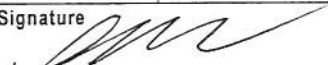


NO CK.

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

Check No. No Fee - PA Project

Date of Notification (1) May 14, 2014		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <small>Not required per State Reg. 10:27-10.1</small> <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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Building 125 City, State, Zip Code Newark, NJ 07114 Name of Contact Ralph Campione Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Terminal B		Square Feet 320,000	# of Floors 6					
City (5) Newark		Bldg. Age 50 +						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Terminal						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) June 08, 2014	Scheduled Completion Date (11) September 01, 2014	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
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 <input type="checkbox"/> Other - Describe:		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
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) <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
Connector B-1 Exit Lobby, Level G	<input checked="" type="checkbox"/>			Fireproofing	975 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40 / 0 (Fri) / (Non-Fri)	Name of Registered Landfill Grows North Landfill / Grand Central Landfill (Friable) (Non-Friable)				
City, State 250 Rutherford Boulevard, Clifton, NJ 07014-1312			Disposal Date 06/05/14 - 09/15/14	City, State Morrisville, PA / Penn Argyl, PA				
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 5/29/2014		

NO CK.

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

RECEIVED

Date of Notification (1) 2 / 4 / 14		Name of Building Owner/Operator (2) New Jersey Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-5/27/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address PO Box 600		City, State, Zip Code Trenton, NJ 08525-0600							
Name of Contact Andrew Yorke		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Parcel M-56 - Former Dynamic Trucking		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 177 Pennsylvania Avenue		Square Feet 38400							
City (5) Kearney, NJ		# of Floors 2							
County (6) Hudson		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Warehouse Distribution Center							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental Inc		ASCM No.							
Street Address 128 S. Tryon Street - Interstate Tower		Name of Abatement Contractor (9) Bristol Environmental Inc							
City, State, Zip Code Charlotte, NC 28202		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Gary Wywra		City, State, Zip Code Bristol, PA 19007							
Telephone No. 732-939-3707		Telephone No. 215-788-6040							
Start Date (10) 3 / 17 / 14		License No. 00509							
Scheduled Completion Date (11) ON SITE 5/28-5/30/14		Name of OSHA Monitor Shaw Environmental 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: 8:00AM-4:00PM / ____ PM- ____ AM		Street Address 128 South Tryon Street, Interstate Tower							
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 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) 4200 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	4200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Caulking & Roof Tar Flashing	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Along Elevated Loading Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ext. Expansion Joint Material	254 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724		Cubic Yards of Waste		Name of Registered Landfill GROWS North Landfill			
City, State Camden, NJ		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator		Signature <i>Patrick T. DeCaro/jpl</i>		Date 5/27/14			

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

RECEIVED

Date of Notification (1) 05/27/14		Name of Building Owner/Operator (2) Glenwood Baptist Church		2014 JUN -2 AM 5:58	
Agencies Notified	Type Notification	Street Address 1863 County 565		ASBESTOS CONTROL & LICENSING	
<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 Glenwood, NJ 07418		Name of Contact Dave Toma	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Glenwood Baptist Church			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 1863 County 565			Square Feet 2,500	# of Floors 1	Bldg. Age 50+-
City (5) Glenwood, NJ			Current Use (Prior if being demolished) church		
County (6) Sussex		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Stanmark Contractors, LLC	
Street Address		Street Address 27 Edsall Drive			
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-864-2022	License No. 01137
Start Date (10) 06/09/14		Scheduled Completion Date (11) 06/13/14		Name of OSHA Monitor AmeriSci	
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 117 East 30th Street		
			City, State, Zip Code New York, NY 10016		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
Outside	x			siding	1,800 S.F.
Name of Registered Waste Hauler Pro-Tech		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S.
City, State New Haven, CT		Disposal Date on completion		City, State Morrisville, PA	
Completed by Marko Stankovic		Title President		Signature <i>Marko Stankovic</i>	Date 05/27/14

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

Emergency notification

Check#1916

Date of Notification (1)

05 / 28 / 14

Name of Building Owner/Operator (2)

Melida Demetriadis

Street Address
4 Bryson RoadCity, State, Zip Code
Fair Lawn, NJ 07410Name of Contact
Melida Demetriadis

Telephone Number

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 5/28/14 Time: 11:05

Agencies Notified

☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification

☒ Initial
☐ Amended
Amendment # _____
☒ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

4 Bryson Road

City (5)

Fair Lawn, NJ 07410

County (6)

Bergen

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

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

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

05 / 29 / 14

Scheduled Completion Date (11)

05 / 30 / 14

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM- PM/ PM- AM

Scope of Work (Check all that apply)

☒ > 3 sf or > 3 lf☐ > 160 sf or > 260 lf☒ Renovation
☐ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 SIF or LF)

Abatement Type

Removal	Repair	Encapsulate	Enclosure
<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"/>

Basement

☐ Yes ☐ No ☒ N/A

Pipe insulation

80 LF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Wayne, NJ 07470

Disposal Date

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Owner

Signature

Date

05/28/2014

NJEvtic
ASB-41
MAY 11

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CK# 024437

Date of Notification (1) 05 / 29 / 14		Name of Building Owner/Operator (2) RAMAPO COLLEGE OF NEW JERSEY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency	
Street Address 505 RAMAPO VALLEY ROAD		City, State, Zip Code MAHWAH, NJ 07430	
Name of Contact GINA MAYER-COSTA		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) FACILITIES BOILER ROOM			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 505 RAMAPO VALLEY ROAD			Square Feet		
City (5) MAHWAH	County (6) BERGEN	County Code (7) (STATE USE ONLY)	# of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112	Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC.	
Street Address 344 WEST STATE STREET			Street Address 1141 ROUTE 23	
TRENTON, NJ 08618			City, State, Zip WAYNE, NJ 07470	
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101	Telephone Number 973 628-9500	
			License Number 00408	

Scheduled State Date (10) 05 / 30 / 14		Scheduled Completion Date (11) 05 / 31 / 14		Name of OSHA Monitor ENVIRO VISION 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 <input checked="" type="checkbox"/> Hours - Describe: 7:00 a.m. - 3:30 p.m. <input type="checkbox"/> Other - Describe:		Street Address 20-21 WAGARAW ROAD, BLDG. #34A			
		FAIR LAWN, NJ 07410			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment With Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non Exempted (*) and Non-Friable Procedure (Wrap & Cut)

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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
BOILER # 3 - DOORS	X			THERMAL INSULATION	20 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S	
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA	
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature		Date 05/29/14	

May 29 2014 01:07pm

P001/001

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 12:120)

CHECK # 2454

2014 JUN -2 AM 6:49

Date of Notification (1) 5/29/14		Name of Building Owner/Operator (2) J. ANDREW HARRIS		APPROVED NJ Dept. of Health & Senior Services PAUL C. HARRIS (signature)	
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 of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 620 CONCORD CIRCLE City, State, Zip Code EWING, N.J 08618	
		Name of Contact J. ANDREW HARRIS		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			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 620 CONCORD CIRCLE			Square Feet 1,600		
City (5) EWING			# of Floors 2		
County (6) MERCEL			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) A. MAC Contracting Inc.		
City, State, Zip Code			Street Address 105 Lowell Road		
Project Manager for Monitoring Firm			City, State, Zip Code Glen Rock, NJ 07452		
Telephone No.			Telephone No. 201-262-5841		
Start Date (10) 5/30/14			Scheduled Completion Date (11) 6/13/14		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Family Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor Omega Environmental Services Inc.		
Scope of Work (Check All that Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2160 sf or 2260 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-Encapsulated (*) and Non-Fixable Procedure			Street Address 280 Haver Street City, State, Zip Code Hackensack, NJ 07606		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)		Is Location Routinely Used Solely by Maintenance/Control Staff? (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, GFCI, or other miscellaneous)	
BASEMENT		Yes No N/A ✓		DUCT INSULATION REMOVE INTACT	
				Amount (Specify SF or LF) 75LF	
				Abatement Type Removal Partial Encapsulate Encapsulate	
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No. 28765		Cubic Yards of Waste 2	
Route of Transport City, State, Zip Code Parsippany, NJ 07054		Name of Registered Landfill RES PA Solid Waste Landfill Corp.		City, State, Zip Code Parsippany, NJ 07054	
Completed by Joseph Vioralino		Title Operations		Signature J. Vioralino	
				Date 5/29/14	

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

APPROVED: TOM VOORHEES, NJDOH

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

CR # 2626
RECEIVED
2014 JUN -2 AM 5:06 48
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/28/14		Name of Building Owner / Operator (2) Old Bridge Township Board of Education	
Agencies Notified	Type Notification	Street Address Patrick Torre Administration Bldg, County Route 506 48	
<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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Matawan, NJ 07747	
		Name of Contact Mr. Frank Frazzitta	Telephone Number 77

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) McDivitt ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Manny Martin Way		Square Feet 50000	# of Floors 1
City (5) Old Bridge	County (6) Middlesex	County Code (7)	Bldg. Age 40+
		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street	
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Ryan Broadwater	Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 5/29/14	Scheduled Completion Date (11) 5/29/14	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: 4 PM to 12:30 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Receiving Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1/2 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 5/30/14	City, State Waynesburg, Ohio	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 5/28/14

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

Ck# 2625
RECEIVED

Date of Notification (1) 5/14/14		Name of Building Owner / Operator (2) Macys Inc.		2014 JUN -2 AM 6:22	
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 checked="" type="checkbox"/> Amended R#1-5/27/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 7 West Seventh Street City, State & Zip Code Cincinnati, OH 45202		Asbestos Control & Licensing	
		Name of Contact Tia Wenrich		Telephone Number FP	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Macys Store			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 180 Route 35			Square Feet	# of Floors	Bldg. Age
City (5) Eatontown	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 515 Grove St.		Street Address 1123 Beaver Street			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-656-2875	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 5/27/14	Scheduled Completion Date (11) 5/28/14		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 – Describe: 10 PM to 7 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Packing	6 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Inc.			NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste ¼ Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, Delaware			Disposal Date 5/30/14	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni			Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 5/27/14

GI 14098

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


Ch#2620

Date of Notification (1) 5/14/14		Name of Building Owner / Operator (2) Macys Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9425 <input checked="" type="checkbox"/> DOH 3/00 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 7 West Seventh Street City, State & Zip Code Cincinnati, OH 45202 Name of Contact Tia Wenrich							
		Telephone Number () APP							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Macys Store		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 180 Route 35		Square Feet	# of Floors						
City (5) Eatontown	County (6) Monmouth	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 515 Grove St.		Street Address 1123 Beaver Street							
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd		Telephone Number 856-656-2875	License Number 00509						
Scheduled Start Date (10) 5/27/14	Scheduled Completion Date (11) 5/28/14	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 – Describe: 10 PM to 7 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireproofing	5 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste ¼ Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware		Disposal Date 5/30/14	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / P</i>				Date 5/14/14		

Emergency

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

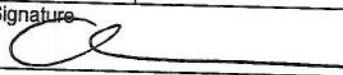
CK 4121

Date of Notification (1) 5/29/14		Name of Building Owner/Operator (2) Maria Conroy Private Home							
Agencies Notified	Type Notification	Street Address 433 West Wildwood Ave.							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wildwood NJ 08260							
		Name of Contact Maria	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maria Conroy Private Home		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 433 West Wildwood Ave.		Square Feet 1000+	# of Floors 1						
City (5) Wildwood NJ 08260		Bldg. Age 35+							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) NA		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) 5/30/14	Scheduled Completion Date (11) 6/1/14	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	1200 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 6/1/14	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5.29/14			

Emergency

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

CK 41202

Date of Notification (1) 5/28/14		Name of Building Owner/Operator (2) Clive & Linda Tharby Private Home							
Agencies Notified	Type Notification	Street Address 1044 c Long Beach Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Beach NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Clive	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clive & Linda Tharby Private Home		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 1044 c Long Beach Blvd		Square Feet 1000+	# of Floors 1						
City (5) North Beach NJ 08008		Bldg. Age 35 +							
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) 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.	Telephone No. 956-753-9800						
Start Date (10) 5/29/14		Scheduled Completion Date (11) 5/30/14	License No. 00727						
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: _____		Name of OSHA Monitor Same							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code							
<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
Bottom of exterior house			x	Transite Board	600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/30/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/28/14		

MO#21590143402

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

RECEIVED

Date of Notification (1)

05 / 27 / 14

Name of Building Owner/Operator (2)

Daniel Orellana

2014 JUN -2 AM 5:59

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 5:23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☐ Emergency (including justification)☐ Cancellation

Street Address

62 Union Place

City, State, Zip Code

Ridgefield Park, NJ 07660

Name of Contact

Daniel Orellana

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

62 Union Place

City (5)

Ridgefield Park, NJ 07660

County (6)

Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

06 / 06 / 14

Scheduled Completion Date (11)

06 / 07 / 14

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM- PM/ PM- AM

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)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 -wrap & cut	50 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

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Wayne, NJ 07470

Disposal Date

TBD

City, State

Tullytown, PA

Completed By (Print or Type)

Title

Owner

Signature

Date

05/27/2014

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

ASB-41

MAY 11

OK # 3392

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

Date of Notification (1) <u>05 / 30 / 2014</u>		Name of Building Owner/Operator (2) <u>Regency Gardens Nursing Center</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>296 Hamburg Turnpike</u>							
		City, State, Zip Code <u>Wayne, NJ</u>							
		Name of Contact <u>Mr. Mark Benedek</u>	Telephone Number <u>400</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Regency Gardens Nursing Center</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 and commercial buildings, homes, etc.)							
Street Address <u>296 Hamburg Turnpike</u>		Square Feet <u>65,000</u>	# of Floors <u>2</u>						
City (5) <u>Wayne, NJ</u>		Bldg. Age <u>250</u>							
County (6) <u>Passaic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Nursing home</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>AET</u>		ASCM No.	Name of Abatement Contractor (9) <u>Proservices, LLC</u>						
Street Address <u>28 N. Pennell Rd</u>		Street Address <u>407 W. Lincoln Highway #500</u>							
City, State, Zip Code <u>Media PA 19063</u>		City, State, Zip Code <u>Exton, PA 19341</u>							
Project Manager for Monitoring Firm <u>Eric Houseknecht</u>		Telephone No. <u>908 296-1132</u>	License No. <u>01161</u>						
Start Date (10) <u>06 / 09 / 14</u>	Scheduled Completion Date (11) <u>06 / 20 / 14</u>	Name of OSHA Monitor <u>EMSL</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 - Describe Time of Abatement: <u>7:00 AM - 3:30 PM</u> PM- AM		Street Address <u>200 Route 130 North</u>							
		City, State, Zip Code <u>Cinnaminson, NJ 08077</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Lower level</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>TSI</u>	<u>200 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Mechanical space</u>	<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 <u>Waste Management of NJ</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <u>6</u>	Name of Registered Landfill <u>GROWS</u>					
City, State <u>Trenton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>Morrisville, PA</u>					
Completed By (Print or Type) <u>Linda P. DeNunzio</u>		Title <u>Manager</u>	Signature <u>[Signature]</u>	Date <u>5/30/14</u>					

CK# 5327

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

Date of Notification (1) 5/28/14		Name of Building Owner/Operator (2) P.S.E.G.		RECEIVED					
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact GUSTAVO NAJERA Telephone Number 59					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E.G.			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 17-01 NEVINS ROAD			Square Feet 1700 # of Floors 1 Bldg. Age 59 yrs						
City (5) FAIRLAWN		County Code (7) BERGEN							
County (6)		Current Use (Prior if being demolished) Switch Station							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217		License No. 01111					
Start Date (10) 6/7/14		Scheduled Completion Date (11) 6/8/14		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
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: necessary operators only				Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882					
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 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
CONTROL ROOM		X		ACM WINDOW CAULKING + GLAZING	64 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 2		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TRD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 5/28/14			

CK # 005623

D&S Proj. #: 2014-218

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

RECEIVED

Date of Notification (1) 05/12/14		Name of Building Owner/Operator (2) JANICE SYLVIA		2014 JUN -2 AM 8:18
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		ASBESTOS CONTROL & LICENSING
Street Address 470 BELGROVE DRIVE		City, State, Zip Code KEARNY, NJ 07032		
Name of Contact JANICE SYLVIA			Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JANICE SYLVIA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 470 BELGROVE DRIVE			Square Feet		
City (5) KEARNY			County (6) HUDSON	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/17/14		Sched. Completion Date (11) 06/30/14		
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	2401 ft	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/18/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/27/14

CK# 005625

D&S Proj. #: 2014-219

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

RECEIVED

Date of Notification (1) 05/12/14		Name of Building Owner/Operator (2) richard douek	
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 33 midland avenue		City, State, Zip Code MONTCLAIR, NJ 07042	
Name of Contact richard douek		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) richard douek			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 33 midland avenue			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/07/14			Sched. Completion Date (11) 06/30/14		
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.			City, State, Zip Code Paterson, NJ 07503		
City, State, Zip Code			Telephone Number 973-345-8020			License Number 01169		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020			License Number 01169		
Start Date (10) 06/07/14			Sched. Completion Date (11) 06/30/14			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	60 L FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/08/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 05/27/2014	

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

RECEIVED

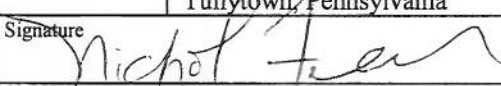
Date of Notification (1) 05/30/2014		Name of Building Owner/Operator (2) WOODBRIIDGE HOUSING AUTHORITY							
Agencies Notified	Type Notification	Street Address 20 BUNNS LANE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 WOODBRIIDGE NJ 07095							
		Name of Contact LARRY STECKER	Telephone Number 1 - 800 - 452-7331						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COOPER TOWERS BOILER ROOM		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 1422 OAK TREE ROAD		Square Feet	# of Floors						
City (5) ISELIN		Bldg. Age							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC.		ASCM No. 12	Name of Abatement Contractor (9) BE CONSTRUCTION CORPORATION						
Street Address 300 GRAND AVENUE		Street Address 235 WATCHUNG AVE							
City, State, Zip Code ENGLEWOOD NJ 07631		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		Telephone No. 201-569-6708	License No. 01231						
Start Date (10) 06/11/2014	Scheduled Completion Date (11) 06/20/2014	Name of OSHA Monitor							
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>WORK NOT IN OCCUPIED SECTION OF BUILDING</u>		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 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		SPRAY-ON FIREPROOFING	60SF	X			
BOILER ROOM		X		PIPE FITTINGS INSULATION	5LF	X			
BOILER ROOM		X		DOOR GASKET	3LF	X			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY					
City, State LINDEN, NJ			Disposal Date	City, State TULLYTOWN, PA					
Completed by BARBARA REED		Title PRESIDENT	Signature <i>Barbara Reed</i>	Date 5/30/14					

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

Date of Notification (1) May 28, 2014		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 188	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	2014 JUN -2 AM 6:18	
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Spring Lake, NJ 07752	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Richard Hyde	7

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 342 North 6th Street			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Surf City			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 1	Bldg. Age 60	
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 5/29/14	Scheduled Completion Date (11) 5/30/14	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Piscataway, New Jersey 08854			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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) 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			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1700 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 6/2/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 5/28/2014		

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

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

RECEIVED

Date of Notification (1) 5/28/2014		Name of Building Owner/Operator (2) WILLIAM PATERSON UNIVERSITY							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 300 POMPTON ROAD		City, State, Zip Code WAYNE, NJ 07470							
Name of Contact KHALED MAKHLOUF		Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WILLIAM PATERSON UNIVERSITY - NEW PARKING GARAGE		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 300 POMPTON ROAD		Square Feet	# of Floors						
City (5) WAYNE		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) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 5/29/2014	Scheduled Completion Date (11) 5/29/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EXTERIOR		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 21 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROADWAY BY FORMER CHILLER		X		TRANSITE PIPE - CLEAN					
				UP ONLY OF DEBRIS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 5/29/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>				Date 5/28/2014	

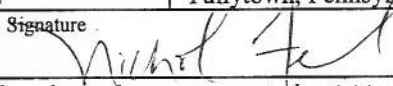
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 28, 2014		Name of Building Owner/Operator (2) Schweitzer-Mauduit	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 Main Street	
		City, State, Zip Code Spotswood, New Jersey 08884-0401	
		Name of Contact Hal Bernstein	Telephone Number 7

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Schweitzer-Mauduit-RTL 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 85 Main Street			Square feet 20,000 sf		
City Spotswood	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 80	
Current Use (Prior if being demolished) RTL Building					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 6/16/14	Scheduled Completion Date (11) 6/18/14		Name of OSHA Monitor E.M.S.L. Analytical		
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_area we are working in is closed			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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"/> 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		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Steam supply line	X			Asbestos pipe insulation	25 lf	X			
Condensate return line	X			Asbestos pipe insulation	25 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/19/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/28/2014

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

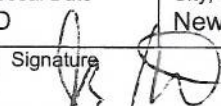
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 20931

Date of Notification (1) 05-27-14		Name of Building Owner/Operator (2) New Jersey Turnpike 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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Dave Colella	Telephone Number 107

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike Pump House at Pier 52		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 Pump House at Pier 52 Beneath NJ Turnpike between Exits 15X & 15W		Square Feet 5,915	# of Floors 2
City (5) Secaucus		Bldg. Age 76 yrs.	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Station	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address		Street Address 200 Broad Street	
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756
Start Date (10) 05-28-14(1)Project Postponed	Scheduled Completion Date (11) 07-31-14	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply)			
<input 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 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
Roof			x	Roofing & Transite	600SF	x			
Interior			x	Gaskets	12LF	x			
Interior			x	Wire Wrap	200LF	x			

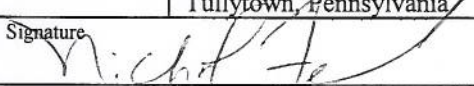
Name of Registered Waste Hauler Auchter Industrial Services		NJDEP Waste Hauler ID No. 14289	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Landfill	
City, State Linden, NJ 07036		Disposal Date TBD		City, State Newburg, PA 17240	
Completed by Joseph Patrick		Title Project Manager		Signature 	Date 05-27-14

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

Date of Notification (1) <div style="text-align: center;">May 29, 2014</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Disantis Contracting, LLC</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	313 Halyard Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code <div style="text-align: center;">Ortley Beach, NJ 08751 JUN 2 2014</div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <div style="text-align: center;">Frank Disantis</div>	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">106 West Bay Way</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Toms River Twp.</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Ocean</div>		
County Code (7) (STATE USE ONLY)		Square feet <div style="text-align: center;">1000 sf</div>		# of Floors <div style="text-align: center;">1</div>	
Bldg. Age <div style="text-align: center;">60</div>		Current Use (Prior if being demolished)			
		<div style="text-align: center;">Residence</div>			
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address		
City, State, Zip Code			<div style="text-align: center;">1889 Route 9, Unit 61</div>		
			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number	
Scheduled Start Date (10) <div style="text-align: center;">5/30/14</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/2/14</div>		License Number <div style="text-align: center;">00624</div>	
				Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</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 <input type="checkbox"/> Other - Describe _____			Street Address		
			<div style="text-align: center;">1056 Stelton Road</div>		
City, State, Zip Code			City, State, Zip Code		
			<div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" 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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">6/3/14</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 			Date <div style="text-align: center;">5/29/2014</div>		

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