

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

Date of Notification (1) 6/5/2014		Name of Building Owner/Operator (2) STATE OF NJ DEPT. OF CHILDREN & FAMILIES, OFFICE OF EDUCAT							
Agencies Notified	Type Notification	Street Address P.O. BOX 710, 10 QUAKERBRIDGE PLAZA							
<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 TRENTON, NJ 08625							
		Name of Contact RONALD WYBRANIEC	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DCF REGIONAL SCHOOLS - PASSAIC CAMPUS		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 & commercial buildings, homes, etc.)							
Street Address 160 MINNISINK ROAD		Square Feet	# of Floors						
City (5) TOTOWA		Bldg. Age							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTIONS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 120 NORTH WARREN STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm STEVE FAIRESS		Telephone No. 609-392-4200	License No. 00494						
Start Date (10) 6/16/2014	Scheduled Completion Date (11) 7/3/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
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 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
THROUGHOUT SCHOOL		X		VINYL SHEET FLOOR & MASTIK	9,000 SF	X			
THROUGHOUT SCHOOL		X		TRANSITE PANELS	940 SF	X			
STAFF LOUNGE & LOCKER		X		VAT & MASTIC	350 SF	X			
ROOM & STORAGE ROOM 105									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 7/3/2014	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 6/5/2014			

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

Date of Notification (1) <div style="text-align: center;">June 5, 2014</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Schweitzer-Mauduit</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="text-align: center;">85 Main Street</div>	
		City, State, Zip Code <div style="text-align: center;">Spotswood, New Jersey 08884-0401</div>	
		Name of Contact <div style="text-align: center;">Hal Bernstein</div>	Telephone Number <div style="text-align: center;"> </div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Schweitzer-Mauduit</div>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">85 Main Street</div>			Square feet <div style="text-align: center;">10,000 sf</div>		
City <div style="text-align: center;">Spotswood</div>		County (6) <div style="text-align: center;">Middlesex</div>	County Code (7) (STATE USE ONLY)	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">80</div>
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">Guardian Contracting, Inc.</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08755</div>			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm <div style="text-align: center;">Nicholas Fernicola</div>		Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">6/30/14</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/3/14</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe area we are working in is closed			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
	E	E	N	N					
	M	P	C	C					
	O	A	A	O					
	V	I	P	S					
	A	R	S	S					
	L		U	U					
			L	R					
Machine Shop				X	Asbestos pipe insulation	70 lf	X		
Workers Locker Room				X	Asbestos pipe insulation	125 lf	X		

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>	
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">7/7/14</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>		
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 		Date <div style="text-align: center;">6/5/2014</div>

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

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

Notification (1) June 5, 2014		Name of Building Owner/Operator (2) Somerset Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 911 E. County Line Road	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Rose Sweeney	Telephone Number 24467

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 type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1439 Paul Blvd.			Square feet 2000 sf		
City Manahawkin	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/6/14		Scheduled Completion Date (11) 6/9/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Caulk around windows	5 windows	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 6/10/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 6/5/2014

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

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

Check No. N/A - PA NY&NJ Project

Date of Notification (1) June 04, 2014		Name of Building Owner/Operator (2) PA of NY & NJ, Port Jersey Marine Terminal	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-2.4</small> <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 51 Port Terminal Boulevard City, State, Zip Code Bayonne, NJ 07002-5014 Name of Contact Pam Dunne Telephone Number 866	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building 108 Roof Rehabilitation at Port Jersey		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 108 Port Terminal Boulevard		Square Feet 7,100	
City (5) Bayonne, NJ 07002-5014		# of Floors 1	
County (6) Hudson		Bldg. Age 50 +/-	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Electrical Substation	
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	
Street Address 241 Erie Street, Room 236		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.	
City, State, Zip Code Jersey City, NJ 07310		Street Address 223 Randolph Avenue	
Project Manager for Monitoring Firm Uday Mehta		City, State, Zip Code Clifton, NJ 07011	
Telephone No. 201-595-4881		Telephone No. 973-478-4681	
Start Date (10) June 17, 2014		License No. 00120	
Scheduled Completion Date (11) June 22, 2014		Name of OSHA Monitor McCabe Environmental Services, L.L.C.	
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 464 Valley Brook Avenue	
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		City, State, Zip Code Lyndhurst, NJ 07071-1998	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <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)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Battery Room	Transite panels	10 sq ft	
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 0.5
City, State Clifton, NJ		Name of Registered Landfill Grand Central Sanitary Landfill	
Disposal Date 06/17/2014		City, State Penn Argy, PA	
Completed by G. Roger Woodman	Title Safety Officer	Signature 	Date 6/4/2014

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

REV# 8- APPROVED BY
FRANKLIN MEYER (VERBAL)
NJ DOL

Date of Notification (1) 01 / 15 / 14		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction								
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 checked="" type="checkbox"/> Amended Amendment #8-6/10/14 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortega						
				Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library				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 Washington Rd				Square Feet						
City (5) Princeton				# of Floors						
County (6) MERCER				County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center				Street Address 1123 BEAVER STREET						
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		License No. 00509						
Start Date (10) 2 / 5 / 14		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:30AM-3:00PM/ 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)					
		Yes	No			N/A				
Throughout Levels C, B and A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,465 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office A-7J		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Caulk	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct work	1775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State NEW CASTLE, DE				Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro			Date 6/10/14			

6State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

Pg 1

Date of Notification () 5/15/14		Name of Building Owner/Operator (2) Township of South Orange Village						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> Emergency (including justification) Cancellation	Street Address Temp -76 South Orange Avenue City, State, Zip Code South Orange ,N.J. 07079						
		Name of Contact Salvatore Renda	Telephone Number 5					
FACILITY INFORMATION								
name of Facility Where Abatement is Taking Place (3) South Orange Village Hall		Type of Facility (4) School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 101 South Orange Avenue		Square Feet 40,000	# of Floors 3					
City (5) South Orange		Bldg. Age 100+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Town Hall						
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 27 Bleeker St.		Street Address 322 Beers St						
City, State, Zip Code Milburn, N.J. 07041		City, State, Zip Code Keyport N.J. 07735						
Project Manager for Monitoring Firm Kevin Herrigthy		Telephone No. 973 912 - 2480	License No. 01095					
Start Date (10) 3/24/14	Scheduled Completion Date (11) 7/4/14	Name of OSHA Monitor Tricon Enterprises Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 322 Beer St. City, State, Zip Code Keyport , N.J. 07735						
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 Demolition <input checked="" type="checkbox"/> Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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
Basement , First ,& Second ,Floors		x	Wall & Ceiling plaster	34,800 sf	x			
IT office		x	Light brown linoleum	260 sf	x			
Attic Staircase		x	Transite panels	150 sf	x			
crawlspace		x	Pipe insulation	300 sf	x			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 30	Name of Registered Landfill GROWS North Landfill				
City, State 1141 Rt 23 Wayne N.J. 07470			Disposal Date 7/4/14	City, State Morrisville P.A.				
Completed by James Mahoney		Title Project manager	Signature <i>James Mahoney</i>		Date 5/15/14			

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

Emergency CK 4147

Date of Notification (1) 6/6/14		Name of Building Owner/Operator (2) Michael Feeney Private Home	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 28 North 20th St	
		City, State, Zip Code Surf City NJ 08008	
		Name of Contact Mike	Telephone Number

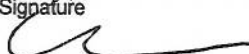
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Michael Feeney Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 28 North 20th St		Square Feet 1000+	# of Floors 1
City (5) Surf City NJ 08008		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08008	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 6/9/14	Scheduled Completion Date (11) 6/13/14	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

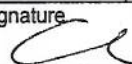
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Soffit			x	Transite Soffit	400 SF	x			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 6/13/14		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 6/6/14

Emergency

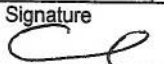
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4146

Date of Notification (1) 6/6/14		Name of Building Owner/Operator (2) Terence Broski private home							
Agencies Notified	Type Notification	Street Address 11 West Lillie (103rd St)							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long beach Twp NJ 08008 Name of Contact Terence							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Terence Broski private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 West Lillie (103rd St)		Square Feet 1000+	# of Floors 1.5						
City (5) Long beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08008							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/9/14	Scheduled Completion Date (11) 6/13/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/13/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/6/14		


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

CK-4148

Date of Notification (1) 6/6/14		Name of Building Owner/Operator (2) John & Barbara Parks Private Home							
Agencies Notified	Type Notification	Street Address 46 S Spinnaker Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact John	Telephone Number 537						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John & Barbara Parks Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 46 S Spinnaker Drive		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/9/14	Scheduled Completion Date (11) 6/13/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/13/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/6/14		

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

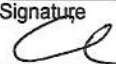
CK-41140

Date of Notification (1) 6/5/13		Name of Building Owner/Operator (2) Sam Williams Private Home							
Agencies Notified	Type Notification	Street Address 206 West 10th St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Sam	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sam Williams Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 206 West 10th St		Square Feet 1000 +	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/6/14	Scheduled Completion Date (11) 6/10/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/10/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/5/14			

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

*Emergency **

CK 4-4-9

Date of Notification (1) 6/6/14		Name of Building Owner/Operator (2) Joe & Debbie Pantaleo Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 402 Coral Gables Dr.							
		City, State, Zip Code Lavallette NJ 08735							
		Name of Contact Joe	Telephone Number 42						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe & Debbie Pantaleo Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 402 Coral Gables Dr.		Square Feet 1000+	# of Floors 1						
City (5) Lavallette NJ 08735		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/9/14	Scheduled Completion Date (11) 6/13/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/13/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/6/14		

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

Check # 8831

Date of Notification (1) June 5, 2014		Name of Building Owner / Operator (2) Temple Emanu-El	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	100 James Street City, State & Zip Code Edison, NJ 08802	
		Name of Contact Denise Wolferman	Telephone Number 908-662-1100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Temple Emanu-El		Type of Facility (4)	
Street Address 100 James Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Edison		Square Feet 6,000	# of Floors 1
County (6) Middlesex		Bldg. Age 45 years	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Religious Facility	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 15 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	License Number 00817
Scheduled Start Date (10) June 17, 2014	Scheduled Completion Date (11) July 24, 2014	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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 Mechanical Rooms			X	Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Synatech, Inc. City, State Little Egg Harbor, NJ 08087									
NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 1		Name of Registered Landfill Grows Landfill					
		Disposal Date July 25, 2014		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Assistant		Signature <i>Diane Aloia</i>			Date June 5, 2014		

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

CK#0678

Date of Notification (1) June 5 2014		Name of Building Owner/Operator (2) FDL Construction		APPROVED NJ Dept of Health & Senior Services <i>Paul C. Asmes</i> (signature) Date: 6/5/14 Time: 11:30 AM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1509 Hickory Ave. Suite B City, State, Zip Code Harahan, LA 70123 Name of Contact Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 611 Newport Ave.			Square Feet 1800		
City (5) Ocean Gate			# of Floors 1		
County (6) Ocean			Bldg. Age 50+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) House		
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation	
Street Address n/a		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code n/a		Telephone No. n/a		License No. 01193	
Project Manager for Monitoring Firm n/a		Telephone No. 973-706-7950		Name of OSHA Monitor Loznica Management Corporation	
Start Date (10) 6-5-2014		Scheduled Completion Date (11) 6-6-2014		Street Address 22 Troy Lane	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> 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		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Chimney Exhaust in Basement and outside of house		x		Transite Pipe Insulation	
				16 LF	
				x	
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	
				Date June 5, 2014	

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

Date of Notification (1) 06/03/14 \$200 CK#3121		Name of Building Owner/Operator (2) Jane Erickson							
Agencies Notified	Type Notification	Street Address 174 Garfield Place							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, New Jersey 07040							
		Name of Contact Jane Erickson	Telephone Number 201-204-XXXX						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 174 Garfield Place		<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) Maplewood, New Jersey 07040		Square Feet 6,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 06/13/14	Scheduled Completion Date (11) 06/14/14	Name of OSHA Monitor J&S Environmental Labs.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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: 8AM Start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal System Insulation	40 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 06/15/14	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 06/03/14					

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

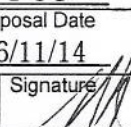
CK# 0674

Date of Notification (1) 6-2-2014		Name of Building Owner/Operator (2) Cars Point Health		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. [Signature]</i> (signature) Date: 6/2/14 Time: 10:53 AM		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 308 Willow Ave. City, State, Zip Code Hoboken, NJ 07030 Name of Contact Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Hoboken University Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 308 Willow Ave.			Square Feet			
City (5) Hoboken			# of Floors 50			
County (6) Hudson			County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a			
Street Address n/a			Name of Abatement Contractor (9) Loznica Management Corp			
City, State, Zip Code n/a			Street Address 22 Troy Lane			
Project Manager for Monitoring Firm n/a			City, State, Zip Code Lincoln Park, NJ 07035			
Start Date (10) 6-4-2014			Telephone No. n/a			
Scheduled Completion Date (11) 6-6-2014			Telephone No. 973-706-7950			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:			License No. 01193			
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			Name of OSHA Monitor Loznica Management Corp			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Street Address 22 Troy Lane			
			City, State, Zip Code Lincoln Park, NJ 07035			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1st Floor Kitchen			X		Pipe Fittings	
Air Handling Unit					13 pipe fittings	
Name of Registered Waste Hauler Loznica Management Corp			NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035			Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
Completed by E. Cirovic			Title Secretary		Signature <i>E. Cirovic</i>	
					Date 6-2-2014	

CK 24544

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

RECEIVED

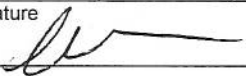
Date of Notification (1) <u>6/6/14</u>		Name of Building Owner/Operator (2) <u>Nugent / Priory Court</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>124 Edgerstoune Rd</u> City, State, Zip Code <u>Princeton, NJ 08542</u>						
		Name of Contact <u>Dave Wolset - E.A. Reeves</u>	Telephone Number <u>800</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</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>124 Edgerstoune Rd.</u>								
City (5) <u>Princeton, NJ</u>		Square Feet <u>6000</u>	# of Floors <u>3</u> Bldg. Age <u>90</u>					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Lou Laureti</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>6/9/14</u>	Scheduled Completion Date (11) <u>6/10/14</u>	Name of OSHA Monitor <u>MECS</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: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</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>1st Floor</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>33 lf</u>	<input checked="" type="checkbox"/>			
<u>2nd floor</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>10 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/11/14</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 		Date <u>6/6/14</u>			

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

check 15948 ED

2014 JUN 12 PM 3:03

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6-5-14		Name of Building Owner/Operator (2) Rockfort Management							
Agencies Notified	Type Notification	Street Address 210 St. Pauls Avenue, Suite 1J							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Sean Kilby	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 10 Huron Street		<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) Jersey City		Square Feet 1800	# of Floors 55						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 6-19-14	Scheduled Completion Date (11) 8-19-14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	exterior boiler insulation	900 SF	x			
Basement			x	boiler exhaust breaching	400 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 6-5-14			

MO#21901425805

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

RECEIVED

Date of Notification (1) 06 / 05 / 14		Name of Building Owner/Operator (2) Joanna Maher	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 26 Westland Road		City, State, Zip Code Cedar Grove, NJ 07009	
Name of Contact Joanna Maher		Telephone Number	

2014 JUN 12 PM 3:03

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 26 Westland Road		Square Feet	
City (5) Cedar Grove, NJ 07009		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		License No.	
Telephone No.		Telephone No.	
Start Date (10) 06 / 14 / 14		Scheduled Completion Date (11) 06 / 16 / 14	
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		Name of OSHA Monitor Envirovision Consultants, Inc	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

- ☒ Clean up and decontamination with negative pressure
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 06/05/2014

ASB-41

MAY 11

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

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

Date of Notification (1) 6-4-14		Name of Building Owner/Operator (2) Mike Reuter		RECEIVED	
Agencies Notified	Type Notification	Street Address 19 Mountainside Park Terrace			
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Upper Montclair, NJ, 07043			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mike Reuter		Telephone Number 201 261-1111	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY				
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation				
<input type="checkbox"/> DCA					

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 2500		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 55		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 6-14-14	Sched. Completion Date (11) 6-16-14		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Lower Level			X	Transite Panels (ceiling)	100 SF				X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-17-14		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>		Date 6-4-14	

6416-NJ

CK 5882

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)Emergency Friable Notification
Check #: 5882

Date of Notification (1) <u>05/30/14</u>		Name of Building Owner/Operator (2) Kings Highway Investment Co LLC	
Agencies Notified		Street Address 180 Mountain Avenue City, State, Zip Code Springfield, NJ 07081	
Type Notification		Name of Contact Joe Egan	
<input type="checkbox"/> JEPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	

DOL - 10 DAY

MAILED

APPROVED

Name of Facility where Abatement is Taking Place (3) Production Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 214 Kings Highway		Square Feet / # of Floors / Sdg. Age 80000 / 2 / 60	
City (5) Washington Twp		County Code (7) (STATE USE ONLY)	
County (6) Morris		Current Use (Prior to being demolished) Industrial	
Name of Monitoring Firm Hired by Building Owner (8) S&S Environmental Sciences, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 98 Sand Park Road		Street Address 180 Sargeant Avenue	
City, State, Zip Code Cedar Grove, NJ 07009		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Parkash Khaitan		Telephone Number 973-857-7188	
Telephone Number 973-857-7188		License Number 00807	
Scheduled Start Date (10) <u>05/31/14</u>		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Completion Date (11) <u>06/07/14</u>		Street Address 180 Sargeant Avenue	
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:		City, State, Zip Code Clifton, NJ 07013	

Scope of Work (Check all that apply)

☐ Demolition
☐ 13 sf or less
☒ 150 sf or more

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	As 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	ENCLOSURE	ENCLOSURE
Water Tank Room	X	Water Tank Insulation	150 SF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA		Date 5/30/14	
Completed by (Print or type) Bilyana Kulakovska		Title Office Administrator		Signature <i>B. Kulakovska</i>		Date 5/30/14	

ASB-11
JUN 98

04667

NO CK

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

Date of Notification (1) 6/11/14		Name of Building Owner/Operator (2) Regency Gardens Nursing Center							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <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 Benedek Telephone Number 9000					
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 & commercial buildings, homes, etc.)					
Street Address 296 Hamburg Turnpike				Square Feet 65,000	# of Floors 2				
City (5) Wayne, NJ				Bldg. Age ~50					
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) ecoservices, LLC					
Street Address 28 N Pennell Rd		Street Address 407 W Lincoln Highway St 500							
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		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 06/07/14		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 <input checked="" type="checkbox"/> Other - Describe: <u>7:00 am - 3:30 pm, Thurs, 6/12/14 working 2pm-10:30pm</u>				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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Lower Level	X			TSI	200 LF	X			
Mechanical Spaces					379 LF	X			
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 Linda P. DeNenno		Title Manager		Signature <i>Linda DeNenno</i>			Date 6/11/14		

NO CK

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

Date of Notification (1) 06 / 09 / 14		Name of Building Owner/Operator (2) New Jersey Turnpike Authority / Job #1405-4770 Check #							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 5042							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Mr. Peter Julio, PE	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toll Utility Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address NJ Turnpike Interchange 9		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 20-21 Wagaraw Rd. - Building 35E		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Guillermo M. Morales	Telephone No. 972-636-9145	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 05 / 22 / 14	Scheduled Completion Date (11) 06 / 20 / 14	Name of OSHA Monitor EMSL Analytical							
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: 7:00AM-3:00PM / PM- AM		Street Address 200 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"/> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Ribs & Gaskets	192 LF	<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"/>	Boiler Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill Advances Western Berks Landfill					
City, State Freehold, NJ			Disposal Date 6/20/14	City, State Birdsboro, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator	Signature <i>Jennifer Piraine</i>			Date 6/9/14			

CK 33017

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

Date of Notification (1) 06/11/14 <small>Month/Day/Year</small>		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification x 2 Initial	Street Address P.O. box 2158	
	Notification Amended	City, State, Zip Code Princeton NJ 08543	
	Notification Cancellation	Name of Contact Robert Otego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- E-Quad- Penthouse B wing mechanical room			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address E-Quad			Square Feet 10000	# of Floors 5	Bldg. Age 70+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 3 Terri Lane			Street Address 98 LaCruce Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/25/14 <small>Month/Day/Year</small>		Sched. Completion Date (11) 07/25/14 <small>Month/Day/Year</small>		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
	Yes	No	N/A						
B wing penthouse mechanical room		x		tank insulation	80 SF	x			
						x			
						x			

Name of Registered Waste Hauler Robbinson Waste	NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 20	Name of Registered Landfill GROWS
City, State Voorhees NJ		Disposal Date As needed	City, State Morrisville PA
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>
			Date 6-11-14

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

CK #2631

Date of Notification (1) <div style="text-align: center;">6 / 9 / 14</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
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 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number 1011						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-McCosh Health Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Frist Lane		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <div style="text-align: center;">6 / 23 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 27 / 14</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM / ____ 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 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
Room G02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room G02 & G02 corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	220 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jk</i>			Date 6/9/14		

ASB-41
MAY 11 *BS 14057*

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

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

Date of Notification (1) 06 / 09 / 14		Name of Building Owner/Operator (2) PSE&G / Job #1403-4735 Check 6371						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Park Plaza						
		City, State, Zip Code Newark, NJ 07101						
		Name of Contact Steve Maginnis	Telephone Number 908					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G Exterior Burlington Switch Station		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 Devlin Ave. & West Broad Street		Square Feet	# of Floors 74					
City (5) Burlington		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) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 318 12th Street		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00529					
Start Date (10) 06 / 18 / 14	Scheduled Completion Date (11) 06 / 24 / 14	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North						
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		City, State, Zip Code Cinnaminson, NJ 08077						
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) 500 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Conduit	<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 Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Camden, NJ		Disposal Date 6/24/14		City, State Tullytown, PA				
Completed By (Print or Type) Jennifer Piraine	Title Operations Coordinator		Signature <i>Jennifer Piraine</i>			Date 6/9/14		

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

RECEIVED

2014 JUN 12 PM 5:36

Date of Notification (1) <div style="text-align: center;">6 / 05 / 14</div>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1406-4775 Check #6324							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University - OIT Area		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 171 Broadmead Street									
City (5) Princeton	Square Feet	# of Floors	Bldg. Age						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 09 / 14	Scheduled Completion Date (11) 06 / 11 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 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 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
OIT renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/11/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature Jennifer Piraine		Date 6/5/14			

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

Page 1 of 2

Date of Notification (1) <div style="text-align: center;">06 / 05 / 14</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1405-4760 Check 6323							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John T. Greco	Telephone Number 812-530-1101						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy		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 1345 Englishtown Road		Square Feet	# of Floors						
City (5) Old Bridge		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 South Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107						
Start Date (10) <div style="text-align: center;">05 / 19 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 30 / 14</div>	License No. 00529						
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: <u> </u> AM- <u>3:00PM/11:30PM</u> - <u> </u> AM		Name of OSHA Monitor EMSL Analytical							
		Street Address 200 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,062 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	1,062 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Kitchen Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Overspray	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway next to Locker Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Overspray	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/30/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>			Date 6/5/14		

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

page 2 of 2

Date of Notification (1) 06 / 05 / 14		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1405-4760 Check 63235							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John T. Greco	Telephone Number [Redacted]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy		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 1345 Englishtown Road									
City (5) Old Bridge		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Building							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 South Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) 05 / 19 / 14	Scheduled Completion Date (11) 06 / 30 / 14	Name of OSHA Monitor EMSL Analytical							
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-3:00PM/11:30PM-AM		Street Address 200 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Loading Dock Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock & Wall Paneling	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/30/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature Jennifer Piraine			Date 6/5/14		

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

B & G proj. #: 2014-98

Check #6575

Date of Notification (1) 06/10/14		Name of Building Owner/Operator (2) Brett Gurnee	
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 25 Rainier Road	
		City, State, Zip Code Fanwood, NJ 07023	
		Name of Contact Brett Gurnee	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Brett Gurnee			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 25 Rainier Road			Square Feet		
City (5) Fanwood, NJ 07023			# of Floors		
County (6) Union			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			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			Telephone Number 973-696-6869		
Phone Number			License Number 0378		
Scheduled Start Date (10) 06/20/2014			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 06/20/2014			Street Address 105 Ryerson Road		
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:			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ wrap & cut
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Glovebag procedure
☐ 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						
family room			X	duct insulation	1/2 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage			X	duct insulation	28 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste ¾	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 06/23/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/09/2014

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

B & G proj. #: 2014-99

Check #6574

Date of Notification (1) 06/10/14		Name of Building Owner/Operator (2) Maryanne Sage	
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 342 Linwood Avenue	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Maryanne Sage	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maryanne Sage			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 342 Linwood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Ridgewood, NJ 07450	County (6) Bergen	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) 06/19/2014		Sched. Completion Date (11) 06/19/2014	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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement boiler room			X	pipe insulation	39 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two closets			X	pipe insulation	5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drop ceiling laundry room			X	pipe insulation	1 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"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 06/20/2014		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 06/09/2014

B & G proj. #: 2014-103

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

Check #6576


Date of Notification (1) 06/10/14		Name of Building Owner/Operator (2) Florence Rogers	
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 18 Preston Drive		City, State, Zip Code Livingston, NJ 07039	
Name of Contact Florence Rogers		Telephone Number 74	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Florence Rogers			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 18 Preston Drive			Square Feet		
City (5) Livingston, NJ 07039			# of Floors		
County (6) Essex			Bldg. Age		
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 Lincoln Park, NJ 07035	
City, State, Zip Code		Telephone Number 973-696-6869		License Number 0378	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 06/21/2014		Sched. Completion Date (11) 06/21/2014		Street Address 105 Ryerson Road	
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:		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)				<input type="checkbox"/> wrap & cut			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure		<input checked="" type="checkbox"/> Glovebag procedure		<input type="checkbox"/> Non-friable procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure					
Location of asbestos-containing material 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 boiler room	X	pipe insulation	26 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste ¾	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ 07035	Disposal Date 06/23/2014	City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna				Date 06/09/2014	

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 / 9 / 14</div>			Name of Building Owner/Operator (2) PF Woodbury, LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 S. Olive St. City, State, Zip Code Media, PA 19063 Name of Contact Cortney Wright		Telephone Number 870					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) 630 Mantua Ave. Street Address 630 Mantua Ave. City (5) Woodbury, NJ 08096				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.)							
County (6) Gloucester		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.									
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382									
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114		Telephone No. 610-701-9000		License No. 00508					
Start Date (10) <div style="text-align: center;">6 / 24 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 8 / 24</div>		Name of OSHA Monitor AET							
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: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM				Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Main Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT		2600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster		3180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic		360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster		950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 45		Name of Registered Landfill Allied BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA							
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 6/9/14				

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
Mezzanine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	10 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 06/10/2014		Name of Building Owner/Operator (2) Avalon Bay Communities, Inc.		DOL - 10 DAY JUN 11 2014 WAIVER APPROVED	
Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA	Notification Type (x) Initial Notification () Amended Amendment # () Emergency (including justification) () Cancellation	Street Address 517 Route 1 South			
		City, State, Zip Code Iselin, NJ 08830			
		Name of Contact Albert Hromin			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Avalon Princeton				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 253 Witherspoon St - Building 253, A and J				JUN 11 2014	
City (5) Princeton				Square Feet	# of Floors
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EWMA, LLC		ASCM No.	Name of Contractor (9) Super, LLC		
Street Address P.O. Box 5430/100 Misty Lane		Street Address 484 Route 17 North			
City, State, Zip Code Parsippany		City State, Zip Code Paramus, NJ 07652			
Project Manager for Monitoring Firm Craig Gorzyca		Telephone Number (973)560-1400	Telephone Number (201)336-0477	License Number 01195 "A"	
Scheduled Start Date (10) 06/11/2014		Scheduled Completion Date (11) 9/15/2014		Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:			Street Address 10-59 Jackson Avenue		
			City, State, Zip Code Long Island City, NY 11101		
Source of Work (Check all that apply)					
() ≥ 3 sf or ≥ 3 lf (x) ≥ 160 sf or ≥ 260 lf		() Renovation (x) Demolition		(x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glove bag Procedure (x) Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
See attached NESHAPS Survey			X		X
Name of Reg. Waste Hauler SUPER, LLC		NJDEP Waste Hauler ID # 34893		Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management
City, State Paramus, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tailor Dominguez	Title Project Manager	Signature <i>[Signature]</i>			Date 06/10/2014