

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

0183-02

Date of Notification (1) 10 / 17 / 14		Name of Building Owner/Operator (2)							
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							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ROOSEVELT HOSPITAL		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 1 ROOSEVELT DRIVE		Square Feet 500,000	# of Floors 75+						
City (5) EDISON		Bldg. Age							
County (6) MIDDLE SEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL							
Name of Monitoring Firm Hired by Building Owner (8) EHS	ASCM No. 266	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON, NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY	Telephone No. 856 224-0080	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 11 / 07 / 14	Scheduled Completion Date (11) 01 / 31 / 15	Name of OSHA Monitor CRITERION LABS							
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: 7AM-11PM-AM		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM, PA 19020							
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE SEE ATTACHED		<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"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Damian Lavelle		Title PROJECT MGR.	Signature Damian Lavelle			Date 10-17-14			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY Used Solely by Maintenance/ Custodial Staff?		Description of Asbestos Containing Materials (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			Te	Te	En	En
1936 Building			N/A					
		X	PIPE INSULATION	14,500 LF	X			
		X	PIPE INSULATION ON FIBER GLASS					
		X	DUCT WRAP	1,000 LF	X			
				480 SF	X			
		X	9" FLOOR TILE & MASTIC	5,500 SF	X			
		X	DOOR INSULATION (400 DOORS)	8,800 SF	X			
		X	12" FLOOR TILE AND/OR MASTIC	66,000SF	X			
1982 ADDITION BUILDING		X	12" FLOOR TILE MASTIC	114,000 SF	X			
1978 ADDITION BUILDING		X	ROOFING MATERIALS	18,500 SF	X			
		X	12" FLOOR TILE AND/OR MASTIC	26,000 SF	X			
		X	ROOFING MATERIALS	6,500 SF	X			
		X	LAB TABLES	206 SF	X			



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

0183-02

RECEIVED

2015 JAN 30 AM 12:33

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">10 / 17 / 14</div>		Name of Building Owner/Operator (2) <b>The Middlesex County Improvement Authority</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 Interchange Plaza</b>	
		City, State, Zip Code <b>Cranbury, NJ 08512</b>	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>ROOSEVELT HOSPITAL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1 ROOSEVELT DRIVE</b>		Square Feet <b>&gt;500,000</b>	# of Floors <b>75+</b>
City (5) <b>EDISON</b>		Bldg. Age	
County (6) <b>MIDDLE SEX</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOSPITAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS</b>		ASCM No. <b>266</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>
Street Address <b>411 SOUTHGATE COURT SUITE E</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>	
City, State, Zip Code <b>MICKLETON, NJ 08056</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>	
Project Manager for Monitoring Firm <b>JACK CARNEY</b>		Telephone No. <b>856 224-0080</b>	License No. <b>00783</b>
Start Date (10) <div style="text-align: center;">10 / 30 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">01 / 31 / 15</div>	Name of OSHA Monitor <b>CRITERION LABS</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>11</u> PM- <u>  </u> AM		Street Address <b>3370 PROGRESS DRIVE</b>	
		City, State, Zip Code <b>BENSALEM, PA 19020</b>	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

☒ Renovation  
☒ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE SEE ATTACHED		<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"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>58 PYLES LANE, NEW CASTLE DE. 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>
Completed By (Print or Type) <b>Damian Lavelle</b>	Title <b>PROJECT MGR.</b>	Signature		Date

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

### I. NOTIFICATION INFORMATION

Date of Notification: 11 / 14 / 2014

☐ Initial ☒ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: The Middlesex County Improvement Authority  
Street Address: 101 Interchange Plaza City: Cranbury, State: NJ Zip: 08512  
Name of Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: ROOSEVELT HOSPITAL CAMPUS  
Describe Facility Use: HOSPITAL  
Street Address: 1 ROOSEVELT DRIVE City: EDISON State: NJ Zip: 07013  
County Name: MIDDLESEX County Code (State Use Only): \_\_\_\_\_  
Scheduled Start Date: 11 / 07 / 2014 Scheduled Completion Date: 01 / 31 / 2015

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: 7:00 AM-11:PM MON-SAT.

Scope of Work (check all that apply):

<input type="checkbox"/> Floor Tile	Square Footage: _____	Percentage Asbestos: _____ %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>211,500</u>	Percentage Asbestos: _____ %
<input type="checkbox"/> Transite	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Siding	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: _____ %

### IV. CONTRACTOR INFORMATION

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900  
Street Address: 1345 INDUSTRIAL BLVD City: SOUTHAMPTON State: PA Zip: 18966  
New Jersey Asbestos License Number (if applicable): 00793  
Monitoring Firm (if applicable): EHS ENVIROMENTAL Telephone No.: 856-224-0080

### V. SIGNATURE

Completed By  
(type or print legibly): DAMIAN LAVELLE Title: PROJECT MGR.

Signature: \_\_\_\_\_ Date: 11/14/2014



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

RECEIVED  
2015 JAN 30 AM 12:39  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <div style="text-align: center;">10 / 17 / 14</div>		Name of Building Owner/Operator (2) <b>The Middlesex County Improvement Authority</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 Interchange Plaza</b>							
		City, State, Zip Code <b>Cranbury, NJ 08512</b>							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ROOSEVELT HOSPITAL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1 ROOSEVELT DRIVE</b>		Square Feet <b>&gt;500,000</b>	# of Floors <b>75+</b>						
City (5) <b>EDISON</b>		Bldg. Age							
County (6) <b>MIDDLE SEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOSPITAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS</b>	ASCM No. <b>266</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>411 SOUTHGATE COURT SUITE E</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>							
City, State, Zip Code <b>MICKLETON, NJ 08056</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>							
Project Manager for Monitoring Firm <b>JACK CARNEY</b>	Telephone No. <b>856 224-0080</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>						
Start Date (10) <div style="text-align: center;">10 / 30 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 30 / 15</div>	Name of OSHA Monitor <b>CRITERION LABS</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7</b> AM- <b>11</b> PM- <b>11</b> AM		Street Address <b>3370 PROGRESS DRIVE</b>							
		City, State, Zip Code <b>BENSALEM, PA 19020</b>							
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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE SEE ATTACHED		<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"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE, NEW CASTLE DE. 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Damian Lavelle</b>		Title <b>PROJECT MGR.</b>	Signature <i>Damian Lavelle</i>			Date <b>1-29-2015</b>			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY Used Solely by Maintenance/ Custodial Staff?		Description of Asbestos Containing Materials (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			7	8	9	10
1936 Building								
		X	PIPE INSULATION	14,500 LF	X			
		X	PIPE INSULATION ON FIBER GLASS					
		X	DUCT WRAP	1,000 LF	X			
		X	9" FLOOR TILE & MASTIC	480 SF	X			
		X	DOOR INSULATION (400 DOORS)	5,500 SF	X			
		X	12" FLOOR TILE AND/OR MASTIC	8,800 SF	X			
1982 ADDITION BUILDING		X	12" FLOOR TILE AND/OR MASTIC	66,000SF	X			
		X	12" FLOOR TILE MASTIC	114,000 SF	X			
		X	ROOFING MATERIALS	18,500 SF	X			
1978 ADDITION BUILDING		X	12" FLOOR TILE AND/OR MASTIC	26,000 SF	X			
		X	ROOFING MATERIALS	6,500 SF	X			
		X	LAB TABLES	206 SF	X			



New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

*Must be submitted 10 days prior to the beginning of work. Please type or print legibly.*

**I. NOTIFICATION INFORMATION**

Date of Notification: 11 / 14 / 2014

☐ Initial ☒ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

**II. BUILDING INFORMATION**

Name of Building Owner/Operator: The Middlesex County Improvement Authority  
Street Address: 101 Interchange Plaza City: Cranbury, State: NJ Zip: 08512  
Name of Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**III. FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: ROOSEVELT HOSPITAL CAMPUS  
Describe Facility Use: HOSPITAL  
Street Address: 1 ROOSEVELT DRIVE City: EDISON State: NJ Zip: 07013  
County Name: MIDDLESEX County Code (State Use Only): \_\_\_\_\_  
Scheduled Start Date: 11 / 07 / 2014 Scheduled Completion Date: 01 / 31 / 2015

**Occupancy Status During Activity (check only one):**

☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
☐ Other—Describe: 7:00 AM-11:PM MON-SAT.

**Scope of Work (check all that apply):**

<input type="checkbox"/> Floor Tile	Square Footage: _____	Percentage Asbestos: _____ %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>211,500</u>	Percentage Asbestos: _____ %
<input type="checkbox"/> Transite	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Siding	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: _____ %

**IV. CONTRACTOR INFORMATION**

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900  
Street Address: 1345 INDUSTRIAL BLVD City: SOUTHAMPTON State: PA Zip: 18966  
New Jersey Asbestos License Number (if applicable): 00793  
Monitoring Firm (if applicable): EHS ENVIROMENTAL Telephone No.: 856-224-0080

**V. SIGNATURE**

Completed By  
(type or print legibly): DAMIAN LAVELLE Title: PROJECT MGR.  
Signature: \_\_\_\_\_ Date: 11/14/2014

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

RECEIVED

2015 JAN 30 AM 12:38

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 1 / 29 / 15		Name of Building Owner/Operator (2) First States Investors 5200, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 550 Blair Mill Road City, State, Zip Code Horsham, PA 19044 Name of Contact Cathy Webb Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 367 Springfield Avenue		Square Feet 100,000	# of Floors 2						
City (5) Summit		Bldg. Age 80+/-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		Name of Abatement Contractor (9) Prism Response, Inc.							
Street Address 1600 Route 22 East		Street Address 102 Technology Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-688-7800	License No. 01121						
Start Date (10) 12 / 29 / 14	Scheduled Completion Date (11) 2 / 14 / 15	Name of OSHA Monitor Hillmann Consulting, LLC							
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 1600 Route 22 East City, State, Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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 Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grows North Landfill					
City, State Morrisville, PA		Disposal Date 2/14/2015		City, State Morrisville, PA					
Completed By (Print or Type) Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>			Date 1/29/2015			



CK 24246

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

Date of Notification (1) 1 / 29 / 15		Name of Building Owner/Operator (2) Wendy's Coropration							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 145 Broadway City, State, Zip Code Paterson, NJ 07503 Name of Contact Anthony Mangion Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wendy's		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 145 Broadway		Square Feet 5,000							
City (5) Paterson, NJ		# of Floors 1	Bldg. Age 75						
County (6) Passaic, NJ		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cuno Environmental		Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 19 Robins Avenue		Street Address 47 Foster Road							
City, State, Zip Code Elmsford, NY 10523		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm John Anuforo		Telephone No. 914-774-9003	License No. 00774						
Start Date (10) 2 / 09 / 15	Scheduled Completion Date (11) 2 / 16 / 15	Name of OSHA Monitor Testor Tech							
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: 7AM-7PM/ _____PM- _____AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing Membrane	10SF	<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. NJ-566	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Land Fill					
City, State Newark NJ		Disposal Date 2/9/15		City, State Penargyl, PA					
Completed By (Print or Type) Ignatius Marraccino		Title Project Manager		Signature <i>Ignatius Marraccino</i>			Date 1-29-15		



RECEIVED

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

004-635-2154

1 John Fitchway Plaza  
3rd Floor  
P.O. Box 949  
Trenton, N.J. 08645

2015 JAN 30 PM 9:55

Date of Notification (1) <b>2/1/2015</b>	Name of Building Owner/Operator (2) <b>Michael &amp; Susan Laicelli</b>
Agencies Notified (3) ( ) EPA (X) DEP ( ) DOL ( ) DOH ( ) DCA	Street Address <b>130 Washington Drive</b> City, State, Zip <b>Brigantine, N.J. 08203</b> Name of Contact <b>Mike Laicelli</b> Telephone Number 

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private Residential</b>		Type of Facility (4) <b>Residential</b>	
Street Address <b>130 Washington Dr.</b>		( ) School (K-12)	
City (5) <b>Brigantine</b>	County (6) <b>Atlantic</b>	( ) Subchapter 8 (Other than K-12)	
County Code (7) (STATE USE ONLY)		(X) Other (i.e., private & commercial buildings)	
		Square Feet <b>1560 sqft</b>	# of Floors <b>2</b>
		Building Age <b>40 yrs</b>	
Current Use (Prior if being demolished) <b>Private</b>			
Name of Monitoring Firm Hired by Building		ASCM No.	Name of Contractor (9) <b>Home Owner</b>
Street Address		Street Address <b>130 Washington Dr.</b>	
City, State, Zip		City, State, Zip <b>Brigantine, NJ 08203</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
Scheduled Start Date (10) <b>2/1/2015</b>	Scheduled Completion Date (11) <b>2/2/2015</b>		Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement		Street Address <b>130 Washington Drive</b>	
( ) Abatement Performed Outside of Normal Facility Hours - Describe		City, State, Zip <b>Brigantine, NJ 08203</b>	
( ) Other - Describe			
Scope of Work (Check all that apply)			
(X) Demolition		( ) Renovation	
(X) Large Project (> 160 SF or > 260 LF ACM)		( ) Full Containment with Negative Pressure	
( ) Small Project (> 25 < 160 SF or > 260 LF ACM)		( ) Mini-Enclosure	
( ) Minor Project (< 25 SF or < 10 LF ACM)		( ) Glovebag Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Exterior Siding</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>Siding</b>
	Yes	No	
		Amount (Specify SF or LF) <b>1560 SF</b>	Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste <b>TRANSFORMATION</b>	NJDEP Waste Hauler ID No. <b>10952</b>	Cubic Yards of Waste <b>10 yds</b>	Name of Registered Landfill <b>ACUA</b>
City, State <b>Egg Harbor City N.J.</b>	Disposal Date <b>2/2/2015</b>	City, State <b>E.H.T. N.J.</b>	
Completed by (Print or Type) <b>Mike Laicelli</b>	Title <b>Owner</b>	Signature <b>Michael Laicelli</b>	Date <b>1/21/2015</b>



*\* Only finish date is amended!*  
*NO CK*

Print Form

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

RECEIVED 2015 JAN 30 PM 9:56  
*OK # 1036*

Date of Notification (1) Jan 26, 2015		Name of Building Owner/Operator (2) Courtland St Loft LLC							
Agencies Notified	Type Notification	Street Address 958 Main Str Suite 3							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson NJ 07503							
		Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Structure for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 47-57 Camden Street		Square Feet	# of Floors						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950						
Start Date (10) Jan 20 2015		Scheduled Completion Date (11) Feb 6 2015	License No. 01193						
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: 9 am - 4 pm		Name of OSHA Monitor Loznica Management Corp							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park NJ 07035							
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"/> XX WET MATERIAL <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roofing			x	To be wetted and disposed of					
				as asbestos waste.					
				(separate from structure)					
				undetermined amount					
Name of Registered Waste Hauler Rovic		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>	Date Jan 26, 2015					

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

NO CK  
11 OPEN  
NOTIFICATION  
RECEIVED

Date of Notification (1) <b>1/26/15</b>		Name of Building Owner/Operator (2) P.S.E.G.		2015 JAN 30 PM 9:59				
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 checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact <b>CHRIS DADA</b> Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSEG</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>333 LAKESIDE AVE.</b>			Square Feet <b>9270</b>	# of Floors <b>2</b>	Bldg. Age <b>approx 60 yrs</b>			
City (5) <b>ORANGE</b>			Current Use (Prior if being demolished) <b>SUB STATION</b>					
County (6) <b>ESSEX</b>			County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS			ASCM No. 0045					
Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA			Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER			Telephone No. 732-292-2217		License No. 01111			
Start Date (10) <b>12/18/14</b>		Scheduled Completion Date (11) <b>3/31/15</b>		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>normal operations only!</b>			Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) In Facility (13) <b>CONTROL ROOM</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>6 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
		<b>X</b>	<b>TRANSITE PANEL</b>		<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>			NJDEP Waste Hauler ID No. <b>080637369</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>EQ-WAYNE LANDFILL</b>			
City, State <b>FLANDERS, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>BELLEVILLE, MI</b>				
Completed by <b>CAROL RAIMO</b>			Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>		Date <b>1/26/15</b>		



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

11 OPEN  
 NOTIFICATION

Date of Notification (1) 12/17/14		Name of Building Owner/Operator (2) P.S.E.G.		2015 JAN 30 PM 9:59	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 32 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact CHRIS DADA Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSEG			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 333 LAKESIDE AVE.			Square Feet 9270		
City (5) ORANGE			# of Floors 2		
County (6) ESSEX			Bldg. Age approx 60 yrs		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) SUB STATION		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217		Telephone No. 732-432-8350	
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA			
Start Date (10) 12/18/14		Scheduled Completion Date (11) 1/31/15			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operators only!			Street Address 396 WHITEHEAD AVE.		
			City, State, Zip Code SOUTH RIVER, NJ 08882		
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)	
		Yes No N/A		Amount (Specify SF or LF)	
CONTROL ROOM		X		TRANSITE PANEL 6 SF	
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. 080637369		Cubic Yards of Waste 1	
City, State FLANDERS, N.J.		Disposal Date TBD		Name of Registered Landfill EQ-WAYNE LANDFILL.	
City, State BELLEVILLE, MI		Signature Carol Raimo		Date 12/17/14	
Completed by CAROL RAIMO		Title OFFICE MGR.			

CK# 5855

Print Form

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

RECEIVED

Date of Notification (1) <b>12/16/14</b>		Name of Building Owner/Operator (2) P.S.E.G.		2015 JAN 30 PM 9:59	
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 HADLEY ROAD</b> City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b> Name of Contact <b>CHRIS DADA</b> Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>333 LAKESIDE AVE.</b>			Square Feet <b>9270</b> # of Floors <b>2</b> Bldg. Age <b>40-60 yrs</b>		
City (5) <b>ORANGE</b>			Current Use (Prior if being demolished) <b>SUB STATION</b>		
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>	
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>			
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>			
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>		Telephone No. <b>732-432-8350</b>	
Start Date (10) <b>12/18/14</b>		Scheduled Completion Date (11) <b>12/19/14</b>		License No. <b>01111</b>	
Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>necessary operators only!</b>			Street Address <b>396 WHITEHEAD AVE.</b> City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)	
		Yes No N/A		Amount (Specify SF or LF)	
<b>CONTROL ROOM</b>		<b>X</b>		<b>TRANSITE TANK 6 SF</b>	
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080637369</b>		Cubic Yards of Waste <b>1</b>	
City, State <b>FLANDERS, N.J.</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill <b>EQ-WAYNE LANDFILL</b>	
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>	
				Date <b>12/16/14</b>	



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

RECEIVED

2015 JAN 30 PM 3:53

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>12/4/14</b>		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY 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 SOUTH PLAINFIELD, NJ 07080							
		Name of Contact <b>CHRIS DADA</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSEG</b>		Type of Facility (4)							
Street Address <b>333 LAKESIDE AVE.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>ORANGE</b>		Square Feet <b>9270</b>	# of Floors <b>2</b>						
County (6) <b>ESSEX</b>		Bldg. Age <b>60 yrs</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Start Date (10) <b>12/16/14</b>		Scheduled Completion Date (11) <b>12/19/14</b>							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operations only!</b>		City, State, Zip Code SOUTH RIVER, NJ 08882							
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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>CONTROL ROOM</b>		<b>X</b>		<b>TRANSITE YANGL</b>	<b>6 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>EQ-WAYNE LANDFILL</b>					
City, State <b>FLANDERS, N.J.</b>		Disposal Date <b>TBD</b>	City, State <b>BELLEVILLE, MI</b>						
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <b>Carol Raimo</b>		Date <b>12/4/14</b>				

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

Check#2104

RECEIVED

Date of Notification (1) 01 / 26 / 15		Name of Building Owner/Operator (2) Express Display Real Estate Associates LLC	
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 1440 East State Street		City, State, Zip Code Hamilton, NJ 08691	
Name of Contact Brad Vander Vliet		Telephone Number	

2015 JAN 30 PM 9:46  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse non-occupied		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 105 Avenue L		Square Feet # of Floors Bldg. Age	
City (5) Newark, NJ 07105		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg. # 35 E		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm Guillermo Morales		City, State, Zip Code Wayne, NJ 07470	
Telephone No. 973-636-9145		Telephone No. 973-638-1777	
Start Date (10) 02 / 04 / 15		License No. 01127	
Scheduled Completion Date (11) 03 / 04 / 15		Name of OSHA Monitor Envirovision 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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

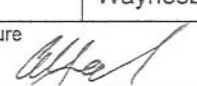
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation-wrap and repair	4,000 LF	<input type="checkbox"/>	<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"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 01/26/2015	



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

RECEIVED

Date of Notification (1) January 26, 2015		Name of Building Owner/Operator (2) Punctuated Equilibrium, LLC		2015 JAN 30 PM 3:57					
Agencies Notified		Type Notification		Street Address					
<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		56 Sparta Avenue					
				City, State, Zip Code Newton, New Jersey 07860					
		Name of Contact Peter Photopoulos		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 91 Sparta Avenue				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newton		Square Feet 1,550		# of Floors 1	Bldg. Age > 65				
County (6) Sussex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Rental home					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.		Name of Abatement Contractor (9) ELCON Environmental Inc.					
Street Address 2002 Renaissance Boulevard, Suite 110		City, State, Zip Code King of Prussia, PA 19406		Street Address 150 Glenwood Drive					
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Richard S. Werner		Telephone No. 610-279-7070		Telephone No. 267-240-6356	License No. 01225				
Start Date (10) 2/12/15		Scheduled Completion Date (11) 2/19/15		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	9-inch by 9-inch brown and tan flc	480 SF	X			
First floor Foyer			X	12-inch by 12-inch Flagstone Linc	66 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	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 1-27-15		

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

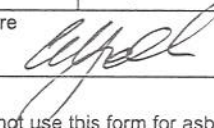
RECEIVED

Date of Notification (1) January 26, 2015		Name of Building Owner/Operator (2) Punctuated Equilibrium, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 56 Sparta Avenue		City, State, Zip Code Newton, New Jersey 07860							
Name of Contact Peter Photopoulos		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 87-89 Sparta Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newton	Square Feet 2,936	# of Floors 2	Bldg. Age > 65						
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Rental home							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc.						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Richard S. Werner		Telephone No. 610-279-7070	License No. 01225						
Start Date (10) 2/12/15	Scheduled Completion Date (11) 2/16/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Plaster on basement ceilings	730 SF	X			
Basement			X	Air Cell Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	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 1-27-15			



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

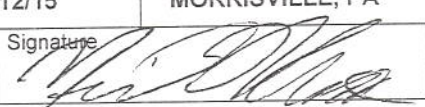
RECEIVED

Date of Notification (1) January 26, 2015		Name of Building Owner/Operator (2) Punctuated Equilibrium, LLC							
Agencies Notified	Type Notification	Street Address 56 Sparta Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newton, New Jersey 07860							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Peter Photopoulos	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 83 Sparta 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) Newton		Square Feet 1,620	# of Floors 2						
County (6) Sussex		County Code (7) (STATE USE ONLY) _____	Bldg. Age > 55						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc.						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Richard S. Werner		Telephone No. 610-279-7070	Telephone No. 267-240-6356						
Start Date (10) 2/9/15		Scheduled Completion Date (11) 2/12/15	License No. 01225						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf									
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation									
<input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure									
<input type="checkbox"/> Mini-Enclosure									
<input type="checkbox"/> Glovebag Procedure									
<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			X	Plaster on First floor walls and ce	2,300 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	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 1-27-15			

CK 13230

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

RECEIVED

Date of Notification (1) <u>1</u> / <u>23</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>ROBERT AND VIRGINIA PERLE</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 <b>1427 HOLMES AVENUE</b>							
		City, State, Zip Code <b>TOMS RIVER, NJ 08753</b>							
		Name of Contact <b>VIRGINIA PERLE</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>88 TENNYSON AVENUE</b>		Square Feet <b>1072</b>	# of Floors <b>2</b>						
City (5) <b>TOMS RIVER</b>		Bldg. Age <b>75 YRS</b>							
County (6) <b>OCEAN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>RICH-MARK CONTRACTING, INC.</b>						
Street Address		Street Address <b>170 U.S. HWY 9</b>							
City, State, Zip Code		City, State, Zip Code <b>BAYVILLE, NJ 08721</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-3771</b>	License No. <b>01244</b>						
Start Date (10) <u>2</u> / <u>9</u> / <u>15</u>	Scheduled Completion Date (11) <u>2</u> / <u>18</u> / <u>15</u>	Name of OSHA Monitor <b>NEIL MARZANO</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>138 SENECA BLVD.</b>							
		City, State, Zip Code <b>BARNEGAT, NJ 08005</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
<b>OUTSIDE SIDING</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ASBESTOS SIDING</b>	<b>2500 SF</b>	<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 <b>RICH-MARK CONTRACING, INC.</b>		NJDEP Waste Hauler ID No. <b>07764</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>GROWS NORTH LANDFILL</b>					
City, State <b>BAYVILLE, NJ</b>		Disposal Date <b>2/12/15</b>	City, State <b>MORRISVILLE, PA</b>						
Completed By (Print or Type) <b>NEIL MARZANO</b>		Title <b>SUPERVISOR</b>	Signature 				Date <b>1/23/15</b>		