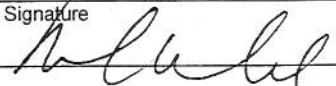


NO CK

Print Form

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

Date of Notification (1) 7/18/14		Name of Building Owner/Operator (2) Donna Fisher							
Agencies Notified	Type Notification	Street Address 41 Lake Michigan Dr							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor, NJ 08087							
		Name of Contact Emily Diangson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Donna Fisher Property		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 41 Lake Michigan Dr		Square Feet 2300	# of Floors 1						
City (5) Little Egg Harbor		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) SCE Environmental Group, Inc						
Street Address		Street Address 1380 Mt Cobb Rd							
City, State, Zip Code		City, State, Zip Code Lake Ariel, PA 18436							
Project Manager for Monitoring Firm		Telephone No. 570-383-4151	License No. 01216						
Start Date (10) 07/28/2014	Scheduled Completion Date (11) 08/01/2014	Name of OSHA Monitor Lenin Velez							
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 1380 Mt Cobb Rd							
		City, State, Zip Code Lake Ariel, PA 18436							
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 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
Rear of House			X	Transite Siding	1225 SF	X			
Rear Side Wall			X	Grey Brick Caulk	160 LF	X			
South Wall			X	Window Adhesive	50 LF	X			
Living Room			X	Floor Tile Mastic	875 SF	X			
Name of Registered Waste Hauler Clean Earth of North Jersey		NJDEP Waste Hauler ID No. 11352	Cubic Yards of Waste 30 Yard Can	Name of Registered Landfill Cape May County MUA					
City, State Kearny, NJ			Disposal Date 08/05/14	City, State Woodbine, NJ					
Completed by Mariah Wheeler		Title Project Manager Assistant	Signature 			Date 07/18/14			

NO CK

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

RECEIVED
PROJECT COMPLETE

Date of Notification (1) 6/25/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
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 checked="" type="checkbox"/> Amended R#1-7/21/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 144 ROUTE 10 AND HUNTER STREET City, State & Zip Code SUCCASUNNA NEW JERSEY Name of Contact ALEX BAYLOR	
		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SUCCASUNNA CENTRAL OFFICE		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 144 RTE 10 & HUNTER STREET		Square Feet 11570	# of Floors 1
City (5) SUCCASUNNA	County (6) MORRIS	Bldg. Age 	
County Code (7) 		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No. 	
Street Address 8436 ENTERPRISE AVE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code PHILADELPHIA PA 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	License Number 00509
Scheduled Start Date (10) 7/14/14	Scheduled Completion Date (11) 7/20/14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5 PM – 1 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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)
1 ST FLOOR BATTERY AREA	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	70 SF
1 ST FLOOR FOYER	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	55 SF
1 ST FLOOR HVAC ROOM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	750 SF
1 ST FLOOR DIESEL ROOM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	225 SF
1 ST FLOOR FRAME AREA	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	8 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date 	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 6/25/14

PD14046

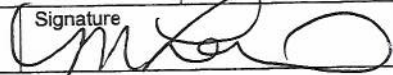
P001/001

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 12:17a)

8504

* No sales tax on exempted activities

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

Date of Notification (1) 7/10/2014		Name of Building Owner/Operator (2) DIV 75 Demarest LLC c/o The Davis Companies							
Agencies Notified		Type Notification							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 125 High Street		City, State, Zip Code Boston, MA 02110							
Name of Contact Enrique Bellido		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A				Type of Facility (4)					
Street Address 75 Demarest 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) Wayne		Square Feet 190,000		# of Floors 2	Bldg. Age 46				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Factory - Vacant for Demolition					
Name of Monitoring Firm Hired by Building Owner (8) CTSI Environmental Safety & Health Profess.		ASCN No. 00109		Name of Abatement Contractor (9) Incinia Contracting, Inc.					
Street Address 237 West 35th Street, Suite 805		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code New York, NY 10001		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Farhood Selamie		Telephone No. 212-929-3451		Telephone No. 973-450-9500	License No. 01036				
Start Date (10) 7/28/2014		Scheduled Completion Date (11) 12/31/2014		Name of OSHA Monitor Incinia Contracting, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 1360 Clifton Avenue, Unit 365					
<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 Clifton, NJ 07012					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor - Columns		X		Spray-on Fireproofing	11,000 SF	X			
First Floor - Horizontal Beams		X		Spray-on Fireproofing	50,000 SF	X			
First Floor - Ovens		X		Oven Stack Insulation	188 SF	X			
Mezzanine - Crawl Space		X		Spray-on Fireproofing	5,000 SF	X			
Name of Registered Waste Hauler Weigle Trucking Company		NJDEP Waste Hauler ID No. 17634		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Linden, PA				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Milena Zoric		Title Executive Director			Signature 		Date 7/18/2014		

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
Mezzanine – Columns		X		Spray-on Fireproofing	11,000 SF	X			
Mezzanine – Boiler Room		X		Pipe Fittings	750 LF	X			
Mezzanine – Boiler Room		X		Boiler Breaching	400 SF	X			
Mezzanine – Boiler Room		X		Small Pipe Elbow Insulation	200 LF	X			
Mezzanine – Boiler Room		X		Large Pipe Elbow Insulation	180 LF	X			
Mezzanine – Boiler Room		X		Water Tank Insulation	360 SF	X			
Mezzanine		X		Oven Stack Insulation	113 SF	X			
Second Floor – Columns		X		Spray-on Fireproofing	11,000 SF	X			
Second Floor – Horizontal Beams		X		Spray-on Fireproofing	6,000 SF	X			
Second Floor – Roof		X		Duct Insulation Tar	600 SF	X			
Second Floor – Penthouse		X		Pipe Insulation	300 LF	X			
Second Floor		X		Oven Stack Insulation	227 SF	X			
Waste Water Treatment Plant		X		Roofing Membrane	2,000 SF	X			

EMERGENCY 1 Amendment

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

Jul 22 2014 09:33am
2 C
9004
Date: 7/22/14 Time: 9:35
PO01/002
New Jersey Health & Senior Services
(signature)

Date of Notification (1)		Name of Building Owner/Operator (2)							
		Kelly Construction							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	3 Kelly Court							
		City, State, Zip Code							
		Green Brook, NJ 08812							
		Name of Contact	Telephone Number						
		Mike Murray							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Vacant office Building		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet	# of Floors						
65 Stults Road			1						
City (5)	County (6)	Bldg. Age							
South Brunswick, NJ	Middlesex	60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)							
		Office/Lab Building							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
EPC Technologies		EPC Technologies Inc							
Street Address		Street Address							
P.O. Box 337		P.O. Box 337							
City, State, Zip Code		City, State, Zip Code							
New Egypt, NJ 08533		New Egypt NJ 08533							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Steve Schenker		609 758-3365	00394						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
7-22-14	7-31-14	EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: 2nd shift		P.O. Box 337							
		City, State, Zip Code							
		New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 250 sf or 250 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			X	Transite Panels	650 SF	X			
Roof	X			Tar on Air Ducts	180 SF	X			
Roof	X			Tar on HVAC	375 SF	X			
Name of Registered Waste Hauler		NJDEF Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
EPC Technologies		17000	6	Waste Management of PA					
City, State		Disposal Date		City, State					
New Egypt NJ		by 7-31-14		Morrisville PA					
Completed by		Title	Signature	Date					
Steve Schenker		President	Steve Schenker	7-22-14					

Another Survey Found More ACM

CNC-1

8973

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

Date: 7/22/14 mo: 9 yr: 20

Date of Notification (1) 6-10-14		Name of Building Owner/Operator (2) Kelly Construction								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 3 Kelly Court		City, State, Zip Code Green Brook, NJ 08812								
Name of Contact Mike Murray		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 65 Stults Road		Square Feet	# of Floors 1							
City (5) South Brunswick NJ		Bldg. Age 60+								
Country (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Offices/Labs Building								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A								
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc								
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337								
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394							
Start Date (10) 6-20-14	Scheduled Completion Date (11) 7-3-14	Name of OSHA Monitor EPC Technologies Inc								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337								
		City, State, Zip Code New Egypt NJ 08533								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 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	
Inside Building Boiler Room		X		Floor Tile/mastic	8000 SF	X				
	X			Ceiling Joint Compound	150 SF	X				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA						
City, State New Egypt NJ		Disposal Date 7-3-14	City, State Morrisville PA							
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 6-10-14						

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

CK 2762

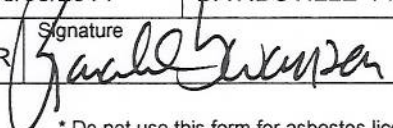
Print Form

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

Date of Notification (1) 07/21/14		Name of Building Owner/Operator (2) George Nurse							
Agencies Notified	Type Notification	Street Address PO Box 1263							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact George Nurse	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building		Type of Facility (4)							
Street Address 179 Madison 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) Passaic, NJ		Square Feet 25,000	# of Floors Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Multi-Family							
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) 07/31/14	Scheduled Completion Date (11) 07/31/14	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 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 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				PSI	15 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 7/31/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 07/21/14			

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


Check # 1544

Date of Notification (1) 07/19/2014		Name of Building Owner/Operator (2) COOPER RIVER PLAZA		2014 JUL 24 PM 4:03					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5105 NORTH PARK DRIVE City, State, Zip Code PENNSAUKEN, NJ 08109 Name of Contact DAVID STEUBER Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COOPER RIVER PLAZA				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 5105 NORTH PARK DRIVE				Square Feet 300,000 # of Floors 2 Bldg. Age 60					
City (5) PENNSAUKEN		County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREEN CONSULTING		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 904 KINGS ARM DRIVE		City, State, Zip Code DOWNTOWN PA 19335		Street Address 570 CLEMS RUN City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363		Telephone No. 610-304-4676 License No. 01145					
Start Date (10) 07/31/2014		Scheduled Completion Date (11) 08/04/2014		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 RT 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
BOILER ROOM			X	BOILER BREACHING	120 SF	X			
BOILER ROOM			X	PIPE FITTINGS	10 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 12		Name of Registered Landfill SOUTHERN ALLEGHENIES			
City, State MULLICA HILL NJ		Disposal Date 08/05/2014		City, State DAVIDSVILLE PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR		Signature 		Date 07/19/2014			

Emergency

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


CK 4236

Date of Notification (1) 7/22/14		Name of Building Owner/Operator (2) Pete Rabot Private Home							
Agencies Notified	Type Notification	Street Address 301 Laurel Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Point Pleasant NJ 08742							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pete Rabot Private Home		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 301 Laurel Court		Square Feet 1000+	# of Floors 1						
City (5) Point Pleasant NJ 08742		Bldg. Age 35+							
County (6) Ocean	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.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/23/14	Scheduled Completion Date (11) 7/25/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800SF	x			
through-out			x	Floor Tile	300SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/25/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/22/14		

Emergency

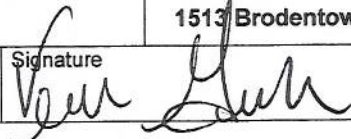
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK #237

Date of Notification (1) 7/22/14		Name of Building Owner/Operator (2) Washington Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 827 Whitman School Drive		City, State, Zip Code Turnersville NJ08012							
Name of Contact Annina		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Whitman Elm 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 827 Whitman School Drive		Square Feet 1000+	# of Floors 1						
City (5) Turnersville NJ08012		Bldg. Age 35+							
County (6) Gloucester	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.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/23/14	Scheduled Completion Date (11) 7/24/14	Name of OSHA Monitor Same							
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: roof work		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	transite Panels	400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/24/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/22/14		

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

CK# 1064
RECEIVED
2014 JUL 24 PM 3:51
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">07 / 15 / 14</div>		Name of Building Owner/Operator (2) Blackman and Company, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 W. Evesham Rd.							
		City, State, Zip Code Cherry Hill, NJ 08003							
		Name of Contact Bill Harris	Telephone Number 16						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plastics Consulting Manufacturing		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 1431 Ferry Ave		Square Feet 3500Sf	# of Floors 1 Floors						
City (5) Camden		Bldg. Age 80 yrs.							
County (6) US; Camden CO.		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse						
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address P.O.Box 11645		Street Address 14 Read Drive							
City, State, Zip Code Phildelphia, PA 19116		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm jason Dua		Telephone No. 267-784-4693	License No. 01158						
Start Date (10) <div style="text-align: center;">07 / 16 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 19 / 14</div>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-3:30PM</u> / <u> </u> PM - <u> </u> AM		Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	500Sq	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MasticRemoval Under carpet	3000Sq	<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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081			Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President	Signature 			Date 7-15-14			

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

CK # 5155

Date of Notification (1) 7/21/14		Name of Building Owner/Operator (2) ELMWOOD TERRACE 2014 JUL 21 PM 3:50						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 1021A TERRACE						
		City, State, Zip Code ELMWOOD PARK .NS. 07401						
		Name of Contact MR. POWER	Telephone Number ---					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ELMWOOD TERRACE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 75 1021A TERRACE		Square Feet 2800	# of Floors 2					
City (5) ELMWOOD PARK		Bldg. Age 1948						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BLDG APTS					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 8/4/14	Scheduled Completion Date (11) 8/8/14	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 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 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
BASEMENT/BOILER ROOM			X	THERMAL SYSTEMS	40 LF	X		
BASEMENT/BOILER ROOM			X	SURFACING MATERIAL	330 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 10CY	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601			Disposal Date 8/8/14	City, State Waynesburg, Oh				
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>			Date 7/21/14		

Check#1952

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

Date of Notification (1) 07 / 21 / 14		Name of Building Owner/Operator (2) Angela Scerbo	
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 48 Greenville Avenue City, State, Zip Code Jersey City, NJ 07305 Name of Contact Angela Scerbo Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home Street Address 48 Greenville Avenue City (5) Jersey City, NJ 07305 County (6) Hudson		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.) Square Feet # of Floors Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777 License No. 01127	
Start Date (10) 07 / 30 / 14		Scheduled Completion Date (11) 07 / 31 / 14	
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		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input 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	75 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"/>
	<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 07/21/2014

CK 5150

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

Date of Notification (1) 7-21-14		Name of Building Owner/Operator (2) P. SOKOLOWSKI					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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"/> Construction	Street Address 83 RODNEY STREET					
		City, State, Zip Code GLEN ROCK, NJ 07452					
		Name of Contact P. SOKOLOWSKI					
Telephone Number							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) P. SOKOLOWSKI		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)					
Street Address 256 HENRY STREET		Square Feet 2350	# of Floors 2				
City (5) HASBROUCK HEIGHTS		Bldg. Age 85 YRS					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) Best Removal Inc					
City, State, Zip Code		Street Address 450 S. River St					
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601					
Telephone No.		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 7-31-14	Scheduled Completion Date (11) 8-1-14	Name of OSHA Monitor Omega Environmental Inc					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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"/> ≥ 150 sf or ≥ 250 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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure		City, State, Zip Code South Hackensack, N.J. 07606					
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) (e.g., thermal systems insulation, surfacing, VAI, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
					Removal	Repair	Encapsulate
BASMENT	X		THERMAL INSULATION	150 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NIEEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 YD	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 8-1-14	City, State Waynesburg, Oh				
Completed by R. VELDRAH	Title Estimator	Signature R. Veldrah	Date 7-21-14				

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check# 2750

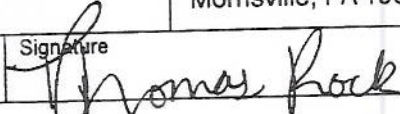
GAC Project # 060-14

Date of Notification (1) July 18, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 2 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CAMDEN SCIENCE BLDG., BLDG# 7002		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 CAMDEN CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) CAMDEN	County (6) CAMDEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC ASSOCIATES		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/23/14	Scheduled Completion Date (11) 07/28/14	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00PM - 5:00AM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
127 MER	<input checked="" type="checkbox"/>	TSI-DUCT INSULATION	240 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 102113		Disposal Date 07/28/14	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date July 18, 2014

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

Date of Notification (1) 07/09/2014		Name of Building Owner/Operator (2) Knight & Swan, LLC		JUL 24 2014					
Agencies 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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 419 Lafayette Street - 2nd Floor						
			City, State, Zip Code New York, NY 10003						
			Name of Contact Federico Manaigo		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 87 Newkirk Street				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City		Square Feet 12,000		# of Floors 2	Bldg. Age 30 YEARS				
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Testor Technology		ASCM No. _____		Name of Abatement Contractor (9) Dynamics Development Services Inc.					
Street Address 10-59 Jackson Avenue		Street Address 557 Grand Concourse - Suite 3-51							
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code Bronx, NY 10451							
Project Manager for Monitoring Firm Sten Evenhouse		Telephone No. 718-752-2090		Telephone No. 718-906-1055	License No. 01241				
Start Date (10) 07/28/2014		Scheduled Completion Date (11) 08/24/2015		Name of OSHA Monitor MARTIN MCREA					
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 714 KENNEDY BLVD					
				City, State, Zip Code BAYONNE, NJ 07002					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> •3sf or •3lf † Renovation <input checked="" type="checkbox"/> •160sf or •260lf ✕ 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) <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
1st Floor, 2nd Floor		X		VAT	12,000 SF	X			
1st Floor, 2nd Floor		X		Pipe Insulation	350 LF	X			
Roof		X		Chimney Sealant	20 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 40 YARDS	Name of Registered Landfill MINERVA ENTERPRISES				
City, State SHIRLEY, NY 11967				Disposal Date 07/31/2014	City, State WAYNESBURG, OH 44688				
Completed by Angela Martinez		Title Owner		Signature <i>Angela Martinez</i>		Date 07/23/2014			

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

Date of Notification (1) 7/7/2014		Name of Building Owner/Operator (2) State of NJ (DPMC)							
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 33 West State Street City, State, Zip Code Trenton, NJ 08625						
			Name of Contact Walter Fernandez	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 100 Causeway Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) South River		Square Feet 2000sf	# of Floors 30+						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 318 12th Street		Street Address 815 12th Street							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	Telephone No. 609-567-1250						
License No. 01172									
Start Date (10) 7/22/14		Scheduled Completion Date (11) 8/1/14							
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: _____		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address 316 12th Street							
		City, State, Zip Code Hammonton, NJ 08037							
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
siding			X	shingles	4450sf	X			
side roof			X	shingles/tar	200sf	X			
roof			X	black tar	65sf	X			
chimney/roof flasing			X	Shingles/tar/paper	80sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 30 cy	Name of Registered Landfill GROWS Landfill					
City, State 815 12th Street, Hammonton NJ 08037				Disposal Date	City, State Morrisville, PA 19067				
Completed by Thomas Rock		Title PM	Signature 			Date 7/22/14			

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

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2751

GAC Project # 060-14

<u>Date of Notification (1)</u> July 21, 2014		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <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> STANLEY BERGEN BUILDING, 65 BERGEN STREET, BLDG# 7252		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 8 <u>Bldg. Age:</u> 60+ 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) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Cardno ATC		<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> 268 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> 08/01/14	<u>Scheduled Completion Date (11)</u> 08/04/14	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD <u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope 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 <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
1st Floor Lobby Restroom	<input checked="" type="checkbox"/>	Mastic	140 SF
<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> 10 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> 08/04/14	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720</u> NJ DEP # 20990			
<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 21, 2014

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 11095

GAC Project # 060-14

Date of Notification (1) July 21, 2014			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 732-932-7774	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NICHOLS APARTMENTS, BLDG# 3821			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 BUSCH CAMPUS			Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years		
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 08/01/14		Scheduled Completion Date (11) 08/25/14		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00AM - 8:00AM (24hrs. as needed)			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ		
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 & Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Apts. 51, 55, 56, 57, 58, 60, 64, 66, & 71	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VINYL SHEET FLOORING & VAT	Amount (Specify SF or LF) 1800 SF 1800 SF	Abatement Type <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 40 CY	
Name of Registered Landfill G.R.O.W.S. North Landfill					
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561			Disposal Date 08/25/14		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612					215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature <i>Raymond C. Pedalino</i>	
				Date July 21, 2014	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 11094

GAC Project # 060-14

Date of Notification (1) July 21, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854 JUL 24 2014	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NICHOLS APARTMENTS, BLDG# 3821		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: N/A # of Floors: 3 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS			
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/30/14	Scheduled Completion Date (11) 08/04/14	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00AM - 8:00AM (24hrs. as needed)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure & Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 1000 SF
Apts. 148	<input checked="" type="checkbox"/>	VAT	1000 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 08/04/14	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date July 21, 2014

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney