


CK 00432554

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

RECEIVED
2014 JAN 16 PM 12:14
ASBESTOS CONTROL & LICENSING

<u>Date of Notification (1)</u> January 13, 2014		<u>Name of Building Owner/Operator (2)</u> Honeywell	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 101 Columbia Road <u>City, State, Zip Code</u> Morristown, NJ 07962 <u>Name of Contact</u> <u>Tel Number</u> Emil Walenko	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Former Waldron Property <u>Street Address</u> Foot of 2 nd Street <u>City (5)</u> <u>County (6)</u> <u>County Code (7)</u> Highland Park Middlesex (State Use Only)		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet _____ # of Floors _____ Bldg. Age _____ 60 + years Concrete slabs only _____ Current Use (prior if being demolished)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company
<u>Street Address</u>		<u>Street Address</u> 2217 Spillman Dr <u>City, State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 1/27/14	<u>Scheduled Completion Date (11)</u> 2/14/14	<u>Name of OSHA Monitor</u>	
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe <u>Remove concrete slab with membrane attached between two slabs. All buildings gone form site concrete slab only</u> Other - Describe <u>Work hours will be Mon - Fri 07:00 am- 03:30 pm</u>		<u>Street Address</u> <u>City, State, Zip Code</u>	
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u> 6800 sf
<u>Abatement Type</u> Rem. Rep. Encap. Enclose			
<u>Membrane on concrete slab</u>	X	<u>Mastic thermal barrier</u>	
<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Co. <u>City, State</u> Bethlehem, PA	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 600 cy's	<u>Name of Reg. Landfill</u> IESI <u>City, State</u> Bethlehem, PA
<u>Completed by (Print or Type)</u> Jennifer Strobel	<u>Title</u> Contract Administrator	<u>Signature</u> 	<u>Date</u> January 13, 2014

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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

CK#23733

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2014 JAN 16 PM 12:14
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 1/13/2014		Name of Building Owner/Operator (2) Current Demolition & Disposal Corp. (owners rep)	
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 Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 93 Route 539	
	City, State, Zip Code Allentown, NJ 08501		Telephone Number
	Name of Contact Matt Lucas		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCES		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)	
Street Address 312 & 314 E. UNION STREET		Square Feet	# of Floors Bldg. Age
City (5) BURLINGTON CITY, NJ 08016			
County BURLINGTON	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) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 1/14/2014	Scheduled Completion Date (11) 1/15/2014	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
UNKNOWN		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler CURRENT DEMOLITION & DISPOSAL CORP.	NJDEP Waste Hauler ID No. 35149	Cubic Yards of Waste 40 YD.	Name of Registered Landfill BURLINGTON CTY RESOURCE RECOV
City, State ALLENTOWN, NJ		Disposal Date 1/16/2014	City, State FLORENCE, NJ
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D. Andrea</i>	Date 1/13/2014

ASB-41

* Do not use this form for asbestos licensure exempted activities

NOTIFICATION OF ASBESTOS ABATEMENT

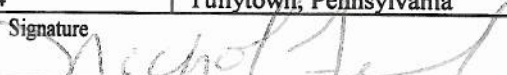
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) January 13, 2014		Name of Building Owner/Operator (2) Bacorp Building Group	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1044 Lacey Road	
		City, State, Zip Code Forked River, NJ 08731	
		Name of Contact Alan	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1 Peg Leg Way			Square feet 2000 sf		
City Waretown	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			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) 1/13/14		Scheduled Completion Date (11) 1/14/14		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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) 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	1900 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 1/15/14	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 1/13/14	

*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)

2014 JAN 16 AM 9:28
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) January 13, 2014		Name of Building Owner/Operator (2) Alpha Environmental	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	PO Box 8297	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Trenton, NJ 08650	
<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	Rod Richardson	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1314 H Street			<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	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Belmar	Monmouth		1300 sf	2	91
Name of Monitoring Firm Hired by Building Owner (8) N/A			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	License Number	
			732-349-9932	00624	
Scheduled Start Date (10) 1/14/14	Scheduled Completion Date (11) 1/21/14		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
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 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			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		<input checked="" type="checkbox"/>		Asbestos siding - house and garage	4500 sf	<input checked="" type="checkbox"/>			
Interior		<input checked="" type="checkbox"/>		Floor tile	180sf	<input checked="" type="checkbox"/>			
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 1/22/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 1/13/2014	

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

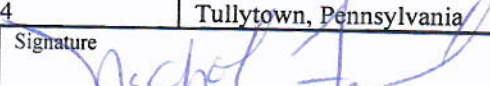
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) January 13, 2014		Name of Building Owner/Operator (2) Alpha Environmental	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 8297	
		City, State, Zip Code Trenton, NJ 08650	
		Name of Contact Rod Richardson	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1312 H Street			Square feet 1300 sf		
City Belmar	County (6) Monmouth	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 91	
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) 1/14/14	Scheduled Completion Date (11) 1/21/14		Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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	

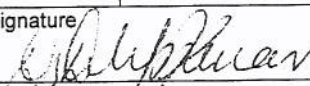
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or 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	3000 sf	X			
Interior		X		Floor tile	180sf	X			
Interior		X		Transite panels	4	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 1/22/14	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 1/13/2014	

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

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

RECEIVED
2014 JAN 16 AM 9:22
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <div style="text-align: center;">01 / 09 / 14</div>		Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation							
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 2000 Galloping Hill Road							
		City, State, Zip Code Kenilworth, NJ 07033							
		Name of Contact Mike Latronica							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 5		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 2000 Galloping Hill Road									
City (5) Kenilworth		Square Feet 115000	# of Floors 4						
		Bldg. Age 62							
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 2 E. Blackwell Street		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Dover, NJ 07801		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Ray Pirnat		Telephone No. 973-366-4660	License No. 1156						
Start Date (10) <div style="text-align: center;">1 / 27 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 28 / 14</div>	Name of OSHA Monitor USA Environmental Management, 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: 7:00 AM-3:30PM / ____ PM- ____ AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" 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 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
MER Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MER Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breeching	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st, 2nd and 3rd Flr (Elec Rom, Stairwell landings)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	2500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Lycoming County RMS					
City, State Freehold, NJ		Disposal Date 2/28/2014		City, State Montgomery, PA					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 			Date 1-9-14		

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

CK 1254

RECEIVED
2014 JAN 16 AM 9:20
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-17-2013		Name of Building Owner/Operator (2) J&R Maxwell Building							
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address P.O. Box 1327		City, State, Zip Code Doylestown, PA 18901							
Name of Contact James Maxwell		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 57 Bridge Street		Square Feet 10,018							
City (5) Lambertville, NJ 08530		# of Floors 2							
County (6) Hunterdon		Bldg. Age 140+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC							
City, State, Zip Code		Street Address 235 Virginia Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey city, NJ 07304							
Telephone No.		Telephone No. 201-333-8855							
Start Date (10) 12-18-2013		License No. 01174							
Scheduled Completion Date (11) 12-18-2013		Name of OSHA Monitor Same as above							
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							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code							
<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) <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	120LF	X			
Boiler room		X		Asbestos debris	20SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S. North Landfill			
City, State Coraopolis, PA		Disposal Date 12-18-2013		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 12-17-2013			

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

Thurs

RECEIVED
 2014 MAR 16 AM 9:20
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 11/13/14		Name of Building Owner/Operator (2) Chris Adickes					
Agencies Notified	Type Notification	Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	105 Reimer St.					
		City, State, Zip Code Somerville, N.J.					
		Name of Contact Chris					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Adickes Residence		Type of Facility (4)					
Street Address 105 Reimer St		<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) Somerville		Square Feet 1500	# of Floors 2				
County (6) Somerset		Bldg. Age 39					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address		Ace Insulation Co., Inc.					
City, State, Zip Code		Street Address 95 Montrose Road					
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722					
Telephone No.		Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 1-23-14	Scheduled Completion Date (11) 1-27-14	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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			
				Removal	Repair	Encapsulation	Enclosure
Indoor Kitchen	Yes	No	N/A	130 sf	Y		
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Grows			
City, State Colts Neck, New Jersey		Disposal Date 1/27/14		City, State Tullytown, Pa			
Completed by George Wuest		Title President	Signature George Wuest	Date 1/13/14			

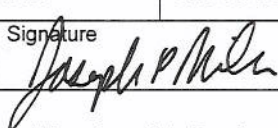
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) JAN. 14, 2014		Name of Building Owner/Operator (2) CHESTER CARMAN PROPERTY	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 568 EAST ROAD	
		City, State, Zip Code BELFORD, NJ 07718	
		Name of Contact DAVID COULSON	

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHESTER CARMAN RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 568 E. ROAD		Square Feet 3500	# of Floors 2
City (5) BELFORD		Bldg. Age 100 + YRS	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	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) Finishing Touch Asbestos Abatement Corp., Inc.
Street Address		Street Address 580 Broadway, Unit A	
City, State, Zip Code		City, State, Zip Code Long Branch, NJ 07740	
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040
Start Date (10) 1/23/13	Scheduled Completion Date (11) 1/23/13	Name of OSHA Monitor	
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 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			X	TSI	70 LF	X			

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1 cy	Name of Registered Landfill GROWS NORTH LANDFILL	
City, State LONG BRANCH, NJ 07740			Disposal Date 1/24/13	City, State MORRISVILLE, PA	
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 	Date 1/14/13	

CHECK #
3153

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Date of Notification (1)		Name of Building Owner/Operator (2)	
1/13/14		AMERICAN CONTRACTORS SERVICES	
Agencies Notified		Street Address	
BIA DOH DEP NJ NJ NJ		2547 FIRE ROAD - 2nd FLOOR	
Type of Notification		City, State, Zip Code	
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Glen Harbor Twp. NJ 08234	
		Name of Contact	
		Downa	
		Telephone Number	
		201-234-1000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENCE		<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.)	
Address		Square Feet	
7 N. JEFFERSON AVE		1000 sq ft	
City, State, Zip Code		No. of Floors	
MANATE		2	
County Code (1) (STATE USE ONLY)		Block Age	
ATLANTIC		40T	
Name of Monitoring Firm Hired by Building Owner		Current Use (Prior to being demolished)	
N/A		VACANT	
State Zip Code		Name of Abatement Contractor (9)	
		Klemm Inc.	
Facility Manager for Monitoring Firm		Street Address	
		369 S. SPRING AVE	
Telephone No.		City, State, Zip Code	
		MANATE SHADE, N.J. 08212	
Scheduled Completion Date (11)		Telephone No.	
1/30/14		856-774-0422	
Name of OSHA Monitor		License No.	
JOSEPH KLEMM		0007441	
Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		369 S. SPRING AVE	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
<input type="checkbox"/> Other Describe		MANATE SHADE, N.J. 08212	
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)	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		TRANITE	
Amount (Spec. SF or CF)		Amount (Spec. SF or CF)	
2500 sq ft		2500 sq ft	
Location of Asbestos Containing Material (ACM) to be Abated in Facility (13)		Amount (Spec. SF or CF)	
GLDING		2500 sq ft	
Name of Waste Hauler		Amount (Spec. SF or CF)	
KLEMM INC.		2500 sq ft	
NJDEP Waste Hauler ID No.		Amount (Spec. SF or CF)	
179011		2500 sq ft	
City, State, Zip Code		Amount (Spec. SF or CF)	
MANATE SHADE, N.J.		2500 sq ft	
Signature		Amount (Spec. SF or CF)	
Joseph Klemm		2500 sq ft	
Title		Amount (Spec. SF or CF)	
V/P		2500 sq ft	
Date		Amount (Spec. SF or CF)	
1/13/14		2500 sq ft	

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C. T. O'NEILL

FACILITY INFORMATION

☐ Full Containment with Negative Pressure
☐ Air Enclosure
☐ Gloving Procedure
☒ Non-Exempted "I" and Non-Fixing Procedure

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3153

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

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ASBESTOS & LEAD

Date of Notification (1)		Name of Building Owner/Operator (2)	
1/13/14		AMERICAN CONTRACTORS	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2547 FIRE ROAD - UNIT 19	
		City, State, Zip Code	
		GODDARD TWP. N.J. 08234	
		Name of Contact	Telephone No.
		Downa	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENCE		<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.)	
Address		Square Feet	Block Age
8015-17 WINCHESTER AVE		1000 sq ft	40T
City, State, Zip Code		Current Use (Prior to being demolished)	
MARLATE		VACANT	
County Code (1) (STATE USE ONLY)	ASCM No.	Name of Abatement Contractor (9)	
ATLANTIC		Kiemer Inc.	
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Street Address	
N/A		369 S. SPRING AVE	
City, State, Zip Code	Telephone No.	City, State, Zip Code	
		MARLATE SHADE, N.J. 08012	
Name of Monitoring Firm	Telephone No.	Telephone No.	License No.
		856-774-0422	0101441
Date of Completion (11)	Scheduled Completion Date (11)	Name of OSHA Monitor	
1/13/14	1/30/14	JOSEPH KEMER	
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		369 S. SPRING AVE	
		City, State, Zip Code	
		MARLATE SHADE, N.J. 08012	

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (1) 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF)	Remarks
	Yes	No	NA			
SLIDING			X	TRANITE	1500 sq ft	X

Name of Waste Handler	Waste ID No.	Cubic Yards of Waste	Name of Registered Carrier
Kiemer Inc.	179011		ACUA
City, State, Zip Code	Disposal Date	City, State, Zip Code	Signature
MARLATE SHADE, N.J.		PURDYSVILLE, N.J.	1/13/14
Name of Contact	Title	Signature	Date
JOSEPH KEMER	V/P	Downa	1/13/14

No check

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

Check # 9354

Date of Notification (1) January 13, 2014 January 9, 2014		Name of Building Owner / Operator (2) Caldwell Board of Education		
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 Emergency <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address 104 Gray Street City, State & Zip Code West Caldwell, NJ 07006 Name of Contact Frank Ennis Telephone Number 		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Grover Cleveland Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
Street Address 36 Academy Road		Square Feet 100,000 # of Floors 3 Bldg. Age 50		
City (5) Caldwell		Current Use (Prior if being demolished) School		
County (6) Essex	County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road		
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087		
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	Telephone Number 609-296-6916 License Number 00817	
Scheduled Start Date (10) January 11, 2014	Scheduled Completion Date (11) January 20, 2014	Name of OSHA Monitor Synatech, 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 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 1 f <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 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 or 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) 2 - 5 SF	Abatement Type Removal Repair Encapsulate Enclosure
Rooms 104 and 204	X	Wall Plaster		X
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste < 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date January 21, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>	Date January 13, 2014 January 9, 2014	

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

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Date of Notification (1) 01/07/2014		Name of Building Owner/Operator (2) Bloomberg LP	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 431 Ridge Road	
		City, State, Zip Code Dayton, NJ 08810	
		Name of Contact Michael Kennedy	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Office (former)		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 431 Ridge Road		Square Feet 75,000	# of Floors 3
City (5) Dayton		Bldg. Age 45	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concept		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc.
Street Address 286 Sunset Road		Street Address 150 Glenwood Drive	
City, State, Zip Code Barrington, NJ 08007		City, State, Zip Code Washington Crossing, PA 18977	
Project Manager for Monitoring Firm Michael Menz		Telephone No. 856-628-6020	Telephone No. 267-240-6356
Start Date (10) 1/21/2014		Scheduled Completion Date (11) 02/10/2014	License No. 01225hgh
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same	
		Street Address	
		City, State, Zip Code	

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) In Facility (13) TO BE ABATED	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
North Roof			X	Roof Flashing	640 SF	X			
Penthouse Roof			X	Roof Flashing	160 SF	X			
Penthouse Roof Vent			X	Black Tar Mastic	80 SF	X			

CONTINUED

Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 50	Name of Registered Landfill Minerva Enterprises	
City, State New Castle, DE 19720		Disposal Date TBD	City, State Waynesburg, OH		
Completed by Elizabeth Gosek		Title President	Signature 	Date 01/07/2014	

Sheet1


continued:

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& LICENSING

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff?			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 roof			X	seam flashing mastic	465 LF	X			
Exterior walls			X	caulking	348 LF	X			
Floor tile/mastic			X	1 st Floor South Wing entry	640 SF	X			
Residual carpet mastic			X	1 st Floor South Wing	12,320 SF	X			
Mastic			X	1 st Floor South Wing entry (top layer)	810 SF	X			
Mastic			X	Electric Room (1 st Fl, East Wing)	30 SF	X			
Residual floor mastic			X	1 st Fl, South Wing hall and offices	7,376 SF	X			
Mastic			X	1 st Floor, North Wing	600 SF	X			
Residual floor mastic			X	1 st Floor, North Wing	1090 SF	X			
Floor tile			X	Stair Landings (1&2 Fl, North Wing)	220 SF	X			
Mastic			X	Telephone Room (2 nd Fl, North Wing)	500 SF	X			
Mastic			X	Kitchen (2 nd Fl, North Wing)	360 SF	X			

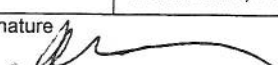
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2014 JAN 16 AM 9:05
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& LICENSING

Date of Notification (1) January 13, 2014		Name of Building Owner/Operator (2) Port Authority of NY & NJ						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Name of Facility Where Abatement is Taking Place (3) ESSEX CEMENT/TITAN AMERICA		Street Address 1160 Expressport Plaza, Ste 7 City, State, Zip Code Port Elizabeth, NJ 07201 Name of Contact Resident Engineer Telephone Number						
Street Address 178 & 179 MARSH ST. City (5) PORT NEWARK, NJ County (6) Essex		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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Buildings						
Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 907 Doolittle Drive City, State, Zip Code Bridgewater, NJ 08807 Project Manager for Monitoring Firm Eric Houseknecht Start Date (10) 2/3/14		County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Telephone No. (973) 759 - 5000 License No. 00781 Name of OSHA Monitor The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034						
Scheduled Completion Date (11) 2/3/15 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 <input type="checkbox"/> Other - Describe:		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 6 designated locations 2 locations maintenance shop corrugated metal roof	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) fireproofing thermal system insulation cement board panel roof caulk	Amount (Specify SF or LF) 1,060 sf 70 lf 280 sf 750 sf	Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Name of Registered Waste Hauler Newark Carting City, State Newark, NJ				NJ DEP Waste Hauler ID No. 4509 Cubic Yards of Waste 21.6 Disposal Date 2/3/15		Name of Registered Landfill IESI Bethlehem City, State Bethlehem, PA	
	Completed by Mike Cooper				Title President		Signature  Date 1/13/14	
	* Do not use this form for asbestos licensure exempted activities.							
	ASB-41 (R-06-08)							

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

Check 1/13/14
2014 JAN 16 AM 9:00
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Date of Notification (1) 1/13/14		Name of Building Owner/Operator (2) Lorraine Shutt							
Agencies Notified	Type Notification	Street Address 344 Valley Brook Avenue							
<input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lyndhurst, NJ 07071-1809							
		Name of Contact Lorraine Shutt							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 344 Valley Brook Avenue		<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) Lyndhurst		Square Feet 2200	# of Floors 2						
County (6) Bergen		Bldg. Age 50							
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, 4 E Gate Drive							
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) 1/21/13	Scheduled Completion Date (11) 1/28/13	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 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			x	pipe insulation	50 LF	x			
Basement			x	floor tile	20 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	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 1/13/14			