

NOCK

State of New Jersey

Check # 15037

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 2-12-15		Name of Building Owner/Operator (2) Brandywine Senior Living, LLC.	
Agencies Notified	Type Notification	Street Address 525 Fellowship Road Suite 360	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Mt. Laurel, NJ, 08054	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact Erick Mullins	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Salaam Shriners Lodge		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 361 and 369 E. Mount Pleasant Ave		Square Feet 20,000	# of Floors 2
City (5) Livingston	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age 50
		Current Use	Prior Use

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 2-21-15	Sched. Completion Date (11) 4-1-15	Name of OSHA Monitor N/A		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf  
☒ >160 sf or >260 lf

☐ Renovation  
☒ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Throughout Structure			X	Pipe Insulation	200 lf	X				
Circus Room Closet			X	Concrete Coating Material	15 SF	X				
Continue to next page										

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4-2-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>[Signature]</i>	Date 2-12-15		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Location Normally Used Solely By Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	RE MO VAL	RE PA IR	EN CA PS UL	EN CL OS URE
	Yes	No	N/A						
Upper Ballroom			X	Parquet Flooring Mastic	8,000 SF	X			
Motor Corps Room			X	Sheet Flooring and Mastic	10 SF	X			
Music Room			X	12"x12" Stick on Floor Tile and Mastic	15 SF	X			
1 <sup>st</sup> Floor Pantry/1 <sup>st</sup> Floor Music Room/1 <sup>st</sup> Floor Oriental band room/1 <sup>st</sup> Floor Daughter of Nile Room			X	2'x4' Drop Ceiling Tiles	1,250 SF	X			
Upper/Lower Ballroom and throughout state Throughout Structure			X	Textured Plaster	27,500 SF	X			
			X	9"x9" Floor Tiles and Mastic	15,000 SF	X			



NOCK

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

Date of Notification (1) <b>May 29, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		Type of Facility (4)							
Street Address <b>651 Route 1 South (Bldg. 651)</b>		<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, home, etc.)							
City (5) <b>North Brunswick</b>		Square Feet <b>60,000</b>	# of Floors <b>2 - Basement</b>						
County (6) <b>Middlesex</b>		Bldg. Age <b>70</b>							
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Technical School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>							
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>						
Scheduled Start Date (10) <b>June 3, 2015</b>	Scheduled Completion Date (11) <b>June 30, 2015</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>							
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	Encapsul	Enclosure
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	Linoleum & Mastic	1000 SF	X			
Storage Area North of File Room			x	Wallboard Glue	50 LF	X			
Storage Area North of File Room			x	VAT	50 SF	X			
Large Storage Room			X	Linoleum & Mastic	50 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>July 1, 2015</b>		City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>May 29, 2015</b> <b>February 27, 2015</b>						

\*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)

Date of Notification (1) <b>May 19, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<b>ON HOLD</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		Type of Facility (4)	
Street Address <b>651 Route 1 South (Bldg. 651)</b>		<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, home, etc.)	
City (5) <b>North Brunswick</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>
County (6) <b>Middlesex</b>		Bldg. Age <b>70</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Technical School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>
Scheduled Start Date (10) <b>May 20, 2015</b>	Scheduled Completion Date (11) <b>June 30, 2015</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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		
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room		x Linoleum & Mastic	1000 SF
Storage Area North of File Room		x Wallboard Glue	50 LF
Storage Area North of File Room		x VAT	50 SF
Large Storage Room		x Linoleum & Mastic	100 SF
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>June 1, 2015</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>May 19, 2015</b> <b>February 27, 2015</b>

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

Date of Notification (1) <b>May 7, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>			
Agencies Notified	Type Notification	Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Cancellation	36 West State Street			
		City, State & Zip Code Trenton, NJ 08608			
		Name of Contact James Saraceno		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			Type of Facility (4)		
Street Address 651 Route 1 South (Bldg. 651)			<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, home, etc.)		
City (5) North Brunswick			Square Feet 60,000	# of Floors 2 + Basement	Bldg. Age 70
County (6) Middlesex			Current Use (Prior if being demolished) Technical School		
County Code (7) USE ONLY					
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No. 23	Name of Abatement Contractor (9) Synatech, Inc.		
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road			
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087			
Project Manager for Monitoring Firm Tammy Lomax		Telephone Number 908-688-7800	Telephone Number 609-296-6916	License Number 00817	
Scheduled Start Date (10) May 20, 2015		Scheduled Completion Date (11) May 27, 2015		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 829 Radio Road		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Little Egg Harbor, NJ 08087		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted* and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room				1,000 SF	
Storage Area North of File Room		x		1,000 LF	
Storage Area North of File Room		x		500 SF	
Large Storage Room		X		500 SF	
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 12	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date June 1, 2015		City, State Morrisville, PA	
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>	
				Date May 7, 2015	
				February 7, 2015	

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

Date of Notification (1) <b>March 20, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		Type of Facility (4)							
Street Address <b>651 Route 1 South (Bldg. 651)</b>		<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, home, etc.)							
City (5) <b>North Brunswick</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>						
County (6) <b>Middlesex</b>		Bldg. Age <b>70</b>							
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Technical School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>							
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>						
Scheduled Start Date (10) <b>April 9, 2015</b>		Scheduled Completion Date (11) <b>April 12, 2015</b>							
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor <b>Synatech, Inc.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>							
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or > 50 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Encapsul	Enclosure
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	Linoleum & Mastic	1,00 SF	X			
Storage Area North of File Room			x	Wallboard Glue	10 LF	X			
Storage Area North of File Room			x	VAT	10 SF	X			
Large Storage Room			X	Linoleum & Mastic	50 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>April 13, 2015</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>March 20, 2015</b> <b>February 27, 2015</b>			

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

Date of Notification (1) <b>March 10, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		Type of Facility (4)							
Street Address <b>651 Route 1 South (Bldg. 651)</b>		<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, home, etc.)							
City (5) <b>North Brunswick</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>						
County (6) <b>Middlesex</b>		Bldg. Age <b>70</b>							
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Technical School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>							
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>						
Scheduled Start Date (10) <b>March 20, 2015</b>		Scheduled Completion Date (11) <b>March 22, 2015</b>							
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor <b>Synatech, Inc.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>							
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted() and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Encapsul	Enclosure
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	Linoleum & Mastic	1,000 SF	X			
Storage Area North of File Room			x	Wallboard Glue	50 LF	X			
Storage Area North of File Room			x	VAT	50 SF	X			
Large Storage Room			X	Linoleum & Mastic	50 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 24, 2015</b>	City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>March 10, 2015</b> <b>February 27, 2015</b>						

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

Date of Notification (1) <b>March 6, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	36 West State Street	
		City, State & Zip Code <b>Trenton, NJ 08608</b>	
		Name of Contact <b>James Saraceno</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		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, home, etc.)	
Street Address <b>651 Route 1 South (Bldg. 651)</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>
City (5) <b>North Brunswick</b>		Bldg. Age <b>70</b>	
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished) <b>Technical School</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>
Scheduled Start Date (10) <b>March 13, 2015</b>		Scheduled Completion Date (11) <b>March 15, 2015</b>	
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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Synatech, Inc.</b>	
		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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		
Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room		Linoleum & Mastic	1,000 SF
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>March 24, 2015</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>March 6, 2015</b> <b>February 27, 2015</b>

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

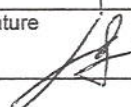


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		Type of Facility (4)	
Street Address <b>651 Route 1 South (Bldg. 651)</b>		<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, home, etc.)	
City (5) <b>North Brunswick</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + 1 basement</b>
County (6) <b>Middlesex</b>		Bldg. Age <b>70</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Technical School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>
Scheduled Start Date (10) <b>March 13, 2015</b>		Scheduled Completion Date (11) <b>March 15, 2015</b>	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor <b>Synatech, Inc.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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		
Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room		<b>Linoleum &amp; Mastic</b>	<b>1,000 SF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>10</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 24, 2015</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Morrisville, PA</b>			
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>February 27, 2015</b>

\*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)

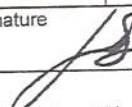
Date of Notification (1) 05-28-15		Name of Building Owner/Operator (2) Josephine Sandoz		JL 2 2015	
Agencies Notified	Type Notification	Street Address 517 Long Branch Ave.			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Branch NJ 07740			
		Name of Contact Josephine Sandoz		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4)		
Street Address 517 Long Branch Ave.			<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) Long Branch			Square Feet	# of Floors	Bldg. Age
County (6) Monmouth		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) Delfa Contracting LLC.		
Street Address		Street Address 522 7th St.			
City, State, Zip Code		City, State, Zip Code Union City NJ 07087			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603	License No. 01216	
Start Date (10) 06-09-15		Scheduled Completion Date (11) 06-10-15		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 522 7th St.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM- 5:00 PM			City, State, Zip Code Union City NJ 07087		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Basement		x		Pipe Insulation	300 LF
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City NJ			Disposal Date 06-12-15	City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 05-28-15



CK 000417

Print Form

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

Date of Notification (1) 05-28-15		Name of Building Owner/Operator (2) Lauren Vallier	
Agencies Notified	Type Notification	Street Address 67 Laurel Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield NJ 07003	
		Name of Contact Lauren Vallier	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private Residence		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 67 Laurel Ave.		Square Feet	# of Floors
City (5) Bloomfield		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC	
Street Address		Street Address 522 7th Street	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 0206
Start Date (10) 06-08-15	Scheduled Completion Date (11) 06-09-15	Name of OSHA Monitor Delfa Contracting LLC	
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: 08:00 AM - 05:00 PM		Street Address 522 7th Street	
		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)
	Yes	No	
Basement		x	34 SF
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2
City, State Union City NJ 07087		Disposal Date 06-12-15	Name of Registered Landfill Tullytown Resource Recovery Facility
Completed by Jaime Delgado		Title Proj. Manager	Signature 
		Date 05-28-15	

m/0 106570 176449

State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 05/29/2015		Name of Building Owner/Operator (2) Brotherhood of Hope	
Agencies Notified	Type Notification	Street Address: 18 Lafayette Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: New Brunswick, NJ 08901	
		Name of Contact: Brother Jude Lasota	Telephone Number: _____
<b>FACILITY INFORMATION</b>			
Name of Facility 18 Lafayette Street		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5) New Brunswick	County (6): Middlesex	County Code (7): 08901	Square Feet: _____ # of Floors: _____
		Bldg. Age _____ Current Use : Church	
Name of Monitoring Firm Hired by Building Owner ABE Environmental		ASCM No.: _____	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>
Street Address: 84 Vermont Ave		Street Address: <b>658 Rutgers Place</b>	
City, State, Zip Code: Franklin Park, NJ 08823		City, State, Zip Code: <b>Paramus, NJ 07652</b>	
Project Manager for Monitoring Firm: Don Anigbogu		Telephone No.: 732-406-3129	Telephone No.: _____ License No.: <b>(973) 350-0101 01215</b>
Start Date (10): 06/08/15	Scheduled Completion Date (11): 07/30/15		Name of OSHA Monitor: Metro Analytical Laboratories
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____  <input type="checkbox"/> Other Describe: _____		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 103</b> City, State, Zip Code: <b>New York, New York, 10011</b>	
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>BASEMENT</b>		<b>X</b>	<b>Pipe Insulation</b>
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.: 2A456	Cubic Yards of Waste: 30
City, State: Bronx, NY 10474		Disposal Date: _____	City, State: Waynesburg, OH 44688
Completed By: Sylvester Oraegbunam		Title: President	Signature: _____ Date: 05/29/2015



# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7840

Date of Notification (1) 5/29/15		Name of Building Owner/Operator (2) Belleville III Investors, LLC	
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 Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 661 University Blvd., Suite 200	
		City, State, Zip Code Jupiter, FL 33458	
		Name of Contact Ty Stanley	
		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Clara Mass Professional Center			Type of Facility (4) <input type="checkbox"/> School (<12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 5 Franklin Avenue			Square Feet 56000	# of floors 6
City (5) Belleville	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age ~ 40	
Name of Monitoring Firm Hired by Building Owner J & S Environmental Laboratories			ASCM No.	
Street Address 2333 Route 22 West			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.	
City, State, Zip Code Union, NJ 07083			Street Address 323 Changebridge Road, Suite 100	
Project Manager for Monitoring Firm			City, State, Zip Code Pine Brook, NJ 07063	
Telephone Number			Telephone Number 973-575-8700	
Scheduled Start Date (10) 6/10/15			Sched. Completion Date (11) 12/31/15	
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: <u>partially vacated</u>			Name of OSHA Monitor J & S Environmental Laboratories, LLC	
			Street Address 2333 Route 22 West	
			City, State, Zip Code Union, NJ 07033	

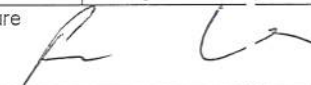
## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

☐ Renovation

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove bag Procedure  
☒ Non-Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Various Suits		x		VAT	4500 SF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill
City, State Pine Brook, NJ		Disposal Date 6/15/15 +		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 	
				Date 5/29/15	

ASB-411 **Note:** Phased project. First phase is scheduled to start on 6/10/15 with anticipated completion on 6/15/15; VAT (450 SF) is scheduled for removal from Suite 305. Amended notifications will be sent for other phases.

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

Check# 11638

**GAC Project # 494-15**

Date of Notification (1) <b>May 29, 2015</b>		Name of Building Owner/Operator (2) <b>CELGENE CORPORATION</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>86 MORRIS AVENUE</b> City, State, Zip Code <b>SUMMIT, NJ 07901</b> Name of Contact <b>MS. KIM HOPF – Environmental Health &amp; Safety</b>
	Telephone Number 		Telephone Number 
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CELGENE CORPORATION</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>30,000</b> # of Floors: <b>2</b> Bldg. Age: <b>~70+ years</b>	
Street Address <b>86 MORRIS AVENUE</b>		Current Use (prior if being demolished): <b>ADMINISTRATIVE OFFICES</b>	
City (5) <b>SUMMIT</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>McCABE ENVIRONMENTAL SERVICES, LLC</b>		ASCM No. <b>00118</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>464 VALLEY BROOK AVENUE #3A</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>LYNDHURST, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>JOHN CHIAVELLO</b>	Telephone Number <b>732-438-4839</b>	Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>06/12/15</b>	Scheduled Completion Date (11) <b>12/31/15</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
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"/> Facility Occupied During Entire Period of Abatement Area Vacated (NOT SUB 8) Phase I 6/12 – 6/15 Hours Fri. 3PM – Mon. 5AM (24 hrs as needed)(Subsequent Phases TBD as needed)		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Source 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 (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempt (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify or LF)
Room A 215	<input checked="" type="checkbox"/>	Vapor Barrier	30
Room A 215	<input checked="" type="checkbox"/>	Window Caulk	3
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>20 CY</b>
Notes: <b>None</b>		Disposal Date <b>12/31/15</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 29, 2015</b>



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

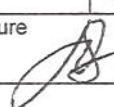
check #11637

GAC Project # 060-15

Date of Notification (1) <b>May 29, 2015</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>NJ HALL, BLDG# 3014</b>		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 building, homes, etc.)	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Cardno ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>01840</b>
Scheduled Start Date (10) <b>06/12/15</b>	Scheduled Completion Date (11) <b>06/15/15</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
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: <b>Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed)</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Glove bag Procedure <input checked="" type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 301A</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify S or LF) <b>200SF</b>
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Disposal Date <b>06/15/15</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 29, 2015</b>

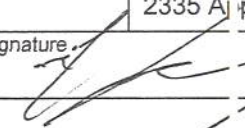
CK 000416

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

Date of Notification (1) 05-27-15		Name of Building Owner/Operator (2) Ravi Shrivasdava							
Agencies Notified	Type Notification	Street Address 92 Edgerstone Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton NJ 08540							
		Name of Contact Ravi Shrivasdava	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		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 92 Edgerstone Rd.		Square Feet	Bldg. Age						
City (5) Princeton		County Code (7) (STATE USE ONLY) _____							
County (6) Mercer		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	Lic. No. 01206						
Start Date (10) 06-06-15	Scheduled Completion Date (11) 06-07-15	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM- 5:00 PM		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Remediable 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 L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	800 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ		Disposal Date 06-09-15		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 05-27-15			

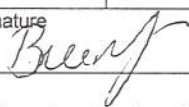


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/27/2015		Name of Building Owner/Operator (2) GEO Specialty Chemical		JUN 2 2015	
Agencies Notified	Type Notification	Street Address 15 Essex Street			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ			
		Name of Contact Jorge J Tena		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) GEO Specialty Chemical			Type of Facility (4)		
Street Address 15 Essex Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Harrison NJ			Square Feet 20000	# of Floors 3	Bldg. Age +50
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Price if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environmental LLC		
Street Address N/A		Street Address 339 Lafayette Street			
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105			
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877	License No. 1240	
Start Date (10) 6/5/2015		Scheduled Completion Date (11) 8/24/2015		Name of OSHA Monitor J&S Environmental Corp	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
See attachment					
Name of Registered Waste Hauler Newark carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill	
City, State PO Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebiter Rd Bethlehem PA	
Completed by Carlos Gomes		Title President	Signature 		Date 5/27/2015

CK2666

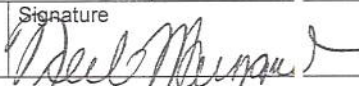
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/29/15		Name of Building Owner/Operator (2) Interstate Comercial Real Estate								
Agencies Notified	Type Notification	Street Address 14000 Horizon Way Suite 100								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mt. Laurel, NJ 08054								
		Name of Contact Deb	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Interstate property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 340 Evesham Rd		Square Feet 25000 total	# of Floors 2							
City (5) Magnolia		Bldg. Age 70+								
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) former church, rector, school, convent								
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 Road								
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757							
Start Date (10) 6/5/15	Scheduled Completion Date (11) 6/29/15	Name of OSHA Monitor Mark Jovic								
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: 7am-7pm		Street Address 87 Main St								
		City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
church			x	roof	5000sf	x				
church 1st floor			x	floor tile with mastic	2400sf	x				
Rectory			x	roof	2400sf	x				
please see attached sheet			X							
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 100	Name of Registered Landfill Chrins						
City, State Colts Neck, New Jersey		Disposal Date 6/29/15		City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		Date 5/29/15					



-Rectory basement	pipe insulation	300 fl	removed
-Rectory basement	pipe fittings	30	removed
-School building	roof material	12,200sf	removed
-School building classroom	floor tile w/mastic	10,000sf	removed
-Convent	roof material	5600sf	removed
-Convent bedrooms, Kitchen, and hall	floor tile w/mastic	4000 sf	removed
-Convent 2 <sup>nd</sup> fl	sheetrock joint compound	2500sf	removed

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

Date of Notification (1) <b>5 / 29 / 15</b>		Name of Building Owner/Operator (2) <b>LESLIE KNOTT</b>		JUN 2 2015	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 <b>9 SOUTH AVENUE</b>			
		City, State, Zip Code <b>ATLANTIC HIGHLANDS, NJ 07716</b>			
		Name of Contact <b>BOB STONE</b>	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>			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 and commercial buildings, homes, etc.)		
Street Address <b>9 SOUTH AVENUE</b>			Square Feet <b>1040</b>	# of Floors <b>2</b>	Bldg. Age <b>100</b>
City (5) <b>ATLANTIC HIGHLANDS</b>					
County (6) <b>MONMOUTH</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>RICH-MARK CONTRACTING, INC.</b>		
Street Address		Street Address <b>170 U.S. HWY 9</b>			
City, State, Zip Code		City, State, Zip Code <b>BAYVILLE, NJ 08721</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>732-349-3771</b>	License No. <b>0144</b>	
Start Date (10) <b>6 / 15 / 15</b>		Scheduled Completion Date (11) <b>6 / 22 / 15</b>		Name of OSHA Monitor <b>NEIL MARZANO</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM			Street Address <b>138 SENECA BLVD.</b>		
			City, State, Zip Code <b>BARNEGAT, NJ 08005</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>130 SF</b>
	Yes	No	N/A		
<b>OUTSIDE SIDING</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ASBESTOS SIDING</b>	<b>130 SF</b>
	<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 <b>RICH-MARK CONTRACTING, INC.</b>		NJDEP Waste Hauler ID No. <b>07764</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>GROWS NORTH LANDFILL</b>	
City, State <b>BAYVILLE, NJ</b>		Disposal Date <b>6/22/15</b>	City, State <b>MORRISVILLE, NC</b>		
Completed By (Print or Type) <b>NEIL MARZANO</b>	Title <b>SUPERVISOR</b>	Signature 		Date <b>5/29/15</b>	



CK 26847

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

Date of Notification (1) May 29, 2015		Name of Building Owner/Operator (2) Jersey Shore University Medical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1945 Route 33  City, State, Zip Code Neptune, New Jersey 07754  Name of Contact Lisa Fritz  Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Jersey Shore University Medical Center			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, hospitals, etc.)		
Street Address 1945 Route 33			Square feet 750,000	# of Floors 7	Bldg. Age 60
City Neptune	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street		Street Address 188 Route 9, Unit 61			
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932		
Scheduled Start Date (10) 5/29/15		Scheduled Completion Date (11) 6/2/15	Name of OSHA Monitor E.M. S.L. Analytical		
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 106 Stelten 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"/> Encapsulation <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	YES	NO	N/A	
Booker 1		X		Asbestos pipe fittings
Booker 2		X		Asbestos pipe fittings
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 6/3/15		City, State Tullytown, Pennsylvania
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager Signature		

Amount (Specify SF or LF)	Abatement Type			
	REM OVAL	REPAIR	ENCAPSULATION	ENCLOSURE
50 fittings	X			
2 fittings	X			

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

May 29 2015 08:49

P001/001

Check#2200

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

Emergency Notification

Date of Notification (1) 05 / 29 / 15		Name of Building Owner/Operator (2) Rhea Berkowitz		APPROVAL NJ Dept. of Health & Senior Services signature) Date 5/29/15	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 78 Park Avenue City, State, Zip Code Passaic, NJ 07055 Name of Contact Rhea Berkowitz	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 78 Park Avenue City (5) Passaic, NJ 07055 County (6) Passaic				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	
County Code (7) (STATE USE ONLY) Passaic		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASGM No. Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No. 973-638-1777		Telephone No. 973-638-1777		License No. 01127	
Start Date (10) 05 / 30 / 15		Scheduled Completion Date (11) 06 / 01 / 15		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 180 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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)	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe insulation 100 LF	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD	
Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner		Signature N. Jevtic Date 5/29/2015	

ASB-41

MAY 11

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




new ck 4882

ASB-41 (R-06-08)

\* 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)

Additional Material see 2nd page.  
New CK 1582

Date of Notification (1) 5/5/15		Name of Building Owner/Operator (2) Atlantic Cape Community College			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5100 Black Horse Pike	
		City, State, Zip Code Mays Landing NJ 08330			
		Name of Contact Chris		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Building A / Atlantic Cape Community College				Type of Facility (*) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5100 Black Horse Pike				Square Feet 10000+	
City (5) Mays Landing NJ 08330				# of floors 1	
County (6) Atlantic				Bldg. Age 35+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental			ASCM No.		Name of Abatement Contractor (*) Pernaco Inc.
Street Address 1805 Atlantic Ave			Street Address PO Box 329		
City, State, Zip Code Manasquan NJ			City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm			Telephone No. 732-528-6368		Telephone No. 856-753-9800
Start Date (10) 5/18/15			Scheduled Completion Date (11) 6/5/15		License No. 10727
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: weekend				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 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)	
		Yes No N/A			
Throught-out Bulding A		x		Floor Tile Mastic	
Bio Lab Physics Lab Division office		x		Lab Bench Tops	
Bio Lab Physics Lab Division office		x		peg wall board	
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952		Cubic Yards of Waste 30	
City, State Egg Harbor NJ		Disposal Date 6/5/15		Name of Registered Landfill ACU	
Completed by Anthony T Perna		Title President		Signature 	
				Date 5/5/15	

see 2nd page.



CK 1469802141

Print Form

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

Date of Notification (1) 5/27/15		Name of Building Owner/Operator (2) Warren & Beth Gordon							
Agencies Notified	Type Notification	Street Address 170 West Ridgewood Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450							
		Name of Contact Warren & Beth Gordon	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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 170 West Ridgewood Avenue		Square Feet N/A	# of Floors N/A						
City (5) Ridgewood		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	Licenses No. # 0675						
Start Date (10) 6/09/15	Scheduled Completion Date (11) 6/11/15	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	240 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 5/27/15			

Check#2206


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

Date of Notification (1) 05 / 29 / 15		Name of Building Owner/Operator (2) Teresa DeMarco		JUN 2 2015					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWDD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1014 Karen Terrace City, State, Zip Code Linden, NJ 07036 Name of Contact Teresa DeMarco		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 1014 Karen Terrace City (5) Linden, NJ 07036 County (6) Union			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Price if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Gr Tech LLC						
City, State, Zip Code			Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
			973-638-1777	01127					
Start Date (10) 06 / 09 / 15		Scheduled Completion Date (11) 06 / 10 / 15		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 20-21 Wagaraw Road, Bldg. # 3 IE City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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"/>	Duct insulation	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	100 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"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Gr Tech LLC		0033785	TBD	T.R.R.F. Inc					
City, State			Disposal Date	City, State					
Wayne, NJ 07470			TBD	Tullytown, Pa.					
Completed By (Print or Type)		Title	Signature		Date				
N.Jevtic		Owner	<i>N.Jevtic</i>		05/29/2015				



CK 1001678

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 5/26/15			<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company		
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<u>Street Address</u> 800 Billingsport Rd	
				<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
		<u>Name of Contact</u> Ravi Jarecha		<u>Telephone Number</u> 856-224-4444	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 800 Billingsport Rd			<u>Sq. Feet</u> N/A <u># of floors</u> N/A		
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> N/A <u>Current Use (prior if being demolished)</u> C Refinery		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> KA Industrial Services, LLC.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> KA Industrial Services LLC		
<u>Street Address</u> 800 Billingsport Rd			<u>Street Address</u> 800 Billingsport Rd		
<u>Paulsboro, NJ 08066</u>			<u>City, State, Zip Code</u> Paulsboro, NJ 08066		
<u>Project Manager for Monitoring Firm</u> Scott Dechant		<u>Telephone Number</u> 856-224-4385	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 08357	
<u>Scheduled Start Date (10)</u> 6/9/15		<u>Scheduled Completion Date (11)</u> 6/12/15		<u>Name of OSHA Monitor</u> KA Industrial Services, LLC	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -  (X) Other - Describe - Removal of ACM within restricted work area in outside areas			<u>Street Address</u> 800 Billingsport Rd		
			<u>City, State, Zip Code</u> Paulsboro NJ 08066		
<u>Source of Work (Check all that apply)</u>  <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>  Rem.    Rep.    Encap    Enclose	
MLDW by Substation	X	Pipe Insulation	Approx 50 LF	X	
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> < 1 CY	<u>Name of Reg. Landfill</u> Gloucester County Landfill	
<u>City, State</u> South Harrison, NJ			<u>Disp. Date</u> Various	<u>City, State</u> South Harrison, NJ	
<u>Completed by (Print or Type)</u>  ANDREW GREEN		<u>Title</u>  MANAGER - KA Industrial Services	<u>Signature</u>   Site Operations Supervisor		<u>Date</u>  5/26/15

**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*Check 2438*

Date of Notification (1) 06 / 01 / 15		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308	
Name of Contact Jim Halsey		Telephone Number 345 221 4351	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3)  Street Address 1 VAN CIRCLE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
City (5) RUMSON	County (6) MONMOUTH	County Code (7)	Square Feet # Of Floors Building Age
Name of Monitoring Firm (8) Environmental Health Investigations		ASCM NO.	
Street Address 655 West Shore Trail		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway	
Project Mng. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036	
Telephone Number 212-682-9271		Telephone Number 973-884-8682	
Scheduled Start Date (10) 06 / 16 / 15		Sched. Completion Date (11) 06 / 17 / 15	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <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 <b>TO BE ABATED</b> 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)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature Date 06/01/15