

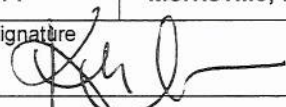
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/5/14		Name of Building Owner/Operator (2) Borough of Roselle							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	210 Chestnut Street							
		City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Carl P. O'Brien	Telephone Number 908						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Residential Building		Type of Facility (4)							
Street Address 135 E. Eighth 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) Union	Square Feet 4,500	# of Floors 3	Bldg. Age 50+						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 152 Route 206 South							
City, State, Zip Code		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 6/16/14	Scheduled Completion Date (11) 6/24/14	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 152 Route 206 South							
<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 Hillsborough, NJ 08844							
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 <div style="text-align: center; margin-top: 10px;"><i>Entire building disposed as Asbestos</i></div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>*Continued on next page</i> 1st & 2nd floor			X	Floor tile w/mastic	540 SF	X			
1st & 2nd floor			X	Linoleum w/mastic	90 SF	X			
1st & 2nd floor			X	Tar paper under floor tile	140 SF	X			
1st floor			X	Mastic associated w/molding	240 LF	X			
Name of Registered Waste Hauler Yannuzzi & Sons, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 200 cu. yds.	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Hillsborough, NJ			Disposal Date 6/17 - 7/7/14	City, State Pen Argyl, PA					
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>	Date 6/5/14					

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Type Normally Used Solely by Maintenance/ Custodial Staff?			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			
1st & 2nd floor			x	Mastic associated w/floor tile	200 SF	Removal
1st floor			x	Linoleum under floor tile	200 SF	Removal
1st floor			x	Pressed board & paper backing	200 SF	Removal
Roof			x	Residual Roofing Material	220 SF	Removal
1st & 2nd floor			x	Plaster walls & ceiling base coat	4,200 SF	Removal

13

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

Date of Notification (1) 06 / 04 / 14		Name of Building Owner/Operator (2) Cherry Hill Board of Education / Job # 1405-1882-1 Chk. #3592							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Ranoldo Terrace							
		City, State, Zip Code Cherry Hill, NJ 08034							
		Name of Contact Tom Carter	Telephone Number 703						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Barton 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 223 Rhode Island Avenue									
City (5) Cherry Hill	Square Feet 50,043	# of Floors 1	Bldg. Age 1965						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No. 0003	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 1253 North Church Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 06 / 23 / 14	Scheduled Completion Date (11) 07 / 03 / 14	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breech	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	10 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	800 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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 7/3/14		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 6-4-2014		

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

CL# 2629

Date of Notification (1) June 6, 2014		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
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 15 EAST MONTGOMERY PLACE							
		City, State & Zip Code PITTSBURGH, PA 15212							
		Name of Contact ANTHONY PORTA	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD 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 216 LEXINGTON AVE		Square Feet 20000	# of Floors 3						
City (5) LAKEWOOD	County (6) OCEAN	Bldg. Age 							
County Code (7) 		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		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 Number 215-365-5810	License Number 00509						
Scheduled Start Date (10) 6/23/14	Scheduled Completion Date (11) 7/11/14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Entrance Hatch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demo/Removal of Boiler		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement; Oil Storage, Diesel Engine, & Boiler Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting/Boiler/Valve Ins.	392 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-Diesel Engine Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler/Duct/Rope Insulation	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VDC & VAT/Mastic	405 SF	<input checked="" 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 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>				Date 6/6/14		

PD 14049

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

CR # 2628

Date of Notification (1) 6 / 6 / 14		Name of Building Owner/Operator (2) Willingboro Township							
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 1 Rev. Dr. Martin Luther King Drive							
		City, State, Zip Code Willingboro, NJ 08046							
		Name of Contact Kerry Ogren	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JFK Community Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 429 JFK Way									
City (5) Willingboro		Square Feet	# of Floors Bldg. Age						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Enviromental Connections, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 N Warren St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	License No. 00509						
Start Date (10) 6 / 19 / 14	Scheduled Completion Date (11) 6 / 27 / 14	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ 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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen, Service Hallway, Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	472 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office/Reception area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	4550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior and Courtyard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door/Window caulk	3100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date 6/6/14		

ASB-41
MAY 11 B 514017

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

B & G proj. #: 2014-101

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

NON Sub 8

Check # 6572

Date of Notification (1) <u>06/10/14</u>		Name of Building Owner/Operator (2) Rochelle Park Board of Education	
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"/> Amendment <input type="checkbox"/> On hold <input type="checkbox"/> Cancellation	
Street Address 300 Rochelle Avenue			
City, State, Zip Code Rochelle Park, NJ 07662			
Name of Contact Christina Werner (201)843-3120 x 113		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Midland School #1			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 300 Rochelle Avenue			Square Feet # of Floors Bldg. Age		
City (5) Rochelle Park, NJ 07662	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Karl & Associates		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 465			Street Address 105 Ryerson Road		
City, State, Zip Code Shillington, PA19607			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Michael Krisher		Phone Number 610-856-7700	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/18/2014		Sched. Completion Date (11) 06/20/2014			
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: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> >160 sf or >260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Lower level (rooms 101, 103, 105 & stairwell)			<input checked="" type="checkbox"/>	wall plaster (4 locations @ 1sf ea.)	4 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/23/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/06/2014

B & G proj. #: 2013-106

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check #6571

Date of Notification (1) 06/10/14		Name of Building Owner/Operator (2) Liina Broms	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 12 Cambridge Road	
		City, State, Zip Code Glen Ridge, NJ 07024	
		Name of Contact Liina Broms	Telephone Number !

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Liina Broms			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 12 Cambridge Road			Square Feet # of Floors Bldg. Age		
City (5) Glen Ridge, NJ 07024	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 06/17/2014		Sched. Completion Date (11) 06/18/2014		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	165 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 06/18/2014		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>			Date 06/06/2014

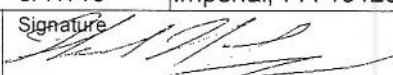
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 06 / 2014		Name of Building Owner/Operator (2) Regency Gardens								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 296 Hamburg Turnpike City, State, Zip Code Wayne, NJ								
		Name of Contact Mr. Mark Bender	Telephone Number 908-460-1234							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Regency Gardens Nursing Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 296 Hamburg Turnpike		Square Feet 65,000	# of Floors 2							
City (5) Wayne, NJ		Bldg Age 250								
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Nursing home								
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	Name of Abatement Contractor (9) Proservices, LLC							
Street Address 28 N. Pennell Rd		Street Address 407 W. Lincoln Highway								
City, State, Zip Code Media PA 19063		City, State, Zip Code Exton, PA 19341								
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	License No. 01161							
Start Date (10) 06 / 10 / 14	Scheduled Completion Date (11) 06 / 20 / 14	Name of OSHA Monitor EMSL								
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: 7:00 AM - 3:30 PM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077								
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	Enclosure	
Lower level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSI	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical spaces	<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 Waste Management of NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6	Name of Registered Landfill GROWS						
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA							
Completed By (Print or Type) Linda P. DeNemio		Title Manager	Signature <i>Linda P. DeNemio</i>		Date 6/6/14					

NO CK

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

1099

Date of Notification (1) May 08, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300							
<input checked="" 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 Raritan, NJ 08869							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager	Telephone Number 609 885 8888						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 920 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, 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 <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 8.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 	Date 5/8/14					

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

Check 2701
2014 JUN 10 PM 6:46
NJ DEP

Date of Notification (1) 06 / 06 / 14		Name of Building Owner / Operator (2) MARS SNACK FOODS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 700 HIGH STREET		City, State, Zip Code HACKETTSTOWN, NJ 07840	
Name of Contact JON VANDERWAL		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MARS CHOCOLATE			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 bldgs., homes, etc.)		
Street Address 700 HIGH STREET					
City (5) HACKETTSTOWN	County (6) WARREN	County Code (7)	Square Feet 800,000	# Of Floors 3	Building Age 40+
			Current Use (Prior if being demolished) MANUFACTURING		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.		
Street Address 907 DOOLITTLE DRIVE			Street Address 32 Williams Parkway		
City, State, Zip Code BRIDGEWATER, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT		Telephone Number 908-218-1108			
Scheduled Start Date (10) 06 / 18 / 14	Sched. Completion Date (11) 06 / 23 / 14		Telephone Number 973-772-3660	License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM -3:30PM			Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
TANK FARM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TANK INSULATION	30 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK FARM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	10 LF	<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"/>

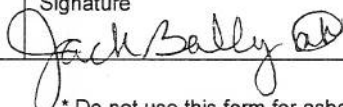
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA	

Completed by (Print or Type) STEVE STILES	Title PROJECT MANAGER	Signature <i>Steve Stiles</i>	Date 06/06/14
--	--------------------------	----------------------------------	------------------

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

Date of Notification (1) 6/6/14		Name of Building Owner/Operator (2) 151 Partners, LLC							
Agencies Notified	Type Notification	Street Address 2621 Freddy Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Vineland, NJ 08360							
		Name of Contact Daniel B. Mulloy							
		Telephone Number 212							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		Type of Facility (4)							
Street Address 151 Benigno Blvd.		<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) Bellmawr		Square Feet 390,000	# of Floors 1 Bldg. Age 50+						
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Empty warehouse with office							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Inc.		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 34 E. Germantown Pike, #204		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code E. Norriton, PA 19401		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	Telephone No. 484-872-8884 License No. 01161						
Start Date (10) 6/23/14	Scheduled Completion Date (11) 7/5/14		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office space in warehouse			X	floor tile	7000 SF	X			
Office space in warehouse			X	Mastic	7000 SF	X			
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 21	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Linda DeNenno		Title President		Signature Linda DeNenno			Date 6/6/14		

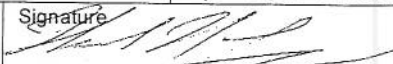
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/6/14		Name of Building Owner/Operator (2) Stel-Oris LC							
Agencies Notified	Type Notification	Street Address 600 Kings Highway N							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ 08034							
		Name of Contact Colleen Feltyberger	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CVS Pharmacy		Type of Facility (4)							
Street Address 600 Kings Highway N		<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) Cherry Hill		Square Feet 75,000	# of Floors 1 Bldg. Age 50+						
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 510 Heron Road		Street Address 407 W. Lincoln Highway, Suite 500							
City, State, Zip Code Bridgeport, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 856-467-2276	Telephone No. 484-872-8884 License No. 01161						
Start Date (10) 6/21/14	Scheduled Completion Date (11) 7/31/14	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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: _____		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Stock Room			X	Floor tile and mastic	225 sf	X			
Mens Room			X	Floor tile and mastic	96 sf	X			
Womans Room			X	Floor tile and mastic	120 sf	X			
Hallway			X	Floor tile and mastic	106 sf	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 6 cy	Name of Registered Landfill GROWS Landfill				
City, State Exton, PA				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 6/6/14			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff 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
Coat Closet / Vestibule	N/A	Floor tile and mastic	136 sf	X		

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

1133

Date of Notification (1) June 06, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager	Telephone Number (609) 426-5555						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 920 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, 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 Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 	Date 6/6/14					