) Skillman		Square Feet 2000	# of Floors 1	Bldg. Age 60					
County (6) Somerset		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 336		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <u>2</u> / <u>2</u> / <u>15</u>		Scheduled Completion Date (11) <u>2</u> / <u>5</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	970 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 2/5/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 1-13-15			

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

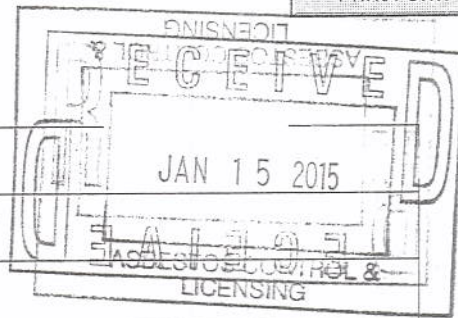
check # 2325

Date of Notification (1) 12 / 11 / 14		Name of Building Owner / Operator (2) HOFFMAN LAROCHE, INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 340 KINGSLAND AVENUE		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact TOM AIELLO		Telephone Number ASBESTOS & LICE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 340 KINGSLAND AVENUE		Building Age	
City (5) NUTLEY	County (6) ESSEX	County Code (7)	Square Feet N/A
Current Use (Prior if being demolished) N/A		# Of Floors N/A	Building Age
Name of Monitoring Firm Hired by Bldg. Owner (8) EMILCOTT ASSOCIATES, INC.		ASCM NO. N/A	Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.
Street Address 190 PARK AVE		Street Address 32 WILLIAMS PARKWAY	
City, State, Zip Code MORRISTOWN, NJ 07960		City, State, Zip Code EAST HANOVER, NJ 07936	
Project Mngr. For Monitoring Firm DAVID TOMSEY		Telephone Number 973-538-1110	Telephone Number 973-772-3660
Sched. Completion Date (11) 12 / 22 / 14		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI 7:00AM-3:00PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 WILLIAMS PARKWAY City, State, Zip Code EAST HANOVER, NJ 07936	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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) 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 N C L O S U R
EXTERIOR FORMER B-30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ACM SOIL	2,400 C.Y.
EXTERIOR FORMER B-35	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	EXPANSION JOINT	2,400 LF
BLDG 115, 1ST FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	20 SF
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.	NJDEP Waste Hauler ID No. NJ-750	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT
City, State EAST HANOVER, NJ	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature Steven Stiles	Date 01/14/15

NO CR

Print Form

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



Date of Notification (1) 1/9/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 440 Eagle Rock Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland NJ 07068							
		Name of Contact Dawn Neville	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cook Substation		Type of Facility (4)							
Street Address 98 Cook Rd		<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) Nutley NJ 07110		Square Feet n/a	# of Floors n/a						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address n/a		Street Address 17 Old Dock Rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01136						
Start Date (10) 1/8/15	Scheduled Completion Date (11) 1/8/15	Name of OSHA Monitor Michael J DiMaria/ WRS							
Occupancy Status During Abatement (Check Only One)		Street Address same as above							
<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 same as above							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Excavation			x	Asbestos Transite Pipe	16 LF	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions Corp.		NJDEP Waste Hauler ID No. 20071	Cubic Yards of Waste 1	Name of Registered Landfill Wayne Disposal Inc.					
City, State 1 Eden Lane, Flanders NJ 07863			Disposal Date TBD	City, State Belleville, MI 48111					
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor	Signature <i>Michael J DiMaria</i>	Date 1/9/15					

CK # 24717

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

Date of Notification (1) <u>1/12/14</u>		Name of Building Owner/Operator (2) <u>Ugorji</u>							
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>854 Ohio Ave.</u>							
		City, State, Zip Code <u>Trenton, NJ 08638</u>							
		Name of Contact <u>Ms. Ugorji</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>854 Ohio Ave.</u>									
City (5) <u>Trenton, NJ</u>		Square Feet <u>1200</u>	# of Floors <u>2</u>						
		Bldg. Age <u>80+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarger</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>1/13/15</u>	Scheduled Completion Date (11) <u>1/14/15</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
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 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>11 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/13/15</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>				Date <u>1/12/15</u>		

00003/0005

CK #24719
DOL - 10 DAY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 1/12/14		Name of Building Owner/Operator (2) Ugorji						
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"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 854 Ohio Ave.	City, State, Zip Code Trenton, NJ 08638					
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 2 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 854 Ohio Ave.		Square Feet 1200	# of Floors 2					
City (5) Trenton, NJ		Bldg. Age 80+/-						
County (6) Mercer		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322						
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501						
Project Manager for Monitoring Firm Bill Weisberger		Telephone No. (609) 295-4070	License No. 00493					
Start Date (10) 1/13/15		Scheduled Completion Date (11) 1/14/15						
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: 8am to 4pm		Name of OSHA Monitor MECS						
Street Address PO Box 341		City, State, Zip Code Crosswicks, NJ 08515						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 lf <input checked="" 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 Procedures								
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
Basement		<input checked="" type="checkbox"/>	Thermal Pipe Insulation	11 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.								
NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1 CU	Name of Registered Landfill GROWS Landfill					
City, State Allentown, NJ		Disposal Date 1/13/15	City, State Morrisville, PA		Date 1/12/15			
Completed By Mahlon E. Stevens		Title Project Manager		Signature <i>[Signature]</i>		Date 1/12/15		

ASB-41
MAR 00

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

11/27/2031 09:27 FAX

0003/0004

State of New Jersey
NOTIFICATION OF ABATEMENT
 (Pursuant to N.J.A.C. 15:27 and 15:16)

DOL - 10 DAY

Date of Notification (1) 1 / 09 / 15		Name of Building Owner/Operator (2) Congregation Ahavas Israel 8CK# 3484							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 181 Van Houten Avenue City, State, Zip Code Passaic, New Jersey 07055							
		Name of Contact Howard Penner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Congregation Ahavas Israel		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 and commercial buildings, homes, etc.)							
Street Address 181 Van Houten Avenue		Square Feet 10,000	# of Floors 2						
City (5) Passaic, New Jersey 07055		Bldg. Age 55+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Synagog							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc.		Name of Abatement Contractor (9) Lillich Corporation							
Street Address 300 Grandview Avenue #104		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. 201-569-8708	License No. 01104						
Start Date (10) 01 / 17 / 15	Scheduled Completion Date (11) 01 / 27 / 15	Name of OSHA Monitor J&S Environmental Labs Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-7PM/occupied PM- AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler TSI (full cont)	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (glove bag)	10 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"/>
Name of Registered Waste Hauler Lillich Corporation		NUDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 01/22/15	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Momo Glevatovic		Title Vice President	Signature 			Date 1/9/15			

ASB-61
MAY 11

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

81/89/2015 01:23PM 9736381778

PAGE 83/84

RECEIVED

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

Check#2086

15 2015

Emergency notification

Date of Notification (1) 01 / 09 / 15		Name of Building Owner/Operator (2) Shawn Maragh							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWO <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> PCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1124 Kensington Avenue		City, State, Zip Code Plainfield, NJ 07060							
Name of Contact Shawn Maragh		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		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 and commercial buildings, homes, etc.)							
Street Address 1124 Kensington Avenue		Square Feet							
City (5) Plainfield, NJ 07060		# of Floors							
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Or Tech LLC		Name of Abatement Contractor (9) Or Tech LLC							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Telephone No.		License No.							
Start Date (10) 01 / 10 / 15		Scheduled Completion Date (11) 01 / 11 / 15							
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 AM		Name of OSHA Monitor Envirovision Consultants, Inc							
Street Address 20-21 Wagaraw Road, Bldg. # 35 E		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 150 sf or > 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<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-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	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	145 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		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner		Signature [Signature]		Date 01/09/2015			

 ASB-41
 MAY 11

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

Jan 12 2015 10:13am

P001/001

Check#2087

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 8:60 and 5:18

Emergency notification

Date of Notification (1)

01 / 12

Name of Building Owner/Operator (2)

Graham Property

Street Address

44 Emmet Street

City, State, Zip Code

Newark, NJ 07114

Name of Contact

Charles Holmes

APPROVED

NJ Dept. of Health & Senior Services

Paul C. Roman

(Signature)

Date: 1/12/15 Time: 10:02 AM

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA
(NJAC 5.23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☒ Emergency (including justification)☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

44 Emmet Street

City (5)

Newark, NJ 07114

County (6)

Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

ASCM No.

Name of Abatement Contractor (8)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

01 / 12 / 15

Scheduled Completion Date (11)

01 / 13 / 15

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 35 E

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

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

Time of Abatement: AM- PM/ PM- AM

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >150 sf or >250 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round duct insulation-wrap&out	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

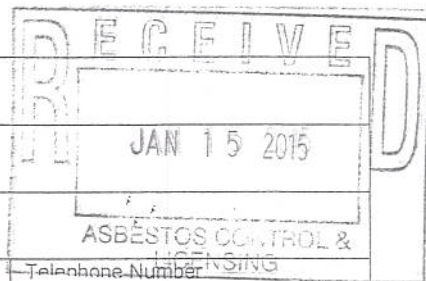
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470		TBD	Tullytown, PA
Completed By (Print or Type)	Title	Signature	Date
N. Jevtic	Owner	<i>[Signature]</i>	01/12/2014

ASB-41

MAY 11

* 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)



Date of Notification (1) 01/08/2015		Name of Building Owner/Operator (2) Somerville Board of Education	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	51 West Cliff Street	Somerville, NJ 08876
		Name of Contact	Telephone Number
		Sal Gambino	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Somerville Middle School		Type of Facility (4)	
Street Address 51 West Cliff Street		<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.)	
City (5) Somerville	Square Feet	# of Floors	Bldg. Age
County (6) Somerset	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.		Name of Abatement Contractor (9) VMC Company, Inc.	
Street Address 300 Grand Avenue		Street Address 208 Piaget Avenue	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Nadine Bello		Telephone No. 201-569-6708	License No. 00704
Start Date (10) 01/16/2015	Scheduled Completion Date (11) 01/19/2015	Name of OSHA Monitor VMC Company, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<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	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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)	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
Main Floor Hallway		x		Ceiling Material	200 SF	x			
Various Locations		x		Pipe fittings	32 LF	x			
Main Floor Hallway		x		VAT/mastic	500 SF	x			

Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30y	Name of Registered Landfill IESI Landfill	
City, State Freehold, NJ		Disposal Date 01/20/2015		City, State Bethlehem, PA	
Completed by Voytek Roszkowski		Title President	Signature 	Date 01/08/2015	

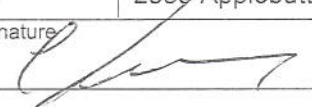
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/9/2015		Name of Building Owner/Operator (2) JSM at Hickory LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1260 Stelton Rd	
		City, State, Zip Code Piscataway NJ 08854	
		Name of Contact Todd	
		Telephone Number	

RECEIVED
 2015 JAN 15 PM 8:03
 ASBESTOS CONTROL & LICENSING


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2242 Lakewood Rd		Square Feet 1800	# of Floors 2
City (5) Toms River NJ		Bldg. Age +50	
County (6) Ocean County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC
Street Address N/A		Street Address 339 Lafayette St	
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240
Start Date (10) 1/23/2015	Scheduled Completion Date (11) 1/26/2015	Name of OSHA Monitor J&S Environmental Corp	
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: 8 hours		Street Address 2333 Route 22 West	
		City, State, Zip Code Union NJ 07083	
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 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			x	window Caulk	798LF	x			
Basement			x	pipe insulation	280LF	x			
Basement			x	asbestos debris	200SF	x			

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill	
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA	
Completed by Carlos Gomez		Title President	Signature 	Date 1/9/2015	

011623 1123

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

Date of Notification (1) 1/8/2015		Name of Building Owner/Operator (2) Private property							
Agencies Notified	Type Notification	Street Address 37 S farview Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus NJ							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 37 S Farview Ave		Square Feet 1500	# of Floors 2						
City (5) Paramus NJ		Bldg. Age +50							
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877						
		License No. 01240							
Start Date (10) 1/18/2015		Scheduled Completion Date (11) 1/20/2015							
Name of OSHA Monitor J&S Environmental Corp									
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: 8 hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
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 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
Exterior			x	shingles transite	1200SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105		Disposal Date		City, State 2335 Applebutter rd Bethlehem PA					
Completed by Carlos Gomez		Title President	Signature 			Date 1/8/2015			

CK 3503

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

RECEIVED


2015 JAN 15 PM 8:02

Date of Notification (1) <u>1-11-15</u>		Name of Building Owner/Operator (2) <u>Melven Knyce</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2237 GARRETT STREET</u>	
		City, State, Zip Code <u>Drexel Hill Pa</u>	
		Name of Contact <u>Steve Anthony</u>	Telephone Number
Name of Facility Where Abatement is Taking Place (3) <u>HOUSE</u>			
Street Address <u>6703 Mammouth Rd</u>		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.)	
City (5) <u>Ventnor</u>	County (6) <u>Ocean</u>	Square Feet <u>2500</u>	# of Floors <u>2</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>ASDM No.</u>		County Code (7) (STATE USE ONLY)	Edg. Age <u>70</u>
Name of Abatement Contractor (9) <u>Ani Inc LLC</u>		Current Use (after if being demolished)	
Street Address <u>1212 Burlington Ave</u>			
City, State, Zip Code <u>Delanco NJ 08075</u>			
Project Manager for Monitoring Firm <u>Telephone No.</u>		Name of OSHA Monitor <u>Self</u>	
Start Date (10) <u>1-21-15</u>		Scheduled Completion Date (11) <u>1-30-15</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>Self</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 25 sf or 23 ft <input checked="" type="checkbox"/> 2500 sf or 2300 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fish's Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) <u>OUTSIDE</u>	Is Location Normally Used Safely by Maintenance/Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> Yes	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2500 SF</u>
Name of Registered Waste Handler <u>Ani Inc LLC</u>		Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>WM of Pa</u>
City, State <u>Delanco NJ</u>		Disposal Date <u>TBD</u>	City, State <u>Tellertown Pa</u>
Completed By <u>J Hall</u>		Signature <u>[Signature]</u>	Date

* 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)

CK 4585

Date of Notification (1) 1/11/15		Name of Building Owner/Operator (2) Joe Karcz Private Owner							
Agencies Notified	Type Notification	Street Address 76 Florence lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Chris							
		Telephone Number 732-701-7017							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Karcz Private Owner		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 76 Florence lane		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
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.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/12/15	Scheduled Completion Date (11) 1/13/15	Name of OSHA Monitor Same							
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							
		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 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	Exterior Siding	1300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/13/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 1/11/15	

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

Check # 9436

Date of Notification (1) January 12, 2014		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address 1090 Rte. 202 & Old York 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"/> Cancellation	City, State & Zip Code Branchburg, NJ 08876	
		Name of Contact Jim Kalafsky	Telephone Number

RECEIVED

2015 JAN 15 PM 8:01

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 1090 Rte. 202 & Old York Road		Square Feet 3,000	# of Floors 1 + Basement
City (5) Branchburg		Bldg. Age 56	
County (6) Middlesex		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 413 North Black Horse Pike		Street Address 829 Radio Road	
City, State & Zip Code Runnemede, NJ 08078		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi	Telephone Number 856-482-1311	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 23, 2015	Scheduled Completion Date (11) February 23, 2015	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Behind Teller Area			X	Floor Tile	900 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date February 24, 2015	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date January 12, 2014

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