

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

ck 3036

Date of Notification (1) 07/19/2016		Name of Building Owner/Operator (2) Phillipsburg Board of Education							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	445 Marshall Street	Phillipsburg, NJ 08865						
		Name of Contact	Telephone Number						
		George Rullo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Phillipsburg High School		Type of Facility (4)							
Street Address 200 Hillcrest Boulevard		<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.)							
City (5) Phillipsburg, NJ 08865		Square Feet	# of Floors						
County (6) Warren		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental Services		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 275 Route 10 E		Street Address 235 Watchung Avenue							
City, State, Zip Code Succasunna, NJ 07876		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Mike Berta		Telephone No. 973-328-3160	License No. 01231						
Start Date (10) 07/30/2016	Scheduled Completion Date (11) 08/01/2016	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 W Cary Street							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - beneath boys locker rm		X		Pipe Insulation	4LF	X			
Basement - beneath girls locker rm		X		Pipe Insulation	4LF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No.	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 07/19/2016					

Project #

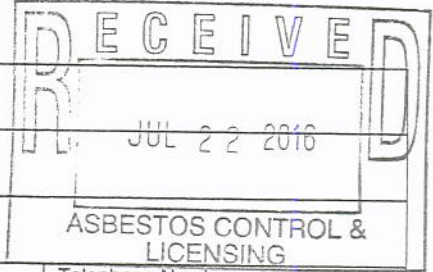
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 3444

Date of Notification (1) 07/14/2013		Name of Building Owner/Operator (2) Dover BOE							
Agencies Notified	Type Notification	Street Address 100 Grace St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dover, NJ							
		Name of Contact Robert Gomes	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Dover 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.)							
Street Address 300 E. McFarlan St		Square Feet	# of Floors						
City (5) Dover, NJ		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 77 Nottingham Road		Street Address 72 Brookside Rd							
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	License No. 01133						
Start Date (10) 07/16/2016	Scheduled Completion Date (11) 07/18/2016	Name of OSHA Monitor Iris 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 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
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 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
Fields House				TSI- wrap & cut	100 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Nick Restoration		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 07/14/2016			

ASBESTOS CONTROL & LICENSING

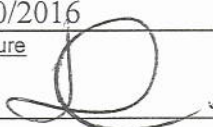
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



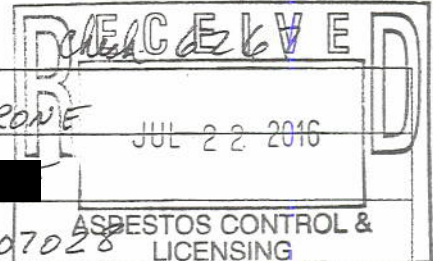
Date of Notification (1) 7/14/16		Name of Building Owner/Operator (2) Arleen Dunne							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrouck Heights, NJ 07604							
		Name of Contact Arleen Dunne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<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) Hasbrouck Heights, NJ 07604		Square Feet 1600	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 80+/-						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement Inc.						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184						
Start Date (10) 7/29/16		Scheduled Completion Date (11) 8/12/16	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: 8 A.M to 4 P.M		Street Address							
		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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	52	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID-No. 04509	Cubic Yards of Waste 2CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 7/14/16		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 07/08/2016		Name of Building Owner/Operator (2) Onofrio Chillemi	
Agencies Notified (X) USEPA (X) NJDEP (X) NJDOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 513 Willow Avenue City, State, Zip Code Hoboken, NJ 07030	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 22 2016 ASBESTOS CONTROL & LICENSING </div>
		Name of Contact Bruce Russo	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial space		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 512 Madison Avenue		Sq. Feet: 6,00 # of Floors 1 Bldg. Age 80	
City (5) Hoboken	County (6) Hudson	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
Street Address 3300 Hudson Avenue		Street Address 3300 Hudson Avenue	
City, State, Zip Code Union City, NJ 07087		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm ISES	Telephone Number 201 325-0055	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 07/18/2016	Scheduled Completion Date (11) 07/22/2016	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Building Garage not occupied		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) (X) Demolition () Renovation			
() Minor Project (< 25 SF or < 10 LF ACM) () Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure with Negative Pressure (X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure and Wrap and cut 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Roof	X	Roofing layer and flashing	~ 600 LFT
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste 15
City, State 311 East Blackwell Street, Dover, NJ 07801		Disp. Date 07/20/2016	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City, State Pen Argyl, PA 18072			
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 07/08/2016

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



Date of Notification (1) 7-19-16		Name of Building Owner/Operator (2) ESTATE OF SUSAN BARONE				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code GLEN RIDGE NJ 07028			
		Name of Contact MS. C. MATHEKE	Telephone Number ASBESTOS CONTROL & LICENSING			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) ESTATE OF SUSAN BARONE		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 [REDACTED]		Square Feet 2200				
City (5) GLEN RIDGE		# of Floors 2	Bldg. Age 81 YRS			
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 7-29-16	Scheduled Completion Date (11) 7-30-16	Name of OSHA Monitor Omega Environmental				
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: 8AM 5PM		Street Address 280 Huyler St				
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		City, State, Zip Code S. Hackensack, N.J. 07606				
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
BASEMENT	X	THERMAL INSULATION	55 LF	X		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 7-30-16	City, State Waynesburg, Oh, 44688			
Completed by R. VELDRA	Title Estimator	Signature <i>R. Veldran</i>	Date 7-19-16			

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

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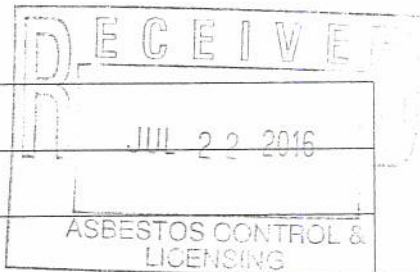
Date of Notification (1) 7/18/16		Name of Building Owner/Operator (2) EVERAS COMMUNITY SERVICES	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 99 DEGROFF PLACE	
		City, State, Zip Code PARK RIDGE NJ 07658	
		Name of Contact Mr. Tommy Giamoro	Telephone Number --

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) EVERAS COMMUNITY SERVICES		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.)	
Street Address 99 DEGROFF PLACE		Square Feet 1600	# of Floors 2
City (5) PARK RIDGE		Bldg. Age 60 YRS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES	ASCM No. 0012	Name of Abatement Contractor (9) Best Removal Inc	
Street Address 300 GRAND AVE		Street Address 450 South River St	
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm STEPHEN J KACZEWSKI	Telephone No. 201 569-6708	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 8/4/16	Scheduled Completion Date (11) 8/5/16	Name of OSHA Monitor Omega Environmental	
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: 8:00AM TO 5:00PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
FIRST FLOOR				THEATRE SURFACING	40 SF	X		

Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Disposal Date 8/5/16	City, State Waynesburg, Oh, 44688
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 7/18/16

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



Date of Notification (1) - 07/19/16		Name of Building Owner/Operator (2) SHLOMO HOROWITZ	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1301 VENTURA DRIVE	
City, State, Zip Code LAKEWOOD, NJ 0871		Name of Contact SHLOMO HOROWITZ	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)	
Street Address [REDACTED]		<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) LAKEWOOD, NJ		Square Feet 2,000	# of Floors 3
County (6) OCEAN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 08/05/16	Scheduled Completion Date (11) 08/08/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<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 LAKEWOOD, NJ 08701	

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) 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				SIDING	2500 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 08/08/16		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 07/19/16

MO#19730002421

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

Date of Notification (1) 07 / 19 / 6		Name of Building Owner/Operator (2) Robert Butler		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> JUL 22 2016 ASBESTOS CONTROL & LICENSING </div>					
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Essex Fells, NJ 07021 Name of Contact Robert Butler				Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			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.)						
City (5) Essex Fells, NJ 07021			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127					
Start Date (10) 07 / 28 / 16		Scheduled Completion Date (11) 07 / 29 / 16		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	150 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"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 07/19/16				

State of New Jersey - Notification of Asbestos Abatement

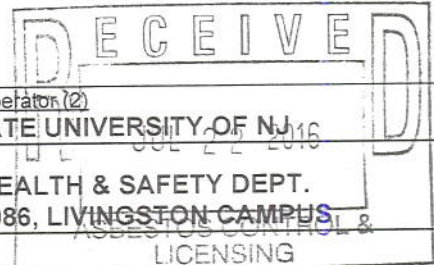
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) July 18, 2016		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification Amendment # Emergency (including justification)	Street Address 223 North Van Dien Avenue Ridgewood, NJ 07450-2736 City, State, Zip Code Name of Contact William Stasiak Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Bergen Wing, Lower Level- Telecom Room Street Address 223 North Van Dien Avenue City (5) Ridgewood County (6) Bergen County Code (7) (State Use Only)		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.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years Current Use (prior if being demolished): Hospital	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation Street Address 28 Washington Street City, State, Zip Code Ballston Spa, NY 12020 Project Manager for Monitoring Firm Jim Miades Scheduled Start Date (10) July 29, 2016 Scheduled Completion Date (11) August 1, 2016		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 511 MAIN STREET City, State, Zip Code Butler, NJ 07405 Telephone Number 973-492-0477 License Number 00840 Name of OSHA Monitor EMSL inc. Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
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: 4pm-1am			
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Telecom Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	Amount (Specify SF or LF) 70 sf Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 1 Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date August 1, 2016	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Signature Marin Graure Date July 18 2016	
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	

GAC # 2016-575

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



<u>Date of Notification (1)</u> July 19, 2016		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> EPA DCA x DOL DEP DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS <u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> Michael Smith, ENV HEALTH & SAFETY	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> School Dental Medicine- Bldg # 7253		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> 7 <u>Bldg. Age:</u> 70 years	
<u>Street Address</u> RBHS Newark Campus		<u>Current Use (prior if being demolished):</u> Academic	
<u>City (5)</u> Newark	<u>County (6)</u> Essex	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 511 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> Butler, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> July 29, 2016	<u>Scheduled Completion Date (11)</u> August 1, 2016		<u>Name of OSHA Monitor</u> EMSL inc.
<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 <input checked="" type="checkbox"/> Other - Describe: 5pm - 5am		<u>Street Address</u> 1056 Stelton Road <u>City, State, Zip Code</u> Piscataway, NJ 08854	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> D-839	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT	<u>Amount (Specify SF or LF)</u> 100 SF
		<u>Abatement Type</u> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 3	<u>Name of Registered Landfill</u> GROWS North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. Newark, NJ NJDEP # 4509		<u>Disposal Date</u> August 1, 2016	<u>City, State</u> 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700
<u>Completed by (Print or Type)</u> Raymond C. Pedalino	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> July 19, 2016

GAC # 2016-060

Date of Notification (1) 07/19/16		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 22 2016 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 2 Cedar Street		
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Newark, NJ 07107		
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Benjamin Olagadeyo		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input checked="" type="checkbox"/> DCA				


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Abington Avenue School Street Address 209 Abington Avenue City (5) Newark, NJ 07107			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.)		
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 60000	# of Floors 3	Bldg. Age 50	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) TTI- Environmental Inc Street Address 1253 North Church Street City, State, Zip Code Moorestown, NJ 08057		ASCM No. 0003		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8815		License Number 00807	
Scheduled Start Date (10) 07/29/16 Month / Day / Year		Sched. Completion Date (11) 07/29/17 Month / Day / Year		Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013			

Scope of Work (Check all that apply)

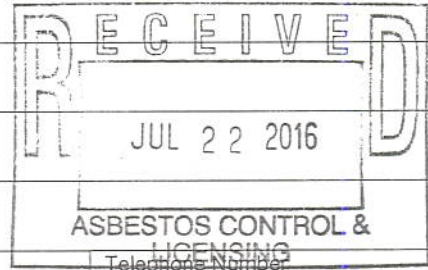
☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	E N C L O S U R E
Throughout the school		<input checked="" type="checkbox"/>		removal of wall and ceiling plaster	29464sq.ft	<input checked="" type="checkbox"/>				
Throughout the school		<input checked="" type="checkbox"/>		Pipe Insulation removal	250 Lf.	<input checked="" type="checkbox"/>				

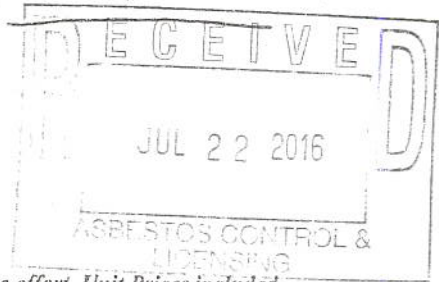
Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA
Completed By (Print or Type) Nevenko Zivkovic	Title Officer	Signature 		Date 7/19/16

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

NO CK



Date of Notification (1) 7-21-16		Name of Building Owner/Operator (2) DEPT OF THE ARMY							
Agencies Notified	Type Notification	Street Address P.O. BOX 1600							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HUNTSVILLE, PA 35807							
		Name of Contact Telephone Number							
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 200000	# 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						
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	License No. 01166						
Start Date (10) 7-25-16	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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				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 			Date 7-21-16			

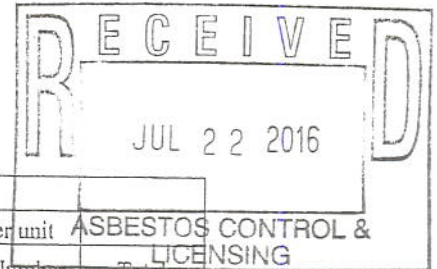


Appendix D

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



If priced per unit						
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		

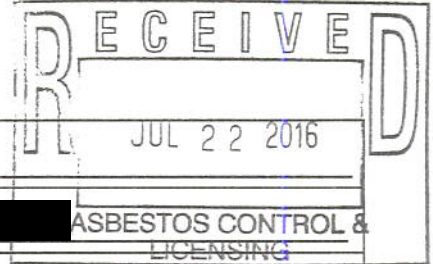
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 9138

Date of Notification (1) 7/19/16		Name of Building Owner/Operator (2) 210 MAIN URBAN RENEWAL, LLC							
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 210 MAIN STREET	City, State, Zip Code HACKENSACK, NJ 07059						
		Name of Contact DAVE WILLIAMS	Telephone Number ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER BANK BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 210 MAIN STREET									
City (5) HACKENSACK		Square Feet 11,900	# of Floors 10						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) WHITESTONE ASSOCIATES INC		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address 35 TECHNOLOGY DRIVE		Street Address 185 Vreeland Ave.							
City, State, Zip Code WARREN, NJ 07059		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm JEREMY HASSETT		Telephone No. 908-663-7777	License No. 00156						
Start Date (10) 8/1/16	Scheduled Completion Date (11) 11/1/16	Name of OSHA Monitor Omega 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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 — X									
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 160	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Newark, NJ 07105		Disposal Date 8/1/16		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald			Date 7/19/16			

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

CK # 25215



Date of Notification (1) <u>7/19/16</u>		Name of Building Owner/Operator (2) <u>Puskas</u>	
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>[REDACTED]</u>
			City, State, Zip Code <u>New Brunswick, NJ 08901</u>
		Name of Contact <u>Joseph Puskas</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		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 <u>[REDACTED]</u>		Square Feet <u>1800</u>	
City (5) <u>New Brunswick, NJ 08901</u>		# of Floors <u>2</u>	Bldg. Age <u>70+/-</u>
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>7/29/16</u>	Scheduled Completion Date (11) <u>8/5/16</u>	Name of OSHA Monitor <u>DB Environmental</u>	
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: <u>8am - 4 pm</u>		Street Address <u>4 Berkeley Place</u>	
		City, State, Zip Code <u>Freehold, NJ 07728</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/5/16</u>	Name of Registered Landfill <u>GROWS Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>7/19/16</u>	