


OK 1093

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

Date of Notification (1) <div style="text-align: center;">6 / 03 / 15</div>		Name of Building Owner/Operator (2) Est. of Maria Castaldo c/o Stephanie Buglion		JUN 3 2015				
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 35 Albert Street						
		City, State, Zip Code Garfield, NJ 07026						
		Name of Contact Stephanie Buglione		Telephone Number 551-206-1777				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)				
Street Address 393 Grace Ave.								
City (5) Garfield, NJ 07026				Square Feet	Bldg. Age			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane						
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888		License No. 1188			
Start Date (10) <div style="text-align: center;">6 / 13 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 15 / 15</div>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
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 27 Outwater Lane					
			City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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) 160 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe Insulation		<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 All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield, NJ			Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Zvonko Veskov		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) 06/5/2015		Name of Building Owner/Operator (2) McAllister Towing Of Philadelphia		JUN 5 2015					
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 type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 South King Street City, State, Zip Code Gloucester, NJ. 08030 Name of Contact George Doms Telephone Number 856-456-7200					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden Docks				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 2500 Broadway				Square Feet 2000 # of Floors 2 Bldg. Age 60+					
City (5) Camden		County (6) Camden		County Code (7) (STATE USE ONLY) _____ Current Use (Present or if being demolished) Tug Boat					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 107		Name of Abatement Contractor (9) ecoservices, LLC.					
Street Address 28 Pennel Road		Street Address 407 W. Lincoln Highway Suite 500							
City, State, Zip Code Media, PA. 19603		City, State, Zip Code Exton, PA. 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114		Telephone No. 484-872-8884					
Start Date (10) 06/22/2015		Scheduled Completion Date (11) 06/26/2015		License No. 01161					
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 EMSL Street Address 200 Route 130 North City, State, Zip Code Cinniminson, NJ. 08077					
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) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Galley				TSI	21 LF	x			
Galley				Tank Insulation	25 SF	x			
Name of Registered Waste Hauler ecoservices, LLC.		NJDEP Waste Hauler ID No. 13-012785		Cubic Yards of Waste 10	Name of Registered Landfill Grows (A WM Landfill)				
City, State Exton, PA.				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tom Joiner		Title Project Manager		Signature <i>Tom Joiner</i>		Date 6/5/15			

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

Date of Notification (1) 6/5/15		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address EA McMillan Building		City, State, Zip Code Princeton, NJ 08544						
Name of Contact Bob Ortego		Telephone Number 609-258-1841						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 60 McCosh Circle		Square Feet 2,200	# of Floors 1					
City (5) Princeton		Bldg Age 40+						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500						
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341						
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 484-872-8834					
Start Date (10) 6/10/15		Scheduled Completion Date (11) 7/2/15						
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 EMSL						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 200 US Route 13 North						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Cinnaminson, NJ 08077						
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)					
	Yes	No		N/A				
Throughout			X	Drywall/Joint Compound	6,296 SF	X		
Floor Tile and Mastic			X	DR, Hw, BR, LR, BR2, Kn, ES, B	1,355	X		
Basement Mechanical Room			X	Flue Patch Material	1 SF	X		
Exterior			X	Storm Window Caulk	286 LF	X		
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 50	Name of Registered Landfill GROW Landfill				
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, NJ				
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 6/5/15			

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

Date of Notification (1) <div style="text-align: center;">6 / 03 / 15</div>			Name of Building Owner/Operator (2) South Hudson Dental		
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 919 Broadway City, State, Zip Code Bayonne, NJ 07002 Name of Contact Gary Maita	
				Telephone Number 01-978-7061	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 919 Broadway					
City (5) Bayonne, NJ 07002				Square Feet	Bldg. Age
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC		
Street Address P.O. Box 1224		Street Address 27 Outwater Lane			
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188	
Start Date (10) <div style="text-align: center;">6 / 13 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 14 / 15</div>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
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 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe Insulation	50 LF
	<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 All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 	Date 6-3-15

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

CHECK # 8769

Date of Notification (1) <u>6/3/15</u>		Name of Building Owner/Operator (2) <u>MR MONGER</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>215 OAK STREET</u>					
			City, State, Zip Code <u>RIDGEWOOD NJ 07450</u>					
			Name of Contact <u>MR MONGER</u>		Telephone Number <u>201-445-8544</u>			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>MONGER</u>			Type of Facility (4)					
Street Address <u>215 OAK ST.</u>			<input type="checkbox"/> School (<K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <u>RIDGEWOOD</u>			Square Feet <u>1800</u>	Number of Floors <u>3</u>	Building Age <u>60</u>			
County (6) <u>Bergen</u>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>RES</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>					
Street Address		Street Address <u>185 Vreeland Ave.</u>						
City, State, Zip Code		City, State, Zip Code <u>Midland Park, NJ 07432</u>						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>				
Start Date (10) <u>6/12/15</u>		Scheduled Completion Date (11) <u>6/16/15</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyer Street</u> City, State, Zip Code <u>Hackensack, NJ 07606</u>					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <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) <u>145 LF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>BASEMENTS</u>			<u>PIPE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Newark Carting, Inc</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>IE SI PA Bethlehem Landfill Corp.</u>				
City, State, Zip Code <u>Newark, NJ 07105</u>		Disposal Date <u>6/12/15</u>		City, State, Zip Code <u>Bethlehem PA 18015</u>				
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>R. McDonald</u>		Date <u>6/3/15</u>			

CK 1085

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

Date of Notification (1) 6/3/15		Name of Building Owner/Operator (2) Borough of Pompton Lakes							
Agencies Notified	Type Notification	Street Address 25 Lenox Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Pompton Lakes, NJ 07442							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kevin Doyle	Telephone Number 973-835-0143 x239						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Flood Mitigation Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1406 Riveredge Drive		Square Feet 1300	# of Floors 2						
City (5) Pompton Lakes		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Road, Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 6/15/15	Scheduled Completion Date (11) 6/17/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road, Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding Under Vinyl/Foam			X	Transite Siding	1800 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S					
City, State Kinnelon, NJ 07405		Disposal Date 6/17/15		City, State Morrisville, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 6/3/15			

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

Date of Notification (1) <div style="text-align: center;">6 / 2 / 15</div>		Name of Building Owner/Operator (2) Verizon			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta	
				Telephone Number 412-633-4021	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Verizon Newark 3 CO				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 67 Bloomfield Ave.					
City (5) Newark				Square Feet	# of Floors
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET			
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040	Licensure No. 0509
Start Date (10) <div style="text-align: center;">6 / 22 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 29 / 15</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 1:30 AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf 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) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1 st Floor Mechanical Equipment Rm.		<input checked="" type="checkbox"/>		Pipe Fittings	
Basement Mechanical Room		<input checked="" type="checkbox"/>		Pipe Fittings	
		<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	
City, State NEW CASTLE, DE 19720		Disposal Date		Name of Registered Landfill MINERVA LANDFILL	
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>	
				Date 6/2/15	

CK 006073

May 29 2015 02:30pm

P001/001

D&S Proj. #: 2015-182

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

APPROVED
NJ Dept. of Health & Senior Services
(Signature)
Date: 5/29/15 Time: 2:10

Date of Notification (1) 05/12/15		Name of Building Owner/Operator (2) aubrey ralph	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 798 VIVIAN TERRACE		City, State, Zip Code UNION, NJ 07083	
Name of Contact LOUIS J. PALMUCCI		Telephone Number 732-433-3617	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) aubrey ralph			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 798 VIVIAN TERRACE			Square Feet # of Floors Bldg. Age		
City (5) UNION	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 06/02/15		Sched. Completion Date (11) 06/19/15	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> ≥ 2 sf or ≥ 2 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Min-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Expendable (*) and Non-triangular 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X	DUCT INSULATION	12 LF	X			
BASEMENT CRAWL SPACE		X	DUCT INSULATION	12 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/03/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/29/2015

CK 006023

D&S Proj. #: 2015-182

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

Date of Notification (1) 10/15/12 19/11/15		Name of Building Owner/Operator (2) aubrey ralph	
Agencies Notified	Type Notification	Street Address 798 VIVIAN TERRACE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code UNION, NJ 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact LOUIS J. PALMUCCI	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number 732-433-3617	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) aubrey ralph			Type of Facility (4)	
Street Address 798 VIVIAN TERRACE			<input type="checkbox"/> School (K - 12)	
City (5) UNION			<input type="checkbox"/> School Chapter 8 (Other than K-12)	
County (6) UNION			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
County Code (7) (State use only)			Square Feet	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age	
Street Address			Current Use (Prior if being demolished)	
City, State, Zip Code				
Project Manager for Monitoring Firm			Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Phone Number			Street Address 20 California Ave.	
Start Date (10) 06/02/15			City, State, Zip Code Paterson, NJ 07503	
Sched. Completion Date (11) 06/19/15			Telephone Number 973-345-8020	
Occupancy Status During Abatement (Check only one)			License Number 01169	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Name of OSHA Monitor D & S Restoration, Inc.	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Street Address 20 California Avenue	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503	

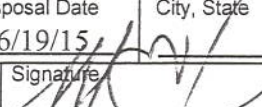
Scope of Work (check all that apply)		<input type="checkbox"/> Full Containment w/negative pressure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini-enclosure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glove bag procedure	
		<input type="checkbox"/> Non-Enclosure (*) and Non-friable procedure	

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	ENCL
BASEMENT		X		DUCT INSULATION	12 LF	X			
BASEMENT CRAWL SPACE		X		DUCT INSULATION	12 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/03/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/29/2015

CKA 24835

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

Date of Notification (1) <u>6/4/15</u>		Name of Building Owner/Operator (2) <u>D&R Greenway I and Trust</u>						
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>One Preservation Place</u> City, State, Zip Code <u>Princeton, NJ 08540</u> Name of Contact <u>Laurie Emde</u>						
		Telephone Number <u>(609) 924-4646</u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc)						
Street Address <u>10 Preservation Place</u>		Square Feet <u>3000</u>						
City (5) <u>Princeton, NJ</u>		# of floors <u>2</u>						
County (6) <u>Mercer</u>		Bldg. Age <u>70+/-</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		ASCM No.						
Street Address <u>4 Berkeley Place</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
City, State, Zip Code <u>Freehold, NJ 07728</u>		Street Address <u>PO Box 322</u>						
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Telephone No. <u>(732) 740-8408</u>		Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>6/15/15</u>		License No. <u>00493</u>						
Scheduled Completion Date (11) <u>6/19/15</u>		Name of OSHA Monitor <u>DB Environmental</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>4 Berkeley Place</u>						
		City, State, Zip Code <u>Freehold, NJ 07728</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement One</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>140 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement Two</u>			<u>Thermal Pipe Insulation</u>	<u>100 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROVS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/19/15</u>		City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>6/4/15</u>		

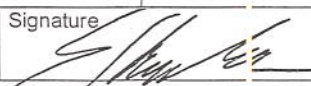
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

ck = 2819


Date of Notification (1) 6 / 4 / 15		Name of Building Owner/Operator (2) VERIZON COMMUNICATIONS							
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 15 MONTGOMERY PLACE							
		City, State, Zip Code PITTSBURGH, PA 15212							
		Name of Contact ALEX BAYLOR	Telephone Number 31-583-0048						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON CRANFORD CO		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 34 ALDEN STREET		Square Feet	# Floors Bldg. Age						
City (5) CRANFORD, NJ 07016									
County (6) UNION	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State, Zip Code PHILADELPHIA, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS		Telephone No. 215-365-5810	Telephone No. 215-788-6040						
License No. 10509									
Start Date (10) 6 / 18 / 15	Scheduled Completion Date (11) 6 / 26 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5:00PM-1:30AM		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-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASE. VENTILATING EQUIP. ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASE. BLDG. DEPT. STORAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASE. AIR DRYER AREA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) PATRICK T. DeCARO		Title ESTIMATOR		Signature <i>Patrick T. DeCaro</i>		Date 6/4/15			

CK 11240

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

Date of Notification (1) 06 / 03 / 15		Name of Building Owner/Operator (2) CLS Holding LLC							
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 56 Heavly Terrace							
		City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Manny sousa	Telephone Number (201) 657-8474						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) residential house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 341 North 2nd Street		Square Feet	# of Floors 2						
City (5) Harrison		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential house							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Pow/R/Save Inc.							
Street Address		Street Address 27 West Street							
City, State, Zip Code		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 680-0088	License No. 357						
Start Date (10) 06 / 16 / 15	Scheduled Completion Date (11) 06 / 16 / 15	Name of OSHA Monitor							
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							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible 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) 2800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	siding		<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 Pro Green management LLC		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grand Central or Tullytown					
City, State East Brunswick, NJ			Disposal Date	City, State Pen Argyl PA or Tullytown, PA					
Completed By (Print or Type) Sharon Hendee	Title sec/treas	Signature 		Date					

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

Date of Notification (1) 6/3/15		Name of Building Owner/Operator (2) Cynthia Bianchi	
Agencies Notified	Type Notification	Street Address 216 Beach Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Leonardo, NJ 07737	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Kelly Mahon	Telephone Number 732-887-4168
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential 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 216 Beach Avenue		Square Feet 1500	# of Floors 1
City (5) Leonardo, NJ 07737		Bldg. Age 50	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Former if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Omega		ASCM No. _____	Name of Abatement Contractor (9) PowRSave
Street Address 280 Huyler Street		Street Address 27 West Street	
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Bloomfield, NJ 07003	
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. 973-680-0088
License No. 357			
Start Date (10) 6/17/15	Scheduled Completion Date (11) 6/19/15	Name of OSHA Monitor same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
Exterior		X	
Name of Registered Waste Hauler ProGreen Mgmt	NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grand Central or Tullytown
City, State East Brunswick, N.J.	Disposal Date	City, State Penn Argy PA or Tullytown PA	
Completed by Kevin Stack	Title VP	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) 6/3/15		Name of Building Owner/Operator (2) Cynthia Bianchi							
Agencies Notified	Type Notification	Street Address 216 Beach Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Leonardo, NJ 07737							
		Name of Contact Kelly Mahon	Telephone Number 732-887-4168						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 216 Beach Avenue		Square Feet 1500	# of Floors 1						
City (5) Leonardo, NJ 07737		Bldg. Age 50							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if building demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Omega		ASCM No. _____	Name of Abatement Contractor (9) PowRSave						
Street Address 280 Huyler Street		Street Address 27 West Street							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	Telephone No. 973-680-0088						
License No. 357									
Start Date (10) 6/17/15	Scheduled Completion Date (11) 6/19/15	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Transite Shingles	800sf	X			
Name of Registered Waste Hauler ProGreen Mgmt		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grand Central or Tullytown					
City, State East Brunswick, N.J.		Disposal Date	City, State Pennsylvania PA or Tullytown PA						
Completed by Kevin Stack		Title VP	Signature <i>[Signature]</i>			Date 6/3/15			