

Date of Notification (1) **JAN 14 2015**

Name of Building Owner/Operator (2) Betty Pisani

Agencies Notified

- (x) EPA
() DEP
(x) DOL
(x) DOH
() DCA

Notification Type

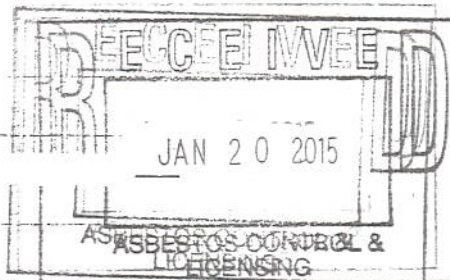
- (x) Initial Notification
() Amended Certification
() Cancelled

Street Address 102 Grove,

City, State, Zip Code Little Ferry, NJ 07643

Name of Contact Charlie Velus

Tel. Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House

Type of Facility (4)

- () School (K-12)
() Subchapter 8 (other than K-12)
(x) Other (i.e. private & commercial bldgs., homes, etc.)
Sq. Feet 90,000 # of Floors 1 Bldg. Age 45
Current Use (prior if being demolished) office

Street Address 102 Grove Street

City (5)
Little Ferry

County (6)
Bergen

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
none

ASCM No.

Name of Contractor (9)
Academy Construction, Inc

Street Address: none

Street Address: 205 Rt 46W, Suite 14

City, State, Zip Code

City State, ZipCode
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone Number

Telephone Number:
973-832-4244

License Number
01155

Scheduled Start Date (10)

FEB 5 2015

Scheduled Completion Date (11)

MARCH 5 2015

Name of OSHA Monitor: none

Occupancy Status During Abatement (Check only one)

- (x) Facility Closed/Vacated During Entire Period of Abatement
() Abatement Performed Outside of Normal Facility Hours -

Non_Sub 8 Project

Source of Work (Check all that apply)

- () 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)
(x) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure & Wrap & Cut

Location of Asbestos-Containing Material (ACM) in Facility (13)

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

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type

	YES	NO	NA		Rem.	Rep.	Encap	Enclo
1 st Floor			x	Ceiling Plaster	480	x		
1st Floor Utility Room			x	Ceiling Transite	120	x		

Name of Reg. Waste Hauler
Academy Construction, Inc

NJDEP Waste Hauler ID #: 0034422

Cubic Yards of Waste
9

Name of Reg. Landfill
GROVES

City, State: Totowa, New Jersey

Disp. Date:
3-5-15

City, State:
Morrisville, PA

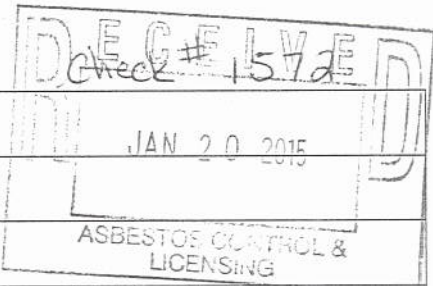
Completed by (Print or Type)
Frank Marino

Title: VP Operations

Signature

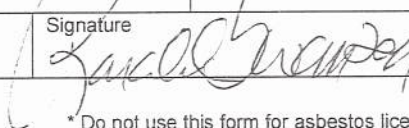
Date: **1.14.15**

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

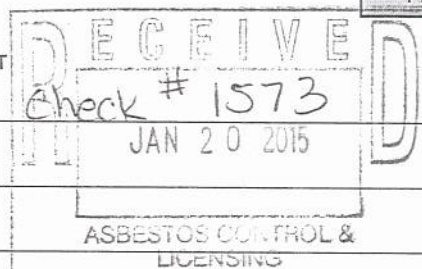
Date of Notification (1) 01/13/2015		Name of Building Owner/Operator (2) 761 S.HARDING HIGHWAY LLC			
Agencies Notified	Type Notification	Street Address 761 SOUTH HARDING HIGHWAY			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BUENA NJ 08310			
		Name of Contact RICHARD TROIANI		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING			Type of Facility (4)		
Street Address 761 SOUTH HARDING HIGHWAY			<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) BUENA			Square Feet 10,000	# of Floors 2	Bldg. Age 50+
County (6) ATLANTIC		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOCIATES		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN			
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062			
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145	
Start Date (10) 01/26/2015		Scheduled Completion Date (11) 01/31/2015		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH		
<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>COMMERCIAL BUILDING VACANT TO BE DEMOLISHED</u>			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
1ST FLOOR BATHROOM			X	(FRI) SHEET FLOORING	20 SF	X			
THROUGHOUT BUILDING			X	(NF1) FLOOR TILE & MASTIC	557 SF	X			
BASEMENT MECH. ROOM			X	(NF2) TRANSITE CEILING	80 SF	X			
OUTSIDE BACK BUILDING			X	(NF2) TRANSITE SIDING	300 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 02/02/2015	City, State WAYNESBURG, OHIO	
Completed by RON SWANSON		Title GM	Signature 	Date 01/13/2015	

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



Date of Notification (1) 01/14/2015		Name of Building Owner/Operator (2) SRI INTERNATIONAL							
Agencies Notified	Type Notification	Street Address 201 WASHINGTON 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PRINCETON NJ 08540							
		Name of Contact GUY BUTTARO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SRI INTERNATIONAL		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 201 WASHINGTON ROAD		Square Feet 20,000	# of Floors 3						
City (5) PRINCETON		Bldg. Age 40+							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH FACILITY							
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1634 SOUTH DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	License No. 01145						
Start Date (10) 01/23/2015	Scheduled Completion Date (11) 01/24/2015	Name of OSHA Monitor EMSL							
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: COMMERCIAL-ABATEMENT AREA VACANT		Street Address 200 RT. 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 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
THIRD FLOOR ROOM W-326			X	(NF1) FLOOR TILE	375 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ 08062			Disposal Date 01/26/2015	City, State WAYNESBURG, OHIO					
Completed by RON SWANSON		Title GM	Signature 			Date 01/14/2015			

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

Check
9179

Date of Notification (1) 1-13-15		Name of Building Owner/Operator (2) Red Bank Recycling Demolition LLC						
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 2126						
		City, State, Zip Code Red Bank, NJ 07701						
		Name of Contact Matt Meeker	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Old Vacant Store		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 296/298 Port Monmouth Road		Square Feet	# of Floors 1					
City (5) Middletown NJ 07748		Bldg. Age 60+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Old Corner Store						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) 1-12-15	Scheduled Completion Date (11) 1-23-15	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
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 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
Exterior walls			X Siding Shingles	2000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 1-23-15		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 1-13-15		

Moved Completion Date Due to Weather

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

Check # 9179

Date of Notification (1) 1-2-15		Name of Building Owner/Operator (2) Red Bank Recycling Demolition							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P.O. Box 2126 City, State, Zip Code Red Bank NJ 07701							
		Name of Contact Matt Meeker	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Vacant Store		Type of Facility (4)							
Street Address 296/298 Port Monmouth Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Middletown	NJ 07748	Square Feet	# of Floors 1						
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+-							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 1-12-15	Scheduled Completion Date (11) 1-18-15	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337							
<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 New Egypt NJ 08533							
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 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 walls			x	Siding Shingles	2000 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 1-19-15		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 1-2-15			

Date open window Time frame

NO CK

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

Date of Notification (1) January 14, 2015		Name of Building Owner/Operator (2) DaVanne Realty Co. 19-25 Columbia St. Corp							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Main Street, Suite 510 City, State, Zip Code West Orange, NJ 07052 Name of Contact Jeff Mandelbaum						
			Telephone Number 						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Warehouse 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 (i.e. private & commercial buildings, homes, etc.)						
Street Address 140 Spring Street			Square Feet 40,000						
City (5) New Providence			# of Floors 1		Bldg. Age 45				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No.		Name of Abatement Contractor (9) Be Construction Corporation					
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821		Telephone No. 973-669-2900					
				License No. 01231					
Start Date (10) January 9, 2015		Scheduled Completion Date (11) January 23, 2015		Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2512 W Cary Street						
			City, State, Zip Code Richmond, VA. 23220						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Warehouse		x		Pipe insulation & fitting	982LF/167ea	x			
Warehouse		x		VAT/Mastique	1132SF/560SF	x			
Boiler Room		x		Boiler/Tank Insulation	160SF	x			
Warehouse		x		Pipe Insulation Debris	6CY	x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State Linden, NJ				Disposal Date	City, State Tullytown, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>		Date 01/14/2015			


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

CK# 024862

Date of Notification (1) 01 / 13 / 15		Name of Building Owner/Operator (2) NJ-Dept. of Environmental Protection-Natural & Historic Resources-Office of Resource Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency							
Street Address 501 EAST STATE STREET, 4TH FLOOR		City, State, Zip Code TRENTON, NJ 08626-0420							
Name of Contact MR. AL PAYNE		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER CARVEL STORE - Ringwood State Park		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 18 WAYNE AVENUE		Square Feet 200							
City (5) PATERSON	County (6) PASSAIC	County Code (7) (STATE USE ONLY)	# of Floors 1						
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112	Bldg. Age 50 +						
Street Address 344 WEST STATE STREET		Current Use (Prior if being demolished) Store							
TRENTON, NJ 08618		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.							
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101	Street Address 1141 ROUTE 23						
Scheduled State Date (10) 01 / 13 / 15		Scheduled Completion Date (11) 01 / 13 / 15	City, State, Zip WAYNE, NJ 07470						
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 <input checked="" type="checkbox"/> Hours - Describe: Mon & Fri - 7:00 a.m. - 3:30 p.m. <input type="checkbox"/> Other - Describe:		Telephone Number 973 628-9500							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		License Number 00408							
		Name of OSHA Monitor ENVIRO VISION CONSULTANTS, INC.							
		Street Address 20-21 WAGARAW ROAD, BLDG. #34A							
		City, State, Zip Code FAIR LAWN, NJ 07410							
		<input checked="" type="checkbox"/> Demolition <input 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)		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
Roof			X	Black Tar Sealant at Seams of Flashing	112 SF	X			
Roof			X	Black Tar Flashing at Pitch Pockets and Metal Vents	10 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting Inc.		NJDEP Waste Hauler ID No 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature				Date 01/13/15	

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

Check # 11317

Date of Notification (1) 1 / 13 / 15		Name of Building Owner/Operator (2) Levin Management Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 975 US Highway 22 W							
		City, State, Zip Code Plainfield							
		Name of Contact Gerald O'Brien	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dollar Tree Store		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 401 E. Washington Ave		Square Feet 10000	# of Floors 1						
City (5) Washington		Bldg. Age 50							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant commercial use							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc.						
Street Address 411 Southgate Court		Street Address 923 Haws Ave							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398						
Start Date (10) 1 / 28 / 15	Scheduled Completion Date (11) 2 / 2 / 15	Name of OSHA Monitor EHS Environmental 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 411 Southgate Court							
		City, State, Zip Code Mickleton, NJ 08056							
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) 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
rear interior 1 st floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roof duct flashing	12SF	<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 Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1CY	Name of Registered Landfill Grows Landfill					
City, State Newark, NJ		Disposal Date 2/2/15		City, State Tullytown, PA					
Completed By (Print or Type) James M. Kelly	Title Vice President		Signature 			Date 1/13/15			

Jan 14 2015 09:15am

P001/001

Check#2092

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

Emergency notification

Date of Notification (1) 01 / 14 / 15		Name of Building Owner/Operator (2) Steve Ferlita			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (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 75 Paterson Street City, State, Zip Code New Brunswick, NJ 08901		Name of Contact Steve Ferlita			
Telephone Number					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 75 Paterson Street City (5) New Brunswick, NJ 08901			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.)		
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.		Name of Abatement Contractor (9) 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. 973-638-1777 License No. 01127	
Start Date (10) 01 / 15 / 15		Scheduled Completion Date (11) 01 / 16 / 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) <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					
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"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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)	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe insulation 6 LF	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Expansion tank insulation 40 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD	
Completed By (Print or Type) N.Jevtic		Title Owner		Name of Registered Landfill T.R.R.F. Inc. City, State Tullytown, PA	
Signature 		Date 01/14/2014			

MAY 11

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

CK# 23066

Date of Notification (1) <u>01</u> / <u>15</u> / <u>15</u>		Name of Building Owner/Operator (2) Blackhorse Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 915 South Blackhorse Pike							
		City, State, Zip Code Blackwood, NJ 08012							
		Name of Contact Steve Martin	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former 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 221 College Drive									
City (5) Blackwood		Square Feet 1120	# of Floors 1.5						
County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Current Use (Prior if being demolished) Prior Residence - Empty now									
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 3370 Progress Drive, Suite J		Street Address 500 East Luzerne Street							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Eric Wysocki		Telephone No. 215.244.1300	Telephone No. 215-739-8166						
License No. 00646									
Start Date (10) <u>01</u> / <u>29</u> / <u>15</u>	Scheduled Completion Date (11) <u>02</u> / <u>06</u> / <u>15</u>	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 - Describe Time of Abatement: <u>7AM-4PM</u> / _____ PM - _____ AM		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) <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 Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite siding	606sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Restroom, Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	150sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper & Lower stairwell landings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	20sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main House Exterior Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulking	6lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach or Service Transport		NJDEP Waste Hauler ID No. 19689/20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124 / New Castle, DE			Disposal Date	City, State Waynesburg, OH 44688					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature <i>Wayne</i>			Date 1/14/15		

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

CK# 024861

Date of Notification (1) 1/13/15		Name of Building Owner/Operator (2) John Casey							
Agencies Notified	Type Notification	Street Address 190 East Madison 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dumont, NJ 07628							
		Name of Contact Mr. John Casey	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 190 East Madison Avenue		Square Feet	# of Floors 2						
City (5) Dumont		Bldg. Age 50 +							
County (6) Bergen	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) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	License No. 00408						
Start Date (10) 01/23/15	Scheduled Completion Date (11) 01/28/15	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Street Address 20-21 Wagaraw Road, Bldg. #34A							
		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"/> ≥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) <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	150 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 1/13/15		

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

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Date of Notification (1) 1/13/15 Type Notification		Name of Building Owner / Operator (2) Fox & Foxx Development			
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	Emergency Notification <input checked="" type="checkbox"/>		Street Address 940 Amboy Ave		
	Initial Notification		City, State & Zip Code Edison, NJ 08837		
	Amended Notification		Name of Contact Jim Wirkowski		
	Cancellation		Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant House			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 15 Cedar Avenue			Square Feet 2,500	# of Floors 2	Bldg. Age 60
City (5) Edison	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 1/27/15	Scheduled Completion Date (11) 1/30/15		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project				<input type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				<input checked="" type="checkbox"/> Other: Non-friable	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Basement	N/A	TSI Pipe	143 LF	Removal	
Basement	N/A	VAT/sheet flooring	48 SF	Removal	
Kitchen	N/A	Sheet Flooring	160 SF	Removal	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF	
City, State Trenton, NJ		Disposal Date 1/30/15		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature Dominick Tringali		Date 1/13/15	

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

DOL - 10 DAY

Date of Notification (1) 1/12/15		Name of Building Owner/Operator (2) MS. HALL		JAN 12 2015	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 TONAWANDA RD		City, State, Zip Code GLEN ROCK, N.J. 07601	
		Name of Contact MS. HALL		Telephone Number	
		FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. HALL				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 TONAWANDA				Square Feet 2600	Edg. Area 800 sq ft
City (5) GLEN ROCK				# of Floors 2	Edg. Area 800 sq ft
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8)		ACSM No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc	
City, State, Zip Code				450 South River St Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 1/13/15		Scheduled Completion Date (11) 1/14/15		License No. 00388	
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: 7AM TO 5PM				Name of OSHA Monitor Omega Environmental	
				Street Address 280 Huyler St S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 sq ft or less <input type="checkbox"/> 23 sq ft or more <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT				THERMAL SYSTEM INSULATION 95 LF	
BASEMENT				THERMAL SURFACING INSULATION 50 SF	
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109		Cubic Yards of Waste 3.5	
City, State Hackensack, N.J. 07601		Disposal Date 1/14/15		Name of Registered Landfill Minerva Enterprises, LLC Waynesburg, Oh. 44688	
Completed By J. Maiorano		Title Estimator		Signature J. Maiorano Date 1/12/15	

AEB-41

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

Date of Notification (1) <div style="text-align: center;">January 13, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">RM Associates 26055</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2291 Rte. 33, Suite 1001 20 PH 8-11	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hamilton Square, NJ 08690	
<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	Bob Murdza	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">1227 Williams Street</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Point Pleasant</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Ocean</div>		
County Code (7) (STATE USE ONLY)		Square feet <div style="text-align: center;">1000 sf</div>		# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASC No.		Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	
Scheduled Start Date (10) <div style="text-align: center;">1/14/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">1/15/15</div>		License Number <div style="text-align: center;">00624</div>	
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 <div style="text-align: center;">E.M.S.L. Analytical</div>		
			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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) <div style="display: flex; justify-content: space-around;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">1/16/15</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature <div style="text-align: center;"></div>	Date <div style="text-align: center;">1/13/2015</div>

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