

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

Date of Notification (1) <b>06 / 04 / 14</b>		Name of Building Owner/Operator (2) <b>WASHINGTON TOWNSHIP SCHOOL DISTRICT</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 CHURCH ROAD</b>	
		City, State, Zip Code <b>SEWELL NJ 08080</b>	
		Name of Contact <b>Margaret Meehan</b>	Telephone Number <b>[REDACTED]</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>WASHINGTON TOWNSHIP HIGH SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>529 HURFVILLE-CROSS KEYS ROAD</b>		Square Feet <b>100,000</b>	# of Floors <b>2</b>
City (5) <b>SEWELL</b>		Bldg. Age <b>40+</b>	
County (6) <b>GLOUSTER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>SCHOOL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HORIZON ENVIRONMENTAL GRP., INC</b>		ASCM No. <b>00073</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>
Street Address <b>P.O. Box 316</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>	
City, State, Zip Code <b>WEST DEPTFORD, NJ 08086</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>	
Project Manager for Monitoring Firm <b>David Flanigan</b>		Telephone No. <b>856 848 0800</b>	License No. <b>00793</b>
Start Date (10) <b>7 / 14 / 14</b>	Scheduled Completion Date (11) <b>8 / 8 / 14</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-11:00PM</b> <i>Facility Occupied During Abatement</i>		Street Address <b>N/A</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>N/A</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</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)
	Yes	No	
<b>NEW BOILER ROOM (A-13)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BOILER INSULATION</b>
<b>NEW BOILER ROOM (A-13)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BOILER INSULATION</b>
<b>NEW BOILER ROOM(A-13)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FLOOR TILE AND MASTIC</b>
<b>OLD BOILER RM(B-1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BREECH INSULATION</b>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	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>6/27/14</b>



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

RECEIVED

Date of Notification (1) <b>06 / 4 / 14</b>		Name of Building Owner/Operator (2) <b>WASHINGTON TOWNSHIP SCHOOL DISTRICT</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 CHURCH ROAD</b> City, State, Zip Code <b>SEWELL NJ 08080</b> Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>WASHINGTON TOWNSHIP HIGH SCHOOL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>529 HURFVILLE-CROSS KEYS ROAD</b>		Square Feet <b>&gt;50,000</b>							
City (5) <b>SEWELL</b>		# of Floors <b>2</b>	Bldg. Age <b>50</b>						
County (6) <b>GLOUSTER</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>SCHOOL</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>HORIZON ENVIRONMENTAL GRP., INC</b>		ASCM No. <b>00073</b>	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>						
Street Address <b>P.O. Box 316</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>							
City, State, Zip Code <b>WEST DEPTFORD, NJ 08086</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>							
Project Manager for Monitoring Firm <b>David Flanigan</b>		Telephone No. <b>856 848 0800</b>	Telephone No. <b>215 322-2900</b>						
License No. <b>00793</b>		Name of OSHA Monitor <b>CRITERION LABS</b>							
Start Date (10) <b>6 / 19 / 14</b>		Scheduled Completion Date (11) <b>8 / 8 / 14</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>7:00AM - 11:00PM</b> <b>m-sat</b>		Street Address <b>3370 PROGRESS DRIVE</b> City, State, Zip Code <b>BENSALEM PA 19020</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>NEW BOILER ROOM</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>1 BOILER, BREECHING AND</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEW BOILER ROOM</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BOILER INSULATION</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEW BOILER ROOM</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FLOOR TILE AND MASTIC</b>	<b>900 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ORIGINAL BOILER RM</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>BREECHING</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</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 LAVALLE</b>		Title <b>PROJECT MGR.</b>	Signature <i>Damian Lavelle</i>			Date <b>6/21/14</b>			



CK# 26097

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

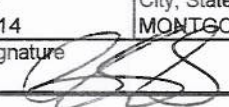
<b>Date of Notification (1)</b> 6 / 27 /14		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY2		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> MARY BETH BAKER		<b>Telephone Number</b> [REDACTED]	

RECEIVED  
 2014 JUL -1 PM 1:49  
 ASBESTOS CONTRACTOR LICENSING

<b>FACILITY INFORMATION</b>		
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
<b>Street Address</b> 126 EAST LINCOLN AVENUE		<b>Square Feet</b> 20,000
<b>City (5)</b> RAHWAY		<b># of Floors</b> 1
<b>County (6)</b> UNION		<b>Bldg. Age</b> 40
<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> VACANT
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Street Address</b> 313 SPOOK ROCK ROAD
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901
<b>Telephone Number</b> 973-729-5649		<b>Telephone Number</b> 845-369-7500
<b>Expected State Date (10)</b> 7 / 11 /14		<b>License Number</b> 1101
<b>Sched. Completion Date (11)</b> 8 / 15 /14		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: FRIDAY 7AM-3:30PM/SAT URDAY & SUNDAY 7AM-7PM		
<b>Street Address</b> 117 EAST 30TH STREET		
<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016		

<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
building #53 Roof -exterior pipe rack	X			Pipe Insulation	70 Ln. Ft.	X			
building #57 Roof-exterior pipe rack	X			Pipe Insulation	20 Ln. Ft.	x			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 5	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 07/12-8/15/2014		<b>City, State</b> MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 6/27/14



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

Date of Notification (1) 6 / 13 / 2014		Name of Building Owner / Operator (2) Federal National Mortgage Assn.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 345 St. Peter Street		City, State, Zip Code St. Paul, MN 55102	
Name of Contact Melissa Sherman		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 1161 Loraine 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 bldgs., homes, etc.)	
Street Address 1161 Loraine Avenue		Building Age 64 yrs	
City (5) Plainfield	County (6) Middlesex	County Code (7)	Square Feet 1,500
			# Of Floors 2
		Current Use (Prior if being demolished) Residential home -empty	
Name of Monitoring Firm Hired by Bldg. Owner (8) Steve Rich Environmental Contractors d/b/a OPUS Abatement		Name of Abatement Contractor (9) Steve Rich Environmental Contractors d/b/a OPUS Abatement	
Street Address 222 Delawanna Avenue		Street Address 222 Delawanna Avenue	
City, State, Zip Code Clifton, NJ 07014		City, State, Zip Code Clifton, NJ 07014	
Project Mngr. For Monitoring Firm Warren Clendenny		Telephone Number 973-458-1188	
Scheduled Start Date (10) 6 / 23 / 2014	Sched. Completion Date (11) 6 / 27 / 2014	Telephone Number 973-458-1188	License Number 1219
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Steve Rich Environmental Contractors d/b/a OPUS Abatement	
		Street Address 222 Delawanna Avenue	
		City, State, Zip Code Clifton, NJ 07014	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf			
<input type="checkbox"/> Renovation <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 <b>TO BE ABATED</b> 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)
basement	YES NO N/A		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe insulation	180 LF
	<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	Name of Registered Landfill IESI
City, State Newark, NJ		Disposal Date 6/25/2014	City, State Bethlehem, PA
Completed by (Print or Type) Tracey O'Connell		Title Office Manager	Signature <i>Tracey O'Connell</i> Date 6/27/14



me 21723055391

State of New Jersey

# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 06/25/2014		Name of Building Owner/Operator (2) Matawan-Aberdeen Board of Education	
Agencies Notified	Type Notification	Street Address: 1 Crest Way	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Aberdeen, NJ 07747	
		Name of Contact: Mrs. Elaine Badalamenti	Telephone Number: 732-733-7333

## FACILITY INFORMATION

Name of Facility: Ravine Drive Elementary School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
170 Ravine Drive		Square Feet: _____ # of Floors: _____	
City/ (5) Matawan	County (6): Monmouth	County Code (7): 07747	Bldg. Age Current Use : School
Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL CONNECTION, INC.		ASCM No.: 00030	Name of Abatement Contractor (9): Apex Development, Inc.
Street Address: 120 North Warren Street		Street Address: 658 Rutgers Place	
City, State, Zip Code: Trenton, NJ 08608		City, State, Zip Code: Paramus, NJ 07652	
Project Manager for Monitoring Firm: Roland C. Jones		Telephone No.: 609-392-4200	Telephone No.: (973) 350-0101
License No.: 01215			
Start Date (10): 07/17/14	Scheduled Completion Date (11): 07/25/14	Name of OSHA Monitor: Apex Development, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____		Street Address: 658 Rutgers Place City, State, Zip Code: Paramus, NJ, 07652	

### 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) 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	Encapsulat	Enclosure
Boiler Room and Custodial Storage		X		Breeching Insulation	250 SF	*			
Boiler Room and Custodial Storage		X		Cementitious Fitting Insulation	80 LF	*			
Boiler Room and Custodial Storage		X		Ceiling Plaster	20 SF	*			

Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.
City, State: Bronx, NY 10474	Disposal Date:	City, State: Waynesburg, OH 44688	

Completed By: Sylvester Oraegbunam	Title: President	Signature: 	Date: 06/25/2014
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RECEIVED

JUL -1 PM 1:39

211-1618186

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 06/25/2014		Name of Building Owner/Operator (2) Matawan-Aberdeen Board of Education		RECEIVED				
Agencies Notified	Type Notification	Street Address: 1 Crest Way						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Aberdeen, NJ 07747						
		Name of Contact: Mrs. Elaine Badalamenti		Telephone Number: _____				
<b>FACILITY INFORMATION</b>								
Name of Facility Lloyd Road Elementary School			Type of Facility (4):					
401 Lloyd Road			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City/ (5) Aberdeen	County (6): Monmouth	County Code (7): 07747	Square Feet: _____ # of Floors: _____					
Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL CONNECTION, INC.			ASCM No.: 00030	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>				
Street Address: 120 North Warren Street			Street Address: <b>658 Rutgers Place</b>					
City, State, Zip Code: Trenton, NJ 08608			City, State, Zip Code: <b>Paramus, NJ 07652</b>					
Project Manager for Monitoring Firm: Roland C. Jones		Telephone No.: 609-392-4200	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>				
Start Date (10): 07/17/14	Scheduled Completion Date (11): 07/25/14		Name of OSHA Monitor: Apex Development, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: <b>658 Rutgers Place</b> City, State, Zip Code: <b>Paramus, NJ, 07652</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 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	Encapsulat
<b>BOILER ROOM</b>		X	<b>Breeching Insulation</b>	200 SF	*			
<b>BOILER ROOM</b>		X	<b>Cementitious Fitting Insulation</b>	40 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste Hauler ID No.: _____	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474		Disposal Date: _____		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President	Signature: 		Date: 06/25/2014			



MO 21723055413

State of New Jersey

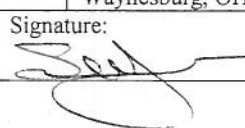
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

2014 JUL -1 PM 1:40

APR 11 2014 CONTROL  
LICENSING

Date of Notification (1): 06/25/2014		Name of Building Owner/Operator (2) Matawan-Aberdeen Board of Education						
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address: 1 Crest Way		Telephone Number: _____			
			City, State, Zip Code: Aberdeen, NJ 07747					
			Name of Contact: Mrs. Elaine Badalamenti					
<b>FACILITY INFORMATION</b>								
Name of Facility Matawan-Aberdeen Regional Middle School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
469 Matawan Avenue			Square Feet: _____ # of Floors: _____					
City/ (5) Cliffwood	County (6): Monmouth	County Code (7): 07721	Bldg. Age _____ Current Use : School					
Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL CONNECTION, INC.		ASCM No.: 00030	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 120 North Warren Street			Street Address: <b>658 Rutgers Place</b>					
City, State, Zip Code: Trenton, NJ 08608			City, State, Zip Code: <b>Paramus, NJ 07652</b>					
Project Manager for Monitoring Firm: Roland C. Jones		Telephone No.: 609-392-4200	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>				
Start Date (10): 07/27/14	Scheduled Completion Date (11): 08/05/14		Name of OSHA Monitor: Apex Development, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: <b>658 Rutgers Place</b> City, State, Zip Code: <b>Paramus, NJ, 07652</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
BOILER ROOM		X	Breeching Insulation	100 SF	*			
BOILER ROOM		X	Tank Insulation	300 SF	*			
BOILER ROOM		X	Cementitious Fitting Insulation	50 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 06/25/2014		




NO 21723055424

State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

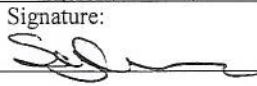
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 06/25/2014		Name of Building Owner/Operator (2) Matawan-Aberdeen Board of Education							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 1 Crest Way							
		City, State, Zip Code: Aberdeen, NJ 07747							
		Name of Contact: Mrs. Elaine Badalamenti		Telephone Number: _____					
<b>FACILITY INFORMATION</b>									
Name of Facility: Strathmore Elementary School			Type of Facility (4): <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
282 Church Street			Square Feet: _____ # of Floors: _____						
City/ (5) Aberdeen	County (6): Monmouth	County Code (7): 07747	Bldg. Age _____ Current Use : School						
Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL CONNECTION, INC.		ASCM No.: 00030	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>						
Street Address: 120 North Warren Street			Street Address: <b>658 Rutgers Place</b>						
City, State, Zip Code: Trenton, NJ 08608			City, State, Zip Code: <b>Paramus, NJ 07652</b>						
Project Manager for Monitoring Firm: Roland C. Jones		Telephone No.: 609-392-4200	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>					
Start Date (10): 07/10/14	Scheduled Completion Date (11): 07/13/14		Name of OSHA Monitor: Apex Development, Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____  <input type="checkbox"/> Other Describe: _____			Street Address: <b>658 Rutgers Place</b>  City, State, Zip Code: <b>Paramus, NJ, 07652</b>						
Scope of Work (Check all that apply):  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulat	Enclosure
BOILER ROOM		X		Cementitious Pipe Insulation	40 LF	*			
BOILER ROOM		X		Cementitious Fitting Insulation	100 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.: _____		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date: _____		City, State: Waynesburg, OH 44688					
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 06/25/2014			

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 06/25/2014		Name of Building Owner/Operator (2) Matawan-Aberdeen Board of Education						
Agencies Notified	Type Notification	Street Address: 1 Crest Way						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Aberdeen, NJ 07747						
		Name of Contact: Mrs. Elaine Badalamenti		Telephone Number: Licensing				
<b>FACILITY INFORMATION</b>								
Name of Facility Matawan Regional High School			Type of Facility (4):					
450 Atlantic Avenue			<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.)					
City/ (5) Aberdeen	County (6): Monmouth	County Code (7): 07747	Square Feet: # of Floors:					
			Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL CONNECTION, INC.		ASCM No.: 00030	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 120 North Warren Street			Street Address: <b>658 Rutgers Place</b>					
City, State, Zip Code: Trenton, NJ 08608			City, State, Zip Code: <b>Paramus, NJ 07652</b>					
Project Manager for Monitoring Firm: Roland C. Jones		Telephone No.: 609-392-4200	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>				
Start Date (10): 07/09/14	Scheduled Completion Date (11): 07/17/14		Name of OSHA Monitor: Apex Development, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:  <input type="checkbox"/> Other Describe:			Street Address: <b>658 Rutgers Place</b>					
			City, State, Zip Code: <b>Paramus, NJ, 07652</b>					
Scope of Work (Check all that apply):								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\leq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
<b>BOILER ROOM</b>		X	<b>Cementitious Fitting Insulation</b>	50 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.			
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 06/25/2014		



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

REC# 2644

Date of Notification (1) <b>6/25/14</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>144 ROUTE 10 AND HUNTER STREET</b>							
		City, State & Zip Code <b>SUCCASUNNA NEW JERSEY</b>							
		Name of Contact <b>ALEX BAYLOR</b>							
		Telephone Number <b>5</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>SUCCASUNNA CENTRAL OFFICE</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>144 RTE 10 &amp; HUNTER STREET</b>		Square Feet <b>11570</b>	# of Floors <b>1</b>						
City (5) <b>SUCCASUNNA</b>	County (6) <b>MORRIS</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>7/14/14</b>	Scheduled Completion Date (11) <b>7/23/14</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</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 Hours - 7am to 3pm Describe: <b>5 PM - 1 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>							
		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>ST</sup> FLOOR BATTERY AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>ST</sup> FLOOR FOYER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>ST</sup> FLOOR HVAC ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>ST</sup> FLOOR DIESEL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>ST</sup> FLOOR FRAME AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. DeCaro / jh</i>				Date <b>6/25/14</b>		



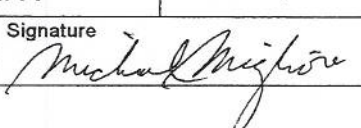
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

2643  
RECEIVED

Date of Notification (1) <div style="text-align: center;">6 / 24 / 14</div>		Name of Building Owner/Operator (2) <b>Arbor Management, LLC</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4 Denny Rd.</b>					
		City, State, Zip Code <b>Wilmington, DE 19809</b>					
		Name of Contact <b>Guy Pollice</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Burlington Manor Apartments</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>255 S. Pearl St.</b>		Square Feet	# of Floors				
City (5) <b>Burlington</b>		Bldg. Age					
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Apartments</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Brightfields, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>				
Street Address <b>801 Industrial St</b>		Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Wilmington, DE 19801</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Monty Krough</b>		Telephone No. <b>302-656-9600</b>	License No. <b>00509</b>				
Start Date (10) <div style="text-align: center;">7 / 10 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 11 / 14</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8:30AM-5:30PM</b> PM- AM		Street Address <b>1123 BEAVER STREET</b>					
		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Boiler caulk	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>6/24/14</b>		



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

Date of Notification (1) 6/23/14		Name of Building Owner/Operator (2) Passaic Valley Sewerage Commission							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 Wilson Ave  City, State, Zip Code Newark, NJ 07105  Name of Contact Anthony Giacalone  Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Passaic Valley Sewerage Commission  Street Address 600 Wilson Ave  City (5) Newark, NJ 07105  County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  Square Feet 4575  # of Floors 2  Bldg. Age 1971  County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Office/locker room						
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates, Division of H&R Environmental  Street Address 3 Crosswicks Street  City, State, Zip Code Bordentown, NJ 08505		ASCM No. 6004  Name of Abatement Contractor (9) New States Contracting, LLC  Street Address 2400 Main Street Extension, Suite 10  City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm Michael Hoodak  Telephone No. 609-298-5520		Telephone No. 732-525-0100  License No. 00749							
Start Date (10) 7/8/14	Scheduled Completion Date (11) 8/1/14	Name of OSHA Monitor Tiger Environmental Show Desktop.scf Street Address 16 W Elizabeth Ave  City, State, Zip Code Linden, NJ 07036							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
Solids Handling Maintenance Bldg	X			Thermal Pipe insulation	300 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks					
City, State Freehold, NJ			Disposal Date 7/31/14	City, State Birdsboro, PA 19508					
Completed by Michael Migliore		Title Sr Account Manager		Signature 		Date 6/23/14			

RECEIVED

2014 JUL -1 PM 1:17

ASBESTOS CONTROL  
211.2.3 CONTROL  
211.2.3 CONTROL

CK 520713

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

RECEIVED

<u>Date of Notification (1)</u> 6/30/2014		<u>Name of Building Owner/Operator (2)</u> NAVFAC Mid Atlantic – Northeast IPT	
<u>Agencies Notified</u> ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA	<u>Notification Type</u> ( ) Initial Notification ( X ) Amended Certification ( ) Cancelled	<u>Street Address</u> 9742 Maryland Ave – Bldg. Z-144	
		<u>City, State, Zip Code</u> Norfolk, VA 23511	
		<u>Name of Contact</u> Romeo LoGiurato	<u>Tel. Number</u> 95

2014 JUL -1 PM 4:31  
ASBESTOS CONTROL  
& LICENSING

## FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> P237 – VADM James H. Doyle, Jr. Combat System Engineering Development Site (CSEDS)			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) ( X ) Other (i.e. private & commercial bldgs., homes, etc.)
<u>Street Address</u> 300 Centerton Road			<u>Sq. Feet</u> 20,000 <u># of Floors</u> 2
<u>City (5)</u> Moorestown	<u>County (6)</u> Camden	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30 + <u>Current Use</u> (prior if being demolished) Naval Development
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Management International		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP

<u>Street Address</u> 34 East Germantown Pike, Suite 204	<u>Street Address</u> 395 Turner Industrial Way
<u>City, State, Zip Code</u> East Norristown, PA 19401	<u>City, State, Zip Code</u> Aston, PA 19014

<u>Project Manager for Monitoring Firm</u> David Cassenti	<u>Telephone Number</u> 610-277-0405	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 07/03/2014	<u>Scheduled Completion Date (11)</u> 7/15/2014	<u>Name of OSHA Monitor</u> EMSL Analytical
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<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe ___ Non Business Hours ___ Other X Describe Isolate work area within regulated area ___	<u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108
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Source of Work (Check all that apply)

- ( ) Demolition ( X ) Renovation  
( X ) Large Proj. (>160 SF or >260 LF ACM) ( ) M 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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose
Northeast Exterior Wall	X	Galbestos coated corrugated metal siding	400 SF	X

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 3	<u>Name of Reg. Landfill</u> Minerva
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 7/12/2014	<u>City, State</u> Waynesboro, OH	

<u>Completed by (Print or Type)</u> Richard P. Semega, Jr.	<u>Title</u> Branch Manager	<u>Signature</u> 	<u>Date</u> 6/30/2014
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**Notification of Demolition or Renovation.....(continued)**

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of 400 sf of galbestos siding.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and wrapping.

**XII. Waste Transporter#1 Service Transport Group**

Address: 58 Pyles Lane

City: New Castle

County: New Castle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 877-999-9559

**Waste Transporter#2 Same as #1**

Address

City

County

State

Zip

Contact

Telephone

**XIII. Waste Disposal Site Minerva Landfill**

EPA Certification Number: P0104984

Address: 8955 Minerva Road

City: Waynesburg

County:

State: OH

Zip: 44688

Contact:

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 06-30-2014

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 06-30-2014

CK 3455

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

Date of Notification (1) 6/30/14		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office		<b>RECEIVED</b>  2014 JUL -1 PM 4:19  ASBESTOS CONTROL WORKING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address EA McMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Bob Ortego Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 143 Hartley Avenue									
City (5) Princeton			Square Feet 1600	# of Floors 2	Bldg. Age 59				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Unoccupied Residence					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 7/14/14		Scheduled Completion Date (11) 8/1/14		Name of OSHA Monitor EMSL					
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: Hours - 8 am - 4:30 pm			Street Address 200 U.S. 130 North City, State, Zip Code Cinnaminson, NJ 08077						
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 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 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
Heater Room			x	Flue Patch	3 sf	x			
Outside Wall			x	Caulk @ AC unit	1 sf	x			
Interior Walls / Ceiling			x	Joint Compound on GWB	6910 sf	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 40	Name of Registered Landfill GROWS				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 6/30/14		



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT**  
Date of Notification (1)

*DOL CK# 07992*

Date of Notification (1) <u>06/</u> / <u>30</u> / <u>14</u>		Name of Building Owner / Operator (2) Pennsauken Board of Education	
Agencies Notified		Street Address 1695 Hylton Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Pennsauken, NJ 08110	
<input type="checkbox"/> DOH	<input type="checkbox"/> Amended	Name of Contact Mr. Jack Killion	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number [Redacted]	
<input type="checkbox"/>	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/>	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) H.M. Phifer Middle School			Type of Facility (4)		
Street Address 8201 Park Avenue			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Pennsauken	County (6) Camden	County Code (7)	Square Feet 5,000	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Arcadis U. S, Inc			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 35 Columbia Road			Street Address 32 Williams Parkway		
City, State, Zip Code Branchburg, NJ 08876			City, State, Zip Code East Hanover NJ. 07936		
Project Mngr. For Monitoring Firm David Hilinski			Telephone Number 908-526-1000		
Schedul Start Date (10) <u>07</u> / <u>09</u> / <u>14</u>		Sched. Completion Date (11) <u>07</u> / <u>17</u> / <u>14</u>		License Number 00117	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Environmental Services		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 32 Williams Parkway		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility			City, State, Zip Code East Hanover, NJ. 07936		
Hours - Describe: _____					
<input checked="" type="checkbox"/> Other - Describe: <u>MON-FRI.</u> <u>7:00AM-3:30PM</u>					

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Multi purpose room kitchen	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Vat and mastic	5500	<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"/>

Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill		
City, State New Castle, DE.		Disposal Date 07/20/14	City, State 8955 Minerva Poad Waynesburg, OH. 44688			
Completed by (Print or Type) Gary Bowman		Title Project Manager	Signature 		Date 06/30/14	



CK 006212

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

D&amp;S Proj. #: 2014-257

RECEIVED

Date of Notification (1) 06/12/14		Name of Building Owner/Operator (2) PETER LATIMER		2014 JUL -1 PM 4:10	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 31 VALHALLA WAY	
		City, State, Zip Code VERONA, NJ 07044			
		Name of Contact PETER LATIMER		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) PETER LATIMER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 31 VALHALLA WAY			Square Feet # of Floors Bldg. Age		
City (5) VERONA	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 07/08/14	Sched. Completion Date (11) 07/25/14		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	90 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/09/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/24/2014



CK 006211

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

D&S Proj. #: 2014-256

RECEIVED

Date of Notification (1) 06/12/14		Name of Building Owner/Operator (2) GERARD COONEY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 17 SAND HILL ROAD City, State, Zip Code ANNANDALE, NJ 08801	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact GERARD COONEY	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GERARD COONEY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 17 SAND HILL ROAD			Square Feet # of Floors Bldg. Age		
City (5) ANNANDALE			County (6) HUNTERDON		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 07/07/14		Sched. Completion Date (11) 07/25/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	45 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		CHIMNEY PACKING	1 SQ FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/02/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/24/2014	