

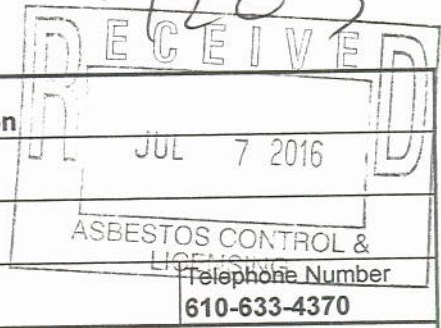
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK2984

Date of Notification (1) July 1, 2016		Name of Building Owner/Operator (2) One Yonkers Associates, LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 7 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Street Address 450 7th Avenue, Suite 701							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code New York, NY 10123 Name of Contact Lisa Fritz							
Type Notification		Telephone Number 212-244-2220 x213							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Easy Pickins				Type of Facility (4)					
Street Address 80 Broad Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Elizabeth, NJ				Square Feet	Bldg. Age				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No.		Name of Abatement Contractor (9) Be Construction Corporation					
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821		Telephone No. 973-669-2900	License No. 01231				
Start Date (10) 07/12/2016		Scheduled Completion Date (11) 07/15/2016		Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2512 W Cary Street					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Richmond, VA. 23220					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
NW Storage/Sprinkler Room		X		Pipe and Pipe Joint Insulation	100LF	X			
Sprinkler Room		X		Floor Tile and Mastic	1,700SF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No. 0035767		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State West Orange, NJ 07052				Disposal Date	City, State Tullytown, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>		Date 07/01/2016			

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

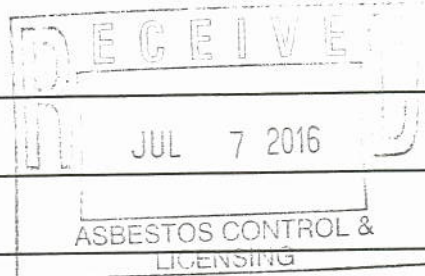
CK
7203



Date of Notification (1) 6/29/16 Type Notification		Name of Building Owner / Operator (2) Belford Seafood Cooperative Association	
Agencies Notified EPA DEP X DOL X DOH DCA	Emergency Notification	Street Address 901 Port Monmouth Road	
	X Initial Notification	City, State & Zip Code Belford, NJ 07718	
	Amended Notification	Name of Contact Bob Adams	
	Cancellation	Telephone Number 610-633-4370	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Roof		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 901 Port Monmouth Road		Square Feet 1,000	# of Floors 2
City (5) Belford	County (6) Monmouth	Bldg. Age 50+	
County Code (7)		Current Use (Prior if being demolished) Ice Production	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address		Street Address 443 Schoolhouse Road	
City, State & Zip Code		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 7/12/16	Scheduled Completion Date (11) 7/12/16		Name of OSHA Monitor Global Abatement Services, LLC
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply) X Demolition Renovation Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM X Quantity is ≥ 160 SF or ≥ 260 LF ACM Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Other: Non-friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Roof	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Roofing material	Amount (Specify Square Feet or Linear Feet) 220 SF
			Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5
City, State Trenton, NJ		Disposal Date 7/13/16	Name of Registered Landfill GROWS
Completed By (Print or Type) Dominick Tringali		Title Manager	Signature
			Date 6/29/16

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



Date of Notification 0 7 0 1 1 6		Name of Building Owner/Operator THE HOUSE OF GOOD SHEPPARD					
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification Initial Notification X Amended Cancellation					
Street Address 798 WILLOW GROVE STREET		City, State, Zip Code HACKETTSTOWN, NJ 07480					
Name of Contact CRAIG STROUD		Telephone Number 908-684-5736					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place THE HOUSE OF GOOD SHEPPARD		Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)					
Street Address 798 WILLOW GROVE STREET		SF of Bldg. 15,000	# Floor 2				
City HACKETTSTOWN	County WARREN	County Code State use Only	Age of Bldg. 50+				
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES		ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.				
Street Address 515 GROVE STREET SUITE 1B		Street Address 2150 STANLEY TERRACE					
City, State, Zip Code HADDEN HEIGHTS, NJ 08035		City, State, Zip Code UNION, NJ 07083					
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	License Number 00575				
Scheduled Start Date 7 11 2016		Name of OSHA Monitor EMSL ANALYTICAL					
Scheduled Completion Date 8 11 2016		Street Address 307 WEST 38TH STREET					
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours Describe: 7:00AM TO 4:30PM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118					
Scope of Work (Check Only One) Demolition >3sf or >3lf X > 160sf or > 260lf Renovation		Abatement Method X Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure					
Location of ACM Facility	Is Location Normally Used by Custodial Staff	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Abatement Type			
	Yes NO N/A			Rem.	Rep.	Enc.	Encl.
BOILER ROOM		TANK INSULATION	400SF	X			
BOILER ROOM		PIPE INSULATION	60 LF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC			
City, State BRONX, NY		Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO		Date 7/1/16		
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER		Signature <i>Anita Smolar</i>			

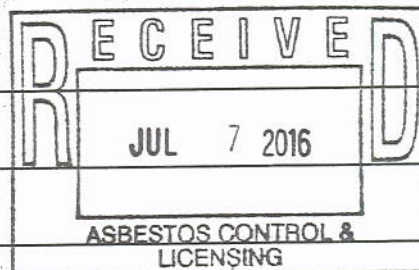
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 5895

Date of Notification (1) 07-01-16		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge							
<input 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 Irving, TX 75038							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Brian Kingsbury							
<div style="text-align: right;"> </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 315 Park Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden		Square Feet 80,000	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety & Environmental		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address P.O. Box 430		Street Address 200 Broad Street							
City, State, Zip Code North Versailles, PA 15137		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. (201) 356-5166	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 07-15-16	Scheduled Completion Date (11) 10-31-16	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main: Throughout			x	VAT/Mastic	144SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Joseph Patrick		Title Project Manager		Signature 			Date 07-01-16		

CK 37973

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



Date of Notification 0 7 0 1 1 6		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DOL X DOH X DCA	Type of Notification X Initial Amended Amendment # Emergency Cancellation	Street Address 7 WEST SEVENTH STREET	
		City, State, Zip Code CINCINNATI, OHIO 45202	
		Name of Contact David Gibbons	Telephone Number 212-494-4324

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place MACY'S STORE - PARAMUS PARK MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 100 PARAMUS PARK			SF of Bldg. 1 MILLION +SF	# Floor 3	Age of Bldg. 50+
City PARAMUS	County BERGEN	County Code State use Only	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES			ASCM No.		
Street Address 515 GROVE STREET SUITE 1B			Name of Abatement Contractor ACM CONSULTING CORP.		
City, State, Zip Code HADDEN HEIGHTS, NJ 08035			Street Address 2150 STANLEY TERRACE		
Project Manager for Monitoring Firm TO BE DETERMINED			Telephone No. TO BE DETERMINED		License Number 00575
Scheduled Start Date 7 18 2016		Scheduled Completion Date 7 31 2016		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:00PM TO 6:30AM Other - Describe:				City, State, Zip Code NEW YORK, NY 10118	

Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure						
Location of ACM Facility 3RD FLOOR SALES AREA	Is Location Normally Used by Custodial Staff Yes NO N/A			Description of ACM to be Removed VAT & MASTIC	Amount to be Removed (Specify SF/LF) 2000SF	Abatement Type			
						Rem.	Rep.	Enc.	Encl.
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC		
City, State BRONX, NY			Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO				
Completed By (Print or Type) ANITA SMOLAR			Title GENERAL MANAGER		Signature <i>Anita Smolar</i>		Date 7/1/16		

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

Chal # 10766

Date of Notification (1) <div style="text-align: center;">7 / 6 / 16</div>		Name of Building Owner/Operator (2) Spotswood Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 Summerhill Rd							
		City, State, Zip Code Spotswood, NJ 08884							
		Name of Contact Thomas Calder -Principal							
		Telephone Number (732) 723-2204							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Spotswood High 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 and commercial buildings, homes, etc.)							
Street Address 105 Summerhill Rd		Square Feet 60,000	# of Floors 1						
City (5) Spotswood		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No. 30	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 120 N Warren St		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609 392-4200	License No. 00847						
Start Date (10) <div style="text-align: center;">7 / 18 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 3 / 16</div>	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM / ____ PM - ____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	560 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date 8/3/16		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>			Date 7/6/16		

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

Sheet # 1267

Date of Notification (1) <u>7</u> / <u>6</u> / <u>16</u>		Name of Building Owner/Operator (2) Spotswood Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 Summerhill Rd							
		City, State, Zip Code Spotswood, NJ 08884							
		Name of Contact Nancy Torchiano - Principal							
		Telephone Number (732) 723-2220							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) G. Austin Schoenly 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 and commercial buildings, homes, etc.)							
Street Address 80 Kane Ave									
City (5) Spotswood		Square Feet 30,000	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No. 30	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 120 N Warren St		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609 3924200	License No. 00847						
Start Date (10) <u>7</u> / <u>20</u> / <u>16</u>	Scheduled Completion Date (11) <u>8</u> / <u>5</u> / <u>16</u>	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / _____ PM-_____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure * TENT WRAP + LOT * <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
Room 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Locations-TO BE DETERMINED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	2 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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date 8/5/16		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 7/6/16			

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

CHECK#25704

Date of Notification (1) 6/20/2016		Name of Building Owner/Operator (2) OCEAN TWP. BD. 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 163 Monmouth Road	
		City, State, Zip Code Oakhurst, NJ 07755	
		Name of Contact David J. D'Andrea	
		Telephone Number 609-890-7110	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WAYSIDE ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address 733 BOWNE ROAD		Square Feet	
City (5) OCEAN, NJ		# of Floors Bldg. Age	
County Monmouth		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) MANAGEMENT ENVIRONMENTAL CONSULTING		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address P.O. BOX 341		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code CROSSWICKS, NJ 08515		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm WILLIAM WEISGARBER	Telephone No. 609-396-9208	Telephone No. 609-890-7110	License No. 00678
Start Date (10) 6/27/2016	Scheduled Completion Date (11) 7/1/2016	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe ESSENTIAL PERSONNEL		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
MUSIC ROOM, MUSIC ROOM		<input checked="" type="checkbox"/>	NFVAT
CORRIDOR, STORAGE ROOM,			
CAFETERIA CORRIDOR			
Name of Registered Waste Hauler CARNEVALE DISPOSAL COMPANY		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 30 YDS
City, State HAMILTON, NJ		Disposal Date 7/5/2016	Name of Registered Landfill GROWS
City, State MORRISVILLE, PA			
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>	Date 6/20/2016

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

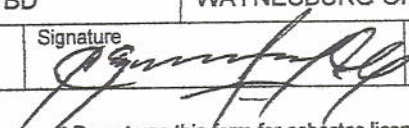
CK1083

Date of Notification (1) 07/01/2016		Name of Building Owner/Operator (2) ECC GROUP, INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 US ROUTE 46 EAST	
		City, State, Zip Code LODI NJ 07644	
		Name of Contact ED SALAMEH	

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JUL 7 2016
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) ECC GROUP, INC.		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 30 US ROUTE 46 EAST		
City (5) LODI	Square Feet 10,500 SF	# of Floors 1
		Bldg. Age 68
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC
City, State, Zip Code		Street Address 1126 51ST
Project Manager for Monitoring Firm		City, State, Zip Code NORTHE BERGEN NJ 07047
Telephone No.		Telephone No. 201-708-4270
		License No. 01300
Start Date (10) 07/11/2016	Scheduled Completion Date (11) 07/27/2016	Name of OSHA Monitor EMPIRE ENVIRONMENTAL
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 435 MAIN RD, SUITE 200
		City, State, Zip Code TOWACO NJ 07082
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 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
ROOF		X		ACM ROOFING MATERIAL	10,500	X			

Name of Registered Waste Hauler TRI STATE - ASSOC. INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.	
City, State BRONX NY		Disposal Date TBD		City, State WAYNESBURG OHIO.	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 07/01/2016	

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

CK 7180


Date of Notification 6/29/16		Name of Building Owner / Operator (2) Heritage Capital Group	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	Emergency Notification	123 Prospect Street	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	Amended Notification	Ridgewood, NJ 07450	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	
DCA		Jeff Greenberg	

RECEIVED
JUL 7 2016
Telephone Number
201-251-9700

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 210-214 Main Street		Square Feet 50,000	# of Floors 9
City (5) Hackensack	County (6) Bergen	Bldg. Age 50	
County Code (7)		Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates		ASCM No. N/A	
Street Address 35 Technology Drive		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Warren, NJ 07059		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Jeremy Hassett		Telephone Number 908-668-7777	License Number 00714
Scheduled Start Date (10) 7/13/16	Scheduled Completion Date (11) 8/15/16	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	

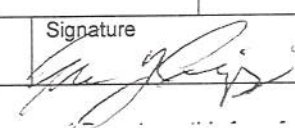
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: Non-friable	

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Throughout	N/A	Pipe insulation	5,000 LF	Removal
Throughout	N/A	VAT	1,000 SF	Removal
1st fl, mezzanine	N/A	Joint compound	2,000 SF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 80	Name of Registered Landfill GROWS
City, State Freehold, NJ		Disposal Date 8/16/16	City, State Morrisville, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature 		Date 6/29/16

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

ck # 3-25-1450

Date of Notification (1) July 1, 2016		Name of Building Owner/Operator (2) Toms River Municipal Building		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 7 2016 ASBESTOS CONTROL & REMEDIATION (732)341-1000 </div>					
Agencies Notified		Type Notification				Street Address 33 Washington Street			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Toms River, NJ 08753 Name of Contact Robert Chankalian			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toms River Municipal Building				Type of Facility (4)					
Street Address 33 Washington Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Toms River		Square Feet 10,000		# of Floors 2					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Bldg. Age 40					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Peter V. Pirozzi General Contracting LLC					
Street Address		Street Address 64 Sand Bridge Road		City, State, Zip Code Pittsgrove, NJ 08318					
City, State, Zip Code		Telephone No. (856)521-0749		License No. 01279					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 7/15/16		Scheduled Completion Date (11) 7/18/16		Street Address					
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code					
<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: 7:00am - 3:00pm									
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 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
Windows		X		Glazing Putty	1 sf	X			
Name of Registered Waste Hauler Carnevale Disposal		NJDEP Waste Hauler ID No. 17297		Cubic Yards of Waste 10		Name of Registered Landfill GROWS			
City, State Hamilton, NJ		Disposal Date 7/18/16		City, State Morrisville, PA					
Completed by Thomas Pirozzi		Title Project Manager		Signature 		Date July 1, 2016			

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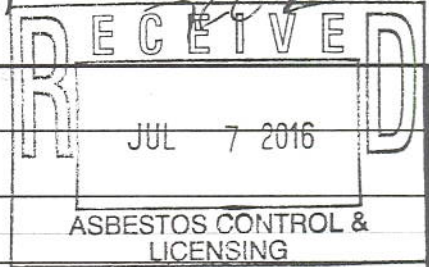
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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	JUL 7 2016		
ASBESTOS CONTROL & LICENSING			

Date of Notification (1) <u>06</u> / <u>30</u> / <u>2016</u>		Name of Building Owner/Operator (2) ExxonMobil		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Avenue J City, State, Zip Code Bayonne, NJ 07002		Name of Contact Chris Troy Telephone Number (713) 299-1277					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bayonne Lubricating Mfg. Plant			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 Avenue J			Square Feet N/A						
City (5) Bayonne			# of Floors N/A						
County (6) Hudson			Bidg. Age N/A						
County Code (7) (STATE USE ONLY) Hudson		Current Use (Prior if being demolished) Storage Tanks							
Name of Monitoring Firm Hired by Building Owner (8) Asset Inspection Technologies		ASCM No.		Name of Abatement Contractor (9) Terra Contracting Services, LLC					
Street Address 123 N. Tea Road P.O. Box 3015		Street Address 5100 West Michigan Avenue		City, State, Zip Code Kalamazoo, MI 49006					
City, State, Zip Code South Hampton, NY 11969		City, State, Zip Code Kalamazoo, MI 49006		License No. 01208					
Project Manager for Monitoring Firm Peter Ellams		Telephone No. (917) 450-9217		Telephone No. (269) 375-9595					
Start Date (10) <u>03</u> / <u>14</u> / <u>2016</u>		Scheduled Completion Date (11) <u>08</u> / <u>04</u> / <u>2016</u>		Name of OSHA Monitor Analytical Testing & Consulting Services					
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 14625 Doster Road City, State, Zip Code Plainwell, MI 49080						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Pods 6 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asphaltic Coating on Tanks	147,450 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 Hazmat Environmental Group		NJDEP Waste Hauler ID No. 1665		Cubic Yards of Waste 120		Name of Registered Landfill High Acres Landfill			
City, State Buffalo, NY		Disposal Date		City, State Fairport, NY					
Completed By (Print or Type) Greg Moe		Title Director of Abatement Services		Signature <i>Greg Moe</i>		Date 2-26-16			

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

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Date of Notification 6/17/16		Name of Building Owner / Operator (2) MINTEQ International	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 622 Third Avenue	
		City, State & Zip Code New York, NY 10017	
		Name of Contact Harlan Toy	Telephone Number 484-403-7922

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sayreville Plant			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 195 Bordentown Amboy Parkway			Square Feet 50,000	# of Floors 1.5	Bldg. Age 50
City (5) Sayreville	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Manufacturing		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-217-2290	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 7/11/16	Scheduled Completion Date (11) 7/31/16		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)

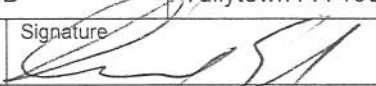
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Large Project		Mini-Enclosure
Quantity is \geq 3 SF or \geq 3 LF ACM		Glovebag Procedure
<input checked="" type="checkbox"/> Quantity is \geq 160 SF or \geq 260 LF ACM		Other:

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Kiln Room	N/A	Flue Insulation	1,200 SF	Removal
Boiler Room	N/A	Ceiling	120 SF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 30	Name of Registered Landfill GROWS	
City, State Freehold, NJ		Disposal Date 7/31/16		City, State Morrisville, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature 			Date 6/17/16

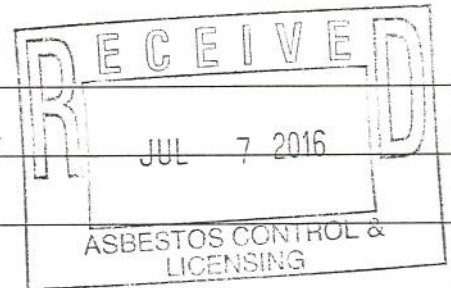
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 1478

Date of Notification (1) 6/30/2016		Name of Building Owner/Operator (2) School District of the Chathams		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 7 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input 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							
Street Address 58 Meyersville Road		City, State, Zip Code Chatham NJ 07928							
Name of Contact Peter Daquilla		Telephone Number 973-457-2526							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Southern Boulevard School				Type of Facility (4)					
Street Address 192 Southern Blvd				<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) Chatham Township				Square Feet 30,000+	# of Floors 3+				
County (6) Morris				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc		ASCM No. 0090		Name of Abatement Contractor (9) Unicorn Contracting Corp.					
Street Address 401 St. James Avenue		City, State, Zip Code Phillipsburg NJ 08865		Street Address 205 Route 46 Suite 7a					
City, State, Zip Code Phillipsburg NJ 08865		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316		Telephone No. 973-333-9176	License No. 973-339-9747				
Start Date (10) 7/18/2016		Scheduled Completion Date (11) 7/23/6316		Name of OSHA Monitor Envirovision Consultants Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 20-21 Wagaraw Rd Bldg 35E					
<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: Occupied; Working Hours 7:00am-3:30pm				City, State, Zip Code Fair Lawn NJ 07410					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room/ Boiler 1			X	Boiler Insulation	200 SF	X			
Boiler Room/ Boiler 2			X	Boiler Insulation	200 SF	X			
Boiler Room			X	Boiler Breeching	250 SF	X			
Boiler Room			X	Pipe Insulation	150 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Totowa NJ 07512				Disposal Date TBD	City, State Tullytown PA 19007				
Completed by Dimo Golcev		Title General Manager		Signature 		Date 6/30/2016			

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



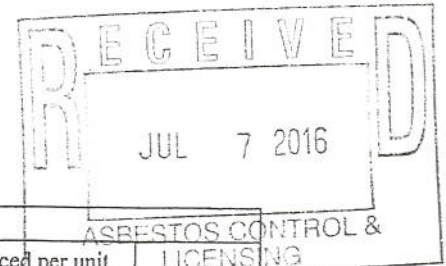
Date of Notification (1) 7-6-16		Name of Building Owner/Operator (2) DEPT OF THE ARMY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <i>Postponed</i> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address P.O. BOX 1600		City, State, Zip Code HUNTSVILLE, PA 35807							
Name of Contact		Telephone Number 256-895-1694							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORT MONMOUTH ARMY BASE		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 502 BREWER AVENUE		Square Feet 200,000	# of Floors 1						
City (5) OCEANPORT		Bldg. Age 100							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT (ARMY BASE)							
Name of Monitoring Firm Hired by Building Owner (8) AET, INC.		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 28 N. PENNELL ROAD		Street Address 2251 FRALEY STREET							
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm ERIC SUTHERLAND		Telephone No. 610-891-0114	Telephone No. 215-533-5155						
License No. 01166									
Start Date (10) 7-6-16	Scheduled Completion Date (11) 8-31-16	Name of OSHA Monitor AET, INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 28 N. PENNELL ROAD							
		City, State, Zip Code MEDIA, PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
				SEE ATTACHED SHEET					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L SALVAGE					
City, State NEW CASTLE, DE			Disposal Date	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature <i>Jennifer Niven</i>			Date 7-6-16			

Appendix D

PRICE SPREADSHEET

Contractor may provide additional relevant fixed unit pricing if needed to complete the effort. Unit Prices included herein have no bearing of the contract price and are proposed as an estimate only to provide a basis for determining a fair and reasonable price. This is a performance based contract and the inclusion of unit prices in the proposal shall in no way be construed as the Government is procuring a specified number of units of any given service.


Task	Task Name	Task Pricing	Unit Price	If priced per unit		Total Price
				Units	Number of Units	
1	Work Plans (to include all Drafts/ Final Documents, Draft QASP and comment response)	FFP		LS		4,641
2	Building 209					
2.1	1st Fl, SW; Removal of ACM 50 LF	FFP		LS		2,500
2.2	1st Fl, NC; Removal of ACM 50 LF	FFP		LS		2,500
2.3	1st Fl, NW; Removal of ACM 50 LF	FFP		LS		2,500
3	Building 270					
3.1	Basement – Repair of 400 LF of ACM Pipe Insulation	FFP		LS		3,000
3.2	Basement – Repair of 40 LF of ACM Pipe Insulation	FFP		LS		1,200
3.3	1 St Fl – Repair of 15 LF of ACM Pipe Insulation	FFP		LS		200
3.4	2nd Fl – Room 4 Removal of 10 SF of ACM TSI Debris	FFP		LS		200
4	Building 271					
4.1	Basement – Removal of Flue Packing 2 SF	FFP		LS		200
4.2	Attic and Chase – Repair of 30 LF of Four Inch ACM Pipe Insulation	FFP		LS		1,200
5	Building 286					
5.1	Boil Room - 1 St Fl – Removal of 2 LF of ACM Pipe Insulation	FFP		LS		1,000
5.2	Basement – Room 024A – Removal of 1 LF of ACM Pipe Insulation	FFP		LS		100
5.3	Basement – Room 009A – Removal of 1 LF of ACM Pipe Insulation	FFP		LS		100
5.4	2 nd Fl, Womens Room – Room 024A – Removal of 50 LF of ACM Pipe Insulation	FFP		LS		2,500
6	Building 551					
6.1	Southeast – Repair 25 LF of ACM Pipe Insulation	FFP		LS		1,500
7	Building 552					
7.1	Mechanical Rm – Repair 10 LF of ACM Pipe Insulation	FFP		LS		200
7.2	Mechanical Rm – Repair 10 LF of ACM Pipe Fittings	FFP		LS		200



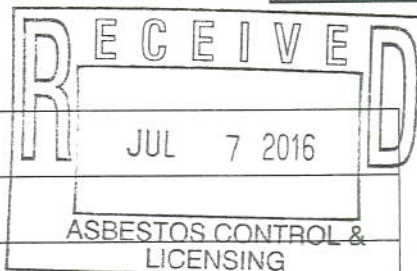
Task	Task Name	Task Pricing	Unit Price	Units	Number of Units	Total Price
7.3	Outside Office – Removal 1 of ACM Pipe Fitting	FFP		LS		100
8	Building 1150					
8.1	Basement Battery Room – Repair 100 LF of ACM Duct Insulation	FFP		LS		1,200
9	Building 1215					
9.1	AC Room – Repair 26 ACM Duct Pipe Fittings	FFP		LS		300
9.2	Concession/HVAC/Storage Room – Repair 12 ACM Duct Pipe Fittings	FFP		LS		300
9.3	Boiler Room – Repair 22 SF Tank Insulation	FFP		LS		500
9.4	Boiler Room – Removal 90 SF Boil Insulation	FFP		LS		3,500
	OPTIONAL TASKS					
10	Building 283					
10.1	Basement – Corridor – Removal of 133 LF of ACM Pipe Insulation	FFP		LS		4,200
10.2	1 st Fl – Room 107 – Repair of 5 LF of ACM Pipe Insulation	FFP		LS		200
10.3	1 st Fl – Womens Room – Repair of 10 LF of ACM Pipe Insulation	FFP		LS		300
10.4	1 st Fl – Womens Room (former mens room) – Repair of 5 LF of ACM Pipe Insulation	FFP		LS		300
10.5	1 st Fl – Janitors Closet by room 162– Repair of 20 LF of ACM Pipe Insulation	FFP		LS		200
10.6	1 st Fl – Stairwell by room 162– Repair of 25 LF of ACM Pipe Insulation	FFP		LS		200
10.7	1 st Fl – Wing North– Repair of 800 LF of ACM Pipe Insulation	FFP		LS		8,250
10.8	2 nd Fl –Room 231– Repair of 10 LF of ACM Pipe Insulation	FFP		LS		500
10.9	2 nd Fl –Room 230– Removal of 1 LF of ACM Debris	FFP		LS		100
10.10	2 nd Fl –Throughout Wing on West- Removal of 20,000 SF of 2 X 2 Tiles	FFP		LS		84,000
10.11	Basement, Crawlspace 2– Repair of 800 LF of ACM Pipe Insulation	FFP		LS		8,000
10.12	Basement, Crawlspace 2– Removal of 5200 SF of ACM Debris with Detailed cleaning	FFP		LS		26,000
10.13	Basement, Crawlspace 1– Repair of 2000 LF of ACM Pipe Insulation	FFP		LS		40,000
10.14	Basement, Crawlspace 1– Removal of 13,780 SF of ACM Debris with Detailed cleaning	FFP		LS		65,520
	CONTIGUENCY TASKS					
11.1	Repair of 4000 LF of ACM Pipe Insulation. Provide a cost per unit up to 4000 LF	FFP		LS 15.00		
11.2	Repair of 100 EA Pipe Fittings. Provide a cost per unit up to 100 Pipe Fittings	FFP		LS 20.00		
11.3	Removal of 1000 LF of ACM Pipe Insulation. Provide a cost per unit up to 1000 LF	FFP		LS 25.00		
11.4	Removal of 100 EA Pipe Fittings. Provide a cost	FFP		LS 25.00		

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

CK 5539

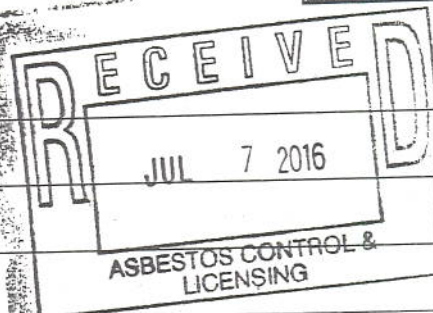
Date of Notification (1) 7/1/16		Name of Building Owner/Operator (2) Greater Egg Harbor Regional High School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 7 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 1824 Dr. Dennis Foreman Drive			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Mays Landing NJ 08330			
				Name of Contact Thomas Grossi		Telephone Number 609-830-0300			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oakcrest High School						Type of Facility (4)			
Street Address 1824 Dr. Dennis Foreman Drive						<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) Mays Landing NJ 08330						Square Feet 10000+	# of Floors 1+		
County (6) Atlantic						Bldg. Age 35+			
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Co. LLC				ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.			
Street Address PO Box 167				Street Address PO Box 329					
City, State, Zip Code Hammonton NJ 08037				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Caty Leddon				Telephone No. 609-820-9312		Telephone No. 856-753-9800			
						License No. 00727			
Start Date (10) 7/1/16		Scheduled Completion Date (11) 7/2/16		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: high and weekend				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Rooms 408,410,412,414,418		X		Floor tile mastic	26 SF	X			
along window wall					per room				
Name of Registered Waste Hauler Pernaco Inc.			NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 2	Name of Registered Landfill ACUA				
City, State West Berlin NJ				Disposal Date 7/5/16	City, State Egg Harbor TWP NJ 08234				
Completed by Anthony T Perna			Title President	Signature 	Date 7/1/16				

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



Date of Notification (1) 6/30/2016		Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC							
Agencies Notified	Type Notification	Street Address 563 Crystal Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Gene Volpe	Telephone Number 856 692-3600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Corning Pharmaceutical Glass, LLC Bldg. 42 Print Shop		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 563 Crystal Avenue		Square Feet 450	# of Floors Under Slab						
City (5) Vineland		Bldg. Age 60-70							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 411 Southgate Court		Street Address 42 Ridge Road							
City, State, Zip Code Mickelton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856 224-0080	Telephone No. 610 933-4332						
		License No. 00836							
Start Date (10) 07/05/2016	Scheduled Completion Date (11) 07/08/2016	Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Bldg 103 Slab Demo		X		Pipe Insulation	180 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste ~ 5 Cu. Yds.	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date 7/2016	City, State Waynesburg, OH					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 06/30/2016		

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



Date of Notification (1) 6/29/2016		Name of Building Owner/Operator (2) City of Paterson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 Broadway City, State, Zip Code Paterson, NJ 07505 Name of Contact Harry Cevallos Telephone Number [REDACTED]						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address [REDACTED] City (5) Paterson County (6) Passaic County Code (7) (STATE USE ONLY) _____ Name of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 3,500 # of Floors 2 Bldg. Age 80 + Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-0022 License No. 00507						
Start Date (10) June 30, 2016	Scheduled Completion Date (11) July 5, 2016	Name of OSHA Monitor Same as above							
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: Vacant Bldg. scheduled to be demolished		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Entire Structure		X		Entire Structure	150 yds.	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 150	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 7/5/2016		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 		Date 6/29/2016			