


CK 15960

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

CHECK # **15960**

Date of Notification (1) 6-4-15		Name of Building Owner / Operator (2) Environmental Liability Transfer		JUN 8 2015	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1650 Des Peres Rd., Suite 306 City, State & Zip Code St. Louis, MO 63131 Name of Contact Adam Peetz, ELT	
Telephone Number					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Building # 4, Perth Amboy 1160, LLC.				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 1160 State Street				Square Feet NA	# of Floors 2
City (5) Perth Amboy		County (6) Middlesex		Bldg. Age NA	
County Code (7) NA		Current Use (Prior to being demolished) None (Vacant)			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC.	
Street Address			Street Address 874 Piney Hollow Road		
City, State & Zip Code			City, State & Zip Code Winslow, New Jersey 08095		
Project Manager for Monitoring Firm		Telephone Number		License Number 01263	
Scheduled Start Date (10) 6-15-15		Scheduled Completion Date (11) 7-15-15		Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement				Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Empty 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			
Building #4 First & Second Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile & Mastic	
Building #4 Crawl Space & Furnace Rm		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 20	Name of Registered Landfill Salem County Landfill	
City, State Berlin, NJ		Disposal Date 7-30-15	City, State Alloway, New Jersey		
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 		Date 6-4-15

CHECK #
3733

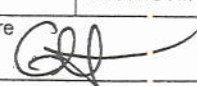
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

JUN - 8 2015

Date of Notification (1) <u>6/3/15</u>		Name of Building Owner/Operator (2) <u>TOM WELSH - BUILDER</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>661 POMONA AVE.</u>	City, State, Zip Code <u>HADDONFIELD, N.J. 08033</u>
		Name of Contact <u>SAME</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>274 7TH ST.</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>AVULON</u>		Bldg. Age <u>40+</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Current Use (8) (If being demolished) <u>VAC. NT</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>6/15/15</u>		Scheduled Completion Date (11) <u>6/22/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
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 <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
<u>INS</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	Name of Registered Landfill <u>C.M. C.M. U.A.</u>
Completed By <u>JOE KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>
			Date <u>6/3/15</u>

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

Ch# 3640

Date of Notification (1) 06/04/2015		Name of Building Owner/Operator (2) Wardlaw Hartridge school							
Agencies Notified	Type Notification	Street Address							
<input 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	1295 Inman Ave							
		City, State, Zip Code Edison, NJ 08820							
		Name of Contact Seth Austin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 1243 Inman 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) Edison		Square Feet	# of Floors						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished residence						
Name of Monitoring Firm Hired by Building Owner (8) RAMM Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 77 Nottingham Road		Street Address 606 McBride Ave							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Woodland Park, NJ 07724							
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. 201-475-9880	Telephone No. 973-225-8400						
Start Date (10) 06/15/15		Scheduled Completion Date (11) 06/19/15	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 route 22 west							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> WRAP/CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specified (F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	x			TSI	200 lf	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.D.W.S Landfill					
City, State Woodland Park, NJ		Disposal Date n/a		City, State Morrisville, VA					
Completed by Momo Glavatovic		Title vice president		Signature 		Date 06/04/15			

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Resource Management

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26 and 17:27)

DATE 10 DAY

Date of Notification (1) 08-03-2015		Name of Building Owner / Operator (2) Valerie C. Meyer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1337 Loop Road City, State & Zip Code Franklin, WV 26807 Name of Contact Lisa Kennedy-Low Corp		2015 Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Street Address 24 Cedar Street City (5) Garwood, NJ County (6) Union County Code (7)		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.) Square Feet 2,500 # of Floors 2 Current Use (Prior if being demolished) Residential Bldg. Age 75	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services Street Address P.O. Box 365 City, State & Zip Code Berlin, NJ 08008 Project Manager for Monitoring Firm Mr. Jim Proctor Scheduled Start Date (10) 8/04/2015 Scheduled Completion Date (11) 08/9/2015		ASCM No. 117 Name of Abatement Contractor (9) Resource Management Group, LLC 2116 Hamilton Avenue, Suite 202 Trenton, NJ 08619 Telephone Number 609-977-6168 License Number 01185	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 10:30am to 8:00pm <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 if <input type="checkbox"/> ≥ 150 or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Process <input type="checkbox"/> Non-Exempted and Non-Flexible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	
Description of Asbestos-Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAT or other miscellaneous		Amount (Sf or LF) Abatement Type Removal Repair Encapsulated Enclosure	
Basement Basement		Pipe Insulation Associated Pipe Fittings 80 80	
Name of Registered Waste Hauler Resource Management Group, LLC City, State Trenton, NJ		NJDEP Waste Hauler ID No. 0035218 Cubic Yards of Waste TBD Disposal Date TBD Name of Registered Landfill Growe Landfill City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney		Title President Signature BJA NOK- Date 08/03/2015	

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

Date of Notification (1) 06-03-2015		Name of Building Owner / Operator (2) Valerie C. Moyer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1337 Loop Road
			City, State & Zip Code Franklin, WV 26037
			Name of Contact Lisa Kennedy-Lew Corp
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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 24 Cedar Street		Square Feet 2,500	# of Floors 2
City (5) Garwood, NJ	County (6) Union	County Code (7)	Bldg. Age 75
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		2115 Hamilton Avenue, Suite 212	
City, State & Zip Code Berlin, NJ 08009		Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-977-6159
Scheduled Start Date (10) 6/04/2015		Scheduled Completion Date (11) 06/8/2015	License Number 01185
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 10:30am to 6:00pm <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Micro-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> No Entry Procedures	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAT or other miscellaneous
	Yes	No	
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD
City, State Trenton, NJ		Disposal Date TBD	Name of Registered Landfill Grows Landfill
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature <i>Brian Haney</i>
		Date 06/03/2015	

ck 3901

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

JUN 8 2015

Date of Notification (1) 6-4-15		Name of Building Owner/Operator (2) ATLANTIC COUNTY HISTORICAL						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 907 SHORE ROAD City, State, Zip Code SOMERS POINT, NJ 08244 Name of Contact JIM SIMPKINS	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ATLANTIC COUNTY HISTORICAL COURT HOUSE-tunnel		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 5901 MAIN STREET City (5) MAYS LANDING		Square Feet 25,000	# of Floors 4					
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COURTHOUSE						
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANY	ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 7 PLEASANT HILL ROAD		Street Address 2251 Fraley Street						
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm KEVIN LOVELY	Telephone No. 732-390-5858	Telephone No. 215-533-5155	Licenses No. 0166					
Start Date (10) 7-1-15	Scheduled Completion Date (11) 8-15-15	Name of OSHA Monitor WHITMAN COMPANY						
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: occupied		Street Address 7 PLEASANT HILL ROAD City, State, Zip Code CRANBURY, NJ 08512						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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
				see attached sheet				
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA		Disposal Date	City, State Libson, OH					
Completed by Jennifer Niven	Title Dir. of Operations	Signature 			Date 6-4-15			

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
CEILING PLASTER AND WALL PLASTER	TUNNEL	12	SF	REM
PIPE INSULATION INCLUDING ELBOWS	TUNNEL	00	LF	REM



CK 3980

DOA DOL

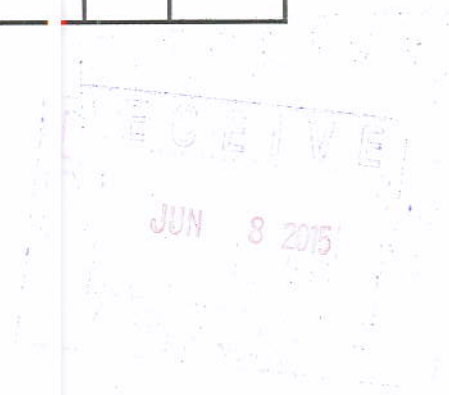
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

JUN 8 2015

Date of Notification (1) 6-4-15		Name of Building Owner/Operator (2) ATLANTIC COUNTY HISTORICAL SOCIETY	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 907 SHORE ROAD City, State, Zip Code SOMERS POINT, NJ 08244 Name of Contact JIM SIMPKINS	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ATLANTIC COUNTY HISTORICAL COURT HOUSE-Boiler house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5901 MAIN STREET City (5) MAYS LANDING		Square Feet 25,000	# of Floors 4
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Former if being demolished) COURTHOUSE	
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANY	ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.	
Street Address 7 PLEASANT HILL ROAD		Street Address 2251 Fraley Street	
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code Philadelphia, PA 19137	
Project Manager for Monitoring Firm KEVIN LOVELY	Telephone No. 732-390-5858	Telephone No. 215-533-5155	Licence No. 0166
Start Date (10) 6-22-15	Scheduled Completion Date (11) 8-15-15	Name of OSHA Monitor WHITMAN COMPANY	
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 7 PLEASANT HILL ROAD City, State, Zip Code CRANBURY, NJ 08512	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Facility 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	
			see attached sheet
Name of Registered Waste Hauler Service Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage
City, State Morrisville, PA		Disposal Date	City, State Libson OH
Completed by Jennifer Niven	Title Dir. of Operations	Signature 	Date 6-4-15

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
VIBRATION CLOTH	BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER		10 SF	REM
WINDOW CAULK	WINDOWS	20	LF	REM
PIPE INSULATION INCLUDING ELBOWS AND JOINTS	BOILER ROOM	20	LF	REM



NOCK

DOL

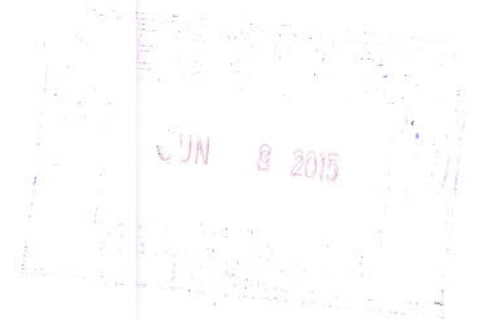
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

JUN 8 2015

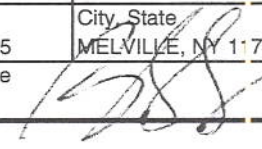
Date of Notification (1) 6-4-15		Name of Building Owner/Operator (2) ATLANTIC COUNTY HISTORICAL SOCIETY						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 907 SHORE ROAD City, State, Zip Code SOMERS POINT, NJ 08244 Name of Contact JIM SIMPKINS Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ATLANTIC COUNTY HISTORICAL COURT HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 5901 MAIN STREET		Square Feet 25,000	# of Floors 4					
City (5) MAYS LANDING		Bldg. Age +/-100						
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COURTHOUSE						
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANY	ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 7 PLEASANT HILL ROAD		Street Address 2251 Fraley Street						
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm KEVIN LOVELY	Telephone No. 732-390-5858	Telephone No. 215-533-5155	Lic. No. 0166					
Start Date (10) 6-8-15	Scheduled Completion Date (11) 8-15-15	Name of OSHA Monitor WHITMAN COMPANY						
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 7 PLEASANT HILL ROAD City, State, Zip Code CRANBURY, NJ 08512						
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-Exempted (**) 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
				See attached sheet				
Name of Registered Waste Hauler Service Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage					
City, State Morrisville, PA		Disposal Date	City, State Libson, OH					
Completed by Jennifer Niven	Title Dir. of Operations	Signature 				Date 6-4-15		

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
12X12 TAN SPECKLED FLOOR TILE & MASTIC	EASTERN SIDE OF BASEMENT	1100	SF	REM
12X12 TAN FLOOR TILE AND MASTIC	WESTERN SIDE OF BASEMENT	50	SF	REM
12X12 GREY FLOOR TILE AND MASTIC	WESTERN SIDE OF BASEMENT CORRIDOR	20	SF	REM



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 6 / 2 /15				Name of Building Owner/Operator (2) VERIZON				JUN 8 2015					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #2 <input type="checkbox"/> EMERGENCY NOTIFICATION				Street Address 126 LAKESIDE BLVD. City, State, Zip Code LANDING, NEW JERSEY 07850 Name of Contact Telephone Number DOUGLAS O'HARE					
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) VERIZON								Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)					
Street Address 71 MADISON AVENUE								Square Feet 113,347		# of Floors 5		Bldg. Age 40	
City (5) JERSEY CITY				County (6) HUDSON COUNTY		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING					
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY						ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 436 WALNUT STREET								Street Address 313 SPOOK ROCK ROAD					
City, State, Zip Code PHILADELPHIA, PA 19106								City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm FRANK WESTFALL				Telephone Number 215-640-5320				Telephone Number 845-369-7500		License Number 1101			
Expected State Date (10) 4 / 20 /15 Month Day Year				Sched. Completion Date (11) 4 / 15 /16 Month Day Year				Name of OSHA Monitor AMERISCI LABORATORIES INC #11480					
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: MONDAY-FRIDAY 7AM-3:30 PM								Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF								<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure					
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE		
WINDOWS NORTH & SOUTH			X			EXT. WINDOW LOUVER, DOOR CAULK			1120 LF		X		
FAÇADE AND PENTHOUSE			X			EXPANSION CAULK			600 LF		X		
FAÇADE NORTH & SOUTH ELEVATION			X			CRACK SEALANT			630 LF		X		
FAÇADE NORTH ELEVATION			X			RED COATING			1600 SF		X		
Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114				NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 120		Name of Registered Landfill 110 SAND CO. BETHPAGE/SPAINOLI RD City, State MELVILLE, NY 11704					
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS		Signature 		Date 6/2/15					


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

NOCK

Date of Notification (1) 4 / 20 /15		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 LAKESIDE BLVD.		City, State, Zip Code LANDING, NEW JERSEY 07850	
Name of Contact DOUGLAS O'HARE		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (<12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private commcl. bldgs., homes, etc.)	
Street Address 71 MADISON AVENUE		Square Feet 113,347	# of Floors 5
City (5) JERSEY CITY		Bldg. Age 40	
County (6) HUDSON COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Former if being demolished) COMMUNICATION BUILDING	
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 436 WALNUT STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PHILADELPHIA, PA 19106		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm FRANK WESTFALL		Telephone Number 215-640-5320	Telephone Number 845-369-7500
Expected State Date (10) 4 / 20 /15		Sched. Completion Date (11) 4 / 15 /16	
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: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
FLOORS 4 & 5 WEST ELEVATION	X	EXT. WINDOW LOUVER, DOOR CAULK	1,120 LF
FAÇADE AND PENTHOUSE	X	EXPANSION CAULK	600 LF
FAÇADE (THROUGHOUT)	X	CRACK SEALANT	660 LF
FAÇADE (THROUGHOUT)	X	RED COATING	1,600 SF
Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill 110 SAND CO. BETHPAGE/SPAGNOLI City, State MELVILLE, NY 11704
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Disposal Date 04/20/15-06/30/2015	Signature <i>[Signature]</i>
			Date 4/6/15


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

Check # 11764

Date of Notification (1) <div style="text-align: center;">6 / 3 / 15</div>		Name of Building Owner/Operator (2) LAWRENCE TOWNSHIP BOARD OF EDUCATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2565 PRINCETON PIKE City, State, Zip Code LAWRENCEVILLE, NJ 08648 Name of Contact BO HITCHCOCK	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LAWRENCE HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2525 PRINCETON PIKE			
City (5) LAWRENCEVILLE	Square Feet 23,000	Number of Floors 2	Building Age 50
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		Name of Abatement Contractor (9) PLYMOUTH ENVIRONMENTAL	
Street Address 1253 N. CHURCH STREET		Street Address 923 HAWS AVENUE	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code NORRISTOWN, PA 19401	
Project Manager for Monitoring Firm MICHAEL STOCKU	Telephone No. 856-840-8800	Telephone No. 610-239-9920	License No. 00398
Start Date (10) <div style="text-align: center;">07 / 08 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 22 / 15</div>	Name of OSHA Monitor PLYMOUTH ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 923 HAWS AVENUE City, State, Zip Code NORRISTOWN, PA 19401	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Identifiable Procedure	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
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	
EXTERIOR CHIMNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4
City, State NEWARK, NJ		Disposal Date 07/22/15	Name of Registered Landfill WASTE MANAGEMENT City, State ARGYLE, PA
Completed By (Print or Type) RUSSELL KING	Title PM	Signature 	Date 8/3/15

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

Check # 11765

Date of Notification (1) <div style="text-align: center;">6 / 3 / 15</div>		Name of Building Owner/Operator (2) LAWRENCE TOWNSHIP BOARD OF EDUCATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2565 PRINCETON PIKE	
		City, State, Zip Code LAWRENCEVILLE, NJ 08648	
		Name of Contact BO HITCHCOCK	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BEN FRANKLIN ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2939 PRINCETON PIKE			
City (5) LAWRENCEVILLE		Square Feet 17,000	# of Floors 1
		Bldg. Age 50	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) PLYMOUTH ENVIRONMENTAL
Street Address 1253 N. CHURCH STREET		Street Address 923 HAWS AVENUE	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code NORRISTOWN, PA 19101	
Project Manager for Monitoring Firm MICHAEL STOCKU		Telephone No. 856-840-8800	Telephone No. 610-239-9920
License No. 00398			
Start Date (10) <div style="text-align: center;">07 / 29 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 12 / 15</div>	Name of OSHA Monitor PLYMOUTH ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 923 HAWS AVENUE	
		City, State, Zip Code NORRISTOWN, PA 19101	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Viable 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	
EXTERIOR CHIMNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4
City, State NEWARK, NJ		Disposal Date 07/22/15	Name of Registered Landfill WASTE MANAGEMENT
City, State ARGYLE, PA			
Completed By (Print or Type) RUSSELL KING	Title PM	Signature 	Date 6/3/15

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

Date of Notification (1) 6-3-2015		Name of Building Owner/Operator (2) PEM Construction and Development		JUN 8 2015				
Agencies Notified	Type Notification	Street Address 828 South Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Westfield, NJ 07090						
		Name of Contact John Ciuffo		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)					
Street Address 119 Matilda Avenue			<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) Franklin NJ 08873			Square Feet 2500	# Floors 2	Bldg. Age 75+			
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address		Street Address 235 Virginia Avenue						
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855		License No. 01174			
Start Date (10) 6-15-2015		Scheduled Completion Date (11) 6-16-2015		Name of OSHA Monitor Same as above				
Occupancy Status During Abatement (Check Only One)			Street Address					
<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					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Attic		x	Transite panels	70 SF	x			
Exterior		x	Shingle Siding	2600 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.F.O.W. North landfill				
City, State Jersey City, NJ 07304		Disposal Date 6-20-2015	City, State Morrisville PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 6-3-2015			


New material and completion date

Print Form

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

Amended 1

CIC 4989

Date of Notification (1) 5/5/15 Amended date 6/3/15		Name of Building Owner/Operator (2) Atlantic Cape Community College							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	5100 Black Horse Pike							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mays Landing NJ 08330							
		Name of Contact Chris	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building D / Atlantic Cape Community College		Type of Facility (4)							
Street Address 5100 Black Horse Pike		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mays Landing NJ		Square Feet 1000+	# of Floors 1						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No.	Name of Abatement Contractor (9) 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 0809							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	Telephone No. 856-753-9800						
Start Date (10) 5/18/15		Scheduled Completion Date (11) 6/8/15	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<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: night shift after 3:30 a 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ()							
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
Mechanical Room	x			wrap & repair elbows Clean RM	unknown		x		
Room across from Mech. Room				Pipe fitting	1 LF	x			
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952	Cubic Yards of Waste 30	Name of Registered Landfill ACUA					
City, State Egg Harbor Twp NJ		Disposal Date 6/8/15		City, State 6700 Delaware Rd EHT NJ					
Completed by Anthony T Perna		Title President		Signature 		Date 6/3/15			

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

Project #

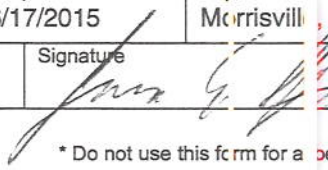
Check # 2963

Date of Notification (1) 06/02/2015		Name of Building Owner/Operator (2) Donna Burke		JUN 8 2015	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 West End Rd, West Orange City, State, Zip Code West Orange 07032 Name of Contact Donna Burke Telephone Number 973-933-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private 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 22 West End Rd				Square Feet	
City (5) West Orange, NJ				# of Floors	
County (6) Essex				Bldg. Age	
County Code (7) (STATE USE ONLY)				Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address				Street Address 72 Brookside Rd	
City, State, Zip Code				City, State, Zip Code Randolph NJ 07069	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-933-2550 License No. 01133	
Start Date (10) 06/13/2015		Scheduled Completion Date (11) 06/15/2015		Name of OSHA Monitor J&S Environmental	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 RT 22 City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) <input type="checkbox"/> Hard Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		X		TSI- 25 LF	
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD	
City, State Randolph, NJ		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S. Tullytown, PA	
Completed by Elvira Mrda		Title President		Signature Elvira Mrda Date 06/02/2015	

Check #
8560

Print Form

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

Date of Notification (1) 6/2/2015		Name of Building Owner/Operator (2) Jeffrey Quick							
Agencies Notified	Type Notification	Street Address 13 Pleasant Valley Road							
<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 Whippany, NJ 07981							
		Name of Contact Jeffrey Quick							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 13 Pleasant Valley Rd.		<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) Whippany		Square Feet 2500	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Current Use (Prior to being demolished) Residence						
Street Address		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
City, State, Zip Code		Street Address 494 E. 41st Street							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) June 13, 2015		Scheduled Completion Date (11) June 17, 2015							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (and Non-Friable Procedure)									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 6/17/2015	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager	Signature 		Date 6/2/2015				

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

Amended # 2

CK 4 888

Date of Notification (1) 5/5/15, Amended date 6/3/15		Name of Building Owner/Operator (2) Atlantic Cape Community College		JUN 8 2015	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <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	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Building A / Atlantic Cape Community College				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5100 Black Horse Pike				Square Feet 1000+	
City (5) Mays Landing NJ				# of Floors Bldg. Age 35+	
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Brinkeroff Environmental		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 1805 Atlantic Ave		City, State, Zip Code Manasquan NJ		Street Address PO Box 329 City, State, Zip Code West Berlin NJ 0809	
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225		Telephone No. 856-753-9800 License No. 00727	
Start Date (10) 5/18/15		Scheduled Completion Date (11) 6/8/15		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: night shift after 3:30 + 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 checked="" type="checkbox"/> Wet Wrap <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous)	
See Attached		x		See Attached	
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952		Cubic Yards of Waste 30 Name of Registered Landfill ACUA	
City, State Egg Harbor Twp NJ		Disposal Date 6/8/15		City, State 6700 Delaware Rd EHT NJ	
Completed by Anthony T Perna		Title President		Signature Date 6/3/15	

Location	Asbestos Elbow Material	Count
A-159	Wrap & Repair	6 Elbow s
A-154	Wet Wrap & Cut	7 Elbow s
A-127	Wet Wrap & Cut	4 Elbow s
A-146/ A116	Glove-Bag	3 I.F Elbow s
A-152	Wet Wrap & Cut	21 Elbow s
A-128	Wet Wrap & Cut	11 Elbow s
A-124	Wrap & Repair	1 Elbow
A-120	Wrap & Repair	2 Elbow s
A-118	Wrap & Repair	2 Elbow s
A-110	Wrap & Repair	2 Elbow s
A-111/ Mechanical Room	Clean, Wrap Repair	Clean Room
A-164-A161	Wet Wrap & Cut	40 Elbow s
A Building Corridors	Wrap & Repair	46 Elbow s

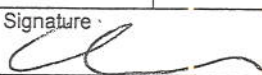
JUN 8 2015

Emergency

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

CR 4890

Print Form

Date of Notification (1) 6/3/15		Name of Building Owner/Operator (2) Steven & Heidi Schmelz Private Home							
Agencies Notified	Type Notification	Street Address 7 West Ryerson							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Steven							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Steven & Heidi Schmelz Private Home		Type of Facility (4)							
Street Address 7 West Ryerson		<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) Long Beach Twp NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 6/4/15		Scheduled Completion Date (11) 6/8/15	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure <input checked="" type="checkbox"/> Non-Enclosed and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/8/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/3/15			

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

Date of Notification (1) <div style="text-align: center;">June 3, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Kevin Bogan</div>		26882
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 <div style="text-align: center;">310 Munn Lane</div>	
			City, State, Zip Code <div style="text-align: center;">Cherry Hill, NJ 08034</div>	
			Name of Contact <div style="text-align: center;">Kevin Bogan</div>	
				Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="text-align: center;">25 Nautilus Road</div>				
City <div style="text-align: center;">Waretown</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1000 sf</div>	# of Floors <div style="text-align: center;">1</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>	Bldg. Age <div style="text-align: center;">60</div>
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>	
Street Address		Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code		City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">6/4/15</div>	Scheduled Completion Date (11) <div style="text-align: center;">6/5/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.I. Analytical</div>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <div style="text-align: center;">1056 Stratton Road</div>	
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>	
Scope of Work (Check all that apply)				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>				

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">6/8/15</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">6/3/15</div>

*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) 06/01/2015		Name of Building Owner/Operator (2) Ringwood Board of Education							
Agencies Notified	Type Notification	Street Address 121 Carletondale Road							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ringwood, NJ 07456							
		Name of Contact Steve Evans	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Erskine elementary school		Type of Facility (4)							
Street Address 88 Erskine Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)							
City (5) Ringwood		Square Feet	# of Floors Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Former if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 280 Huyler Street		Street Address 606 McBride Ave							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Woodland Park, NJ 07444							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. 973.225.8400						
Start Date (10) 06/26/15		Scheduled Completion Date (11) 07/10/15	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 route 22 west							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure	
ground fl/boiler room	x			boiler door/boiler insulation	100SF	x			
ground fl/boiler room	x			breeching insulation	100SF	x			
ground fl/boiler room	x			ductwork insulation	100SF	x			
ground fl/boiler room	x			pipe insulation	500LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.C.W.S.L. Landfill					
City, State Woodland Park, NJ			Disposal Date n/a	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title vice president	Signature 	Date 06/01/2015					

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 SI or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground fl/boiler room	x			fittings/valves	10 units	x			

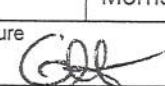
JUN 8 2015

Ch ck # 11769

JUN 8 2015

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

CH# 3638

Date of Notification (1) 06/03/2015		Name of Building Owner/Operator (2) Central Presbyterian Church		JUN 3 2015	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DGA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 Maple Ave City, State, Zip Code Summit, NJ 07901 Name of Contact Peter Richardson Telephone 201-544-1	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Central Presbyterian Church				Type of Facility (4) <input type="checkbox"/> School (K- 2) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 70 Maple Ave				Square Feet	
City (5) Summit				# of floors	
County (6) Union				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Present or if being demolished) church			
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Ave		Street Address 606 McBride Ave			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 0742			
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-4378		Telephone No. 973-225-8400	
Start Date (10) 06-15-15		Scheduled Completion Date (11) 06-20-15		License No. 01104	
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: start 3:00 pm				Name of OSHA Monitor J&S Environmental Laboratories	
				Street Address 2333 Route 22 west	
				City, State, Zip Code Union, NJ 07083	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		Yes	No		
auditorium crawl space				x	pipe insulation
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Woodland Park, New Jersey		Disposal Date n/a		City, State Morrisville, PA	
Completed by Momo Glavatovic		Title vice president		Signature 	
				Date 06/03/15	

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

Date of Notification (1) 5 / 13 / 15		Name of Building Owner/Operator (2) E.I. duPont de Nemours	
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # 2-6/3/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road City, State, Zip Code Parlin, NJ 08859 Name of Contact Nichol Reinhold	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 325		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 250 Cheesequake Road		Square Feet	of Floors Bldg. Age
City (5) Parlin			
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 3 / 15	Scheduled Completion Date (11) 6 / 5 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM -AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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	
Building 325 - Lunch Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building 325 - Lunch Room	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 8
City, State Bristol, PA		Disposal Date 6/3/2015	Name of Registered Landfill GROW'S Landfill
Completed By (Print or Type) Gino Pizzigoni		Title Estimator	Signature <i>Gino Pizzigoni</i> Date 6/3/15

NOCK

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

Date of Notification (1) 5/8/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		JUN 8 2015	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#3-6/3/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 119 Washington Street City, State & Zip Code Toms River New Jersey Name of Contact Harold Baldwin		Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Toms River Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 19 Washington Street			Square Feet 37000	# of Floors _____	Bldg. Age 80
City (5) Toms River	County (6) Ocean	County Code (7) _____	Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No. _____	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 1253 NORTH CHURCH STREET			Street Address 1123 BEAVER STREET		
City, State & Zip Code MOORESTOWN, NJ 08057			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Harold Baldwin		Telephone Number 856-840-8800	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 6/1/15	Scheduled Completion Date (11) 6/4/15		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Admin Ramp Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	240 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date _____		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 5/8/15

Date of Notification (1) 6-3-15		Name of Building Owner/Operator (2) Frank Ludwiczak	
Agencies Notified	Type Notification	Street Address 183 Irving Place	JUN 8 2015
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Rutherford, NJ, 07070	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Frank Ludwiczak	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number ---	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> EMERGENCY		
<input type="checkbox"/> DCA			


Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 3 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet		
City (5)			County (6) Essex		
County Code (7) (STATE USE ONLY)			Bldg. Age		
			1800		
			2		
			110		
			Current Use (Price if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (8) 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) 6-12-15	Sched. Completion Date (11) 6-15-15	Name of OSHA Monitor N/A
Month Day Year	Month Day Year	
Occupancy Status During Abatement (Check only one)		Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u>		City, State, Zip Code
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		

Scope of Work (Check all that apply)		
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

[illegible]

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 6-16-15		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 6-3-15	

no ck

JUN 8 2 1964

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JUN 3 2015

PA 18015

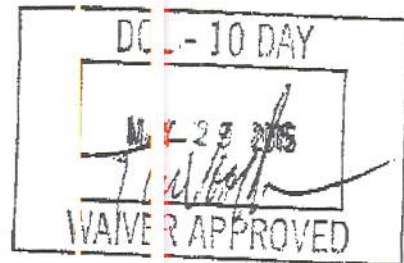
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 05/28/15		Name of Building Owner/Operator (2) 1000 King Georges Post Road LLC.		889	
Agencies Notified <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		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 Raritan Center Parkway, Unit 20 City, State, Zip Code Edison, NJ 08837 Name of Contact Seth Adler	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Warehouse			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 1000 King Georges Post Road			Square Feet 38,000		
City (5) Fords			# of Floors 1		
County (6) Middlesex			Bldg. Age 57		
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) Warehouse		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave		City, State, Zip Code Wallington, NJ 07057	
City, State, Zip Code		Telephone No. 973-406-7341		License No. 01107	
Project Manager for Monitoring Firm		Start Date (10) 05/29/15		Scheduled Completion Date (11) 06/26/15	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Leslaw Nalodka		Street Address 156 Maple Ave.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("I") and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
exterior				transite	
exterior				joint caulking	
exterior				window caulking	
throughout				floor tile / mastic	
Amount (Specify SF or LF)		1360sf		7,700	
213 windows		9070sf			
Name of Registered Waste Hauler Atlantic Carting LLC.		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 80	
City, State Wayne, NJ		Disposal Date 06/27/15		Name of Registered Landfill IESI	
City, State Bethlehem, PA		Completed by Leslaw Nalodka		Title President	
Signature <i>[Signature]</i>		Date 05/28/15			

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
roof			*	roof flashing	235 sf.	*			
wash room			*	pipe wrap	2 lf.	*			



JUL 8 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) June 4, 2015 May 13, 2015		Name of Building Owner / Operator (2) MCP 8 King Road LLC	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation	260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		Type of Facility (4)	
Street Address East Building - 8 King Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Rockleigh		Square Feet 200,000	# of Floors 2
County (6) Bergen		Bldg. Age 70	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Medical Laboratories	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Alex Hernandez		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-526-1000		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) June 4, 2015	Scheduled Completion Date (11) June 29, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input 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"/> ≥3 sf or ≥ 50 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 checked="" 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl. Former Lab and Office Areas			X	Cove Base Mastic	2,700 LF	X			
2nd Fl. Rear Stairwell			X	Floor Tile and Mastic	130 SF	X			
2nd Fl. MER 6			X	Pin Mastic	15 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date June 30, 2015		City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date June 4, 2015 May 13, 2015

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

NO CR

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

Date of Notification (1) June 2, 2015 May 13, 2015		Name of Building Owner / Operator (2) MCP 8 King Road 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 Notification ON HOLD <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	Street Address 260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact <div style="text-align: right;">Telephone Number</div>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		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, home, etc.)	
Street Address East Building - 8 King Road		Square Feet 200,000	# of Floor 2
City (5) Rockleigh		Bldg. Age 70	
County (6) Bergen		Current Use (Prior if being demolished) Medical Laboratories	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Alex Hernandez		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-526-1000		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) June 1, 2015	Scheduled Completion Date (11) June 29, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Fl. Former Lab and Office Areas			X	Cove Base Mastic	2,700 LF	X			
2 nd Fl. Rear Stairwell			X	Floor Tile and Mastic	130 SF	X			
2 nd Fl. MER 6			X	Pin Mastic	15 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date June 30, 2015	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date June 2, 2015 M: 13, 2015

*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) June 1, 2015 May 13, 2015		Name of Building Owner / Operator (2) MCP 8 King Road LLC	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		Type of Facility (4)	
Street Address East Building - 8 King Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Rockleigh		Square Feet 200,000	# of Floors 2
County (6) Bergen		Bldg. Age 70	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Medical Laboratories	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Alex Hernandez		Telephone Number 908-526-1000	Telephone Number 609-296-6916
Scheduled Start Date (10) June 1, 2015		Scheduled Completion Date (11) June 29, 2015	
Name of OSHA Monitor Synatech, Inc.		License Number 00817	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input 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"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	N/A
1st Fl. Former Lab and Office Areas			X
2nd Fl. Rear Stairwell			X
2nd Fl. MER 6			X
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 40
City, State Little Egg Harbor, NJ 08087		Disposal Date June 30, 2015	Name of Registered Landfill Grows Landfill
Completed By Diane Aloia		Title Executive Administrator	Signature <i>Diane Aloia</i>
Date June 1, 2015		Date May 13, 2015	

*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) May 27, 2015 May 13, 2015		Name of Building Owner / Operator (2) MCP 8 King Road 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 Notification ON HOLD <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address 260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		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, home, etc.)	
Street Address East Building - 8 King Road		Square Feet 200,000	# of Floors 2
City (5) Rockleigh		Bldg. Age 70	
County (6) Bergen		Current Use (Prior if being demolished) Medical Laboratories	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Alex Hernandez		Telephone Number 908-526-1000	Telephone Number 609-296-6916
Scheduled Start Date (10) May 27, 2015		License Number 00817	
Scheduled Completion Date (11) June 29, 2015		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure </div> </div>			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Fl. Former Lab and Office Areas			X	Cove Base Mastic	2,700 LF	X			
2 nd Fl. Rear Stairwell			X	Floor Tile and Mastic	130 SF	X			
2 nd Fl. MER 6			X	Pin Mastic	15 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date June 30, 2015		City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date May 27, 2015 May 13, 2015

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

NOCK

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

Date of Notification (1) May 26, 2015 May 13, 2015		Name of Building Owner / Operator (2) MCP 8 King Road LLC	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		Type of Facility (4)	
Street Address East Building - 8 King Road		<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, home, etc.)	
City (5) Rockleigh		Square Feet 200,000	# of Floors 2
County (6) Bergen		Bldg. Age 70	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Medical Laboratories	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Alex Hernandez		Telephone Number 908-526-1000	Telephone Number 609-296-6916
Scheduled Start Date (10) May 27, 2015	Scheduled Completion Date (11) June 29, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input 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"/> ≥ 3 sf or ≥ 50 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 checked="" 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 or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Abatement Type
	Yes No N/A		Amount (Specify SF or LF)
1st Fl. Former Lab and Office Areas		X	Cove Base Mastic
2nd Fl. Rear Stairwell		X	Floor Tile and Mastic
2nd Fl. MER 6		X	Pin Mastic
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date June 30, 2015	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date May 26, 2015 May 13, 2015

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

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

Date of Notification (1) May 13, 2015		Name of Building Owner / Operator (2) MCP 8 King Road LLC	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #____ <input type="checkbox"/> Cancellation	260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories		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, home, etc.)	
Street Address East Building - 8 King Road		Square Feet 200,000	# of Floors 2
City (5) Rockleigh		Bldg. Age 70	
County (6) Bergen		Current Use (Prior if being demolished) Medical Laboratories	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Alex Hernandez		Telephone Number 908-526-1000	Telephone Number 609-296-6916
Scheduled Start Date (10) May 26, 2015		Scheduled Completion Date (11) June 26, 2015	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st and 2 nd Floors			X	Floor Tile Mastic	3,000 SF	X			
1 st and 2 nd Floors			X	Floor Tile and Mastic	1,200 SF	X			
1 st and 2 nd Floors			X	Cove Base Mastic	300 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID #27429	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date June 29, 2015	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date 13, 2015

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