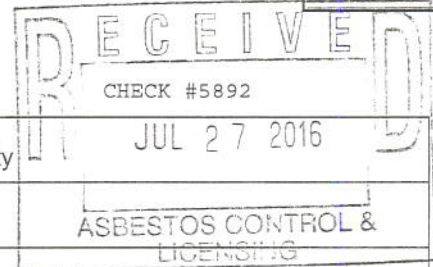


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07-22-16		Name of Building Owner/Operator (2) Bernards Township Sewage Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Collyer Lane	
		City, State, Zip Code Basking Ridge, NJ 07920	
		Name of Contact Mr. Tom Timko, P.E.	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) North Maple Avenue & East Oak 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) Bernards Township		Square Feet	# of Floors
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Underground Sewage
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 1600 Route 22 E		Street Address 200 Broad Street	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Craig Abrams		Telephone No. (908) 477-3014	License No. 00756
Start Date (10) (1)Project Postponed(2)07-27-16	Scheduled Completion Date (11) 12-31-16	Name of OSHA Monitor Even-Air 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: <u>Exterior non friable</u>		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	

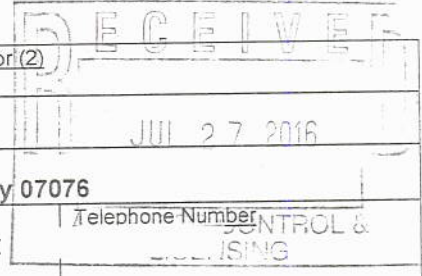
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Underground			x	Transite Sewage Pipe	2,000LF	x			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688		
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 07-22-16	

**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> 07/25/16		<u>Name of Building Owner/Operator (2)</u> Scotch Plains BOE	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 16 Kevin Road		<u>City, State, Zip Code</u> Scotch Plains, New Jersey 07076	
<u>Name of Contact</u> Vijay Patel Asbestos Surveyor		<u>Telephone Number</u>	

<b>FACILITY INFORMATION</b>		
<u>Name of Facility Where Abatement is Taking Place (3)</u> Evergreen Elementary School		<u>Type of Facility (4)</u> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors: Bldg. Age: 1960's Current Use (prior if being demolished): High School
<u>Street Address</u> 2280 Evergreen Ave		
<u>City (5)</u> Scotch Plains	<u>County (6)</u> Union	<u>County Code (7)</u> (State Use Only)
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>
<u>Street Address</u>		<u>Name of Contractor (9)</u> Panoramic Window & Door Systems Inc.
<u>City, State, Zip Code</u>		<u>Street Address</u> 712 Sergeantsville Road
<u>Project Manager for Monitoring Firm</u>		<u>City, State, Zip Code</u> Stockton, NJ 08559
<u>Telephone Number</u>		<u>Telephone Number</u> P (732)926-0900
<u>Scheduled Start Date (10)</u> 07/28/16		<u>License Number</u> 01237
<u>Scheduled Completion Date (11)</u> 09/01/16		<u>Name of OSHA Monitor</u> IAQ GURU LLC
<u>Occupancy Status During Abatement (Check only one)</u> <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:		<u>Street Address</u> 87 Main Street
		<u>City, State, Zip Code</u> Lincoln Park, NJ 07035

Source of Work (Check all that apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf

Renovation  
 Demolition  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Friable Procedure

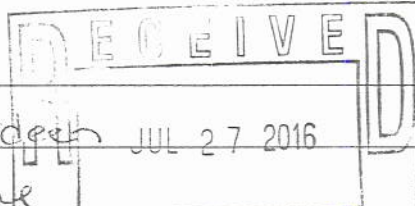
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type			
				Remove	Repair	Encap	Enclose
Exterior of Building	<input checked="" type="checkbox"/>	Window/sill caulk	1,750 LF	<input checked="" type="checkbox"/>			
Exterior of Building	<input checked="" type="checkbox"/>	Concealed Transite associated with upper window sashes (material Concealed within metal window sash enclosure)	1,250SF	<input checked="" type="checkbox"/>			

<u>Name of Reg. Waste Hauler</u> Panoramic Window & Dr Sys Inc	<u>NJDEP Waste Hauler ID #</u> 0036057	<u>Cubic Yards of Waste</u>	<u>Name of Registered Landfill</u> Chrin Landfill
		<u>Disposal Date</u>	<u>City, State</u> Easton, PA

<u>Completed by (Print or Type)</u> Mark M Jovic	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 07/25/16
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



**Date of Notification (1)**  
 7/25/16

**Name of Building Owner/Operator (2)**  
 Township of Aberdeen

**Agencies Notified**  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

**Type Notification**  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

**Street Address**  
 1 Aberdeen Square

**City, State, Zip Code**  
 Aberdeen, New Jersey 07747-5110

**Name of Contact**  
 Kithline

**Telephone Number**  
 ASBESTOS CONTROL

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
 Aberdeen Township Property

**Street Address**  
 323 Sherwood Drive

**City (5)**  
 Keaport

**County (6)**  
 Monmouth

**County Code (7) (STATE USE ONLY)**  
 \_\_\_\_\_

**Type of Facility (4)**  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**  
 2200

**# of Floors**  
 2

**Bldg. Age**  
 65+

**Current Use (Prior if being demolished)**  
 Residence

**Name of Monitoring Firm Hired by Building Owner (8)**  
 \_\_\_\_\_

**ASCM No.**  
 \_\_\_\_\_

**Name of Abatement Contractor (9)**  
 Ace Insulation Co Inc

**Street Address**  
 \_\_\_\_\_

**Street Address**  
 95 Montrose Rd

**City, State, Zip Code**  
 \_\_\_\_\_

**City, State, Zip Code**  
 Colts Neck, NJ 07722

**Project Manager for Monitoring Firm**  
 \_\_\_\_\_

**Telephone No.**  
 \_\_\_\_\_

**Telephone No.**  
 7322941757

**License No.**  
 00029

**Start Date (10)**  
 8/3/16

**Scheduled Completion Date (11)**  
 8/10/16

**Name of OSHA Monitor**  
 Mark Jovic

**Occupancy Status During Abatement (Check Only One)**  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: 7am-7pm

**Street Address**  
 87 Main Street

**City, State, Zip Code**  
 Lincoln Park, NJ 07035

**Scope of Work (Check All That Apply)**

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside			X	Siding	2200	X			

**Name of Registered Waste Hauler**  
 Ace Insulation Co Inc

**NJDEP Waste Hauler ID No.**  
 12086

**Cubic Yards of Waste**  
 3

**Name of Registered Landfill**  
 GROWS

**City, State**  
 Colts Neck, New Jersey

**Disposal Date**  
 120086

**City, State**  
 Tullytown, PA

**Completed by**  
 Bree McQuire

**Title**  
 Secretary Treasurer

**Signature**  
 Bree McQuire

**Date**  
 7/25/16