

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

Date of Notification (1) 5/30/2014		Name of Building Owner/Operator (2) NEW JERSEY TRANSIT							
Agencies Notified	Type Notification	Street Address ONE PENN PLAZA EAST							
<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 NEWARK, NJ 07102 Name of Contact JAMAAL GITTENS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BLOCK 144 DEVELOPMENT LLC (3 BUILDINGS)		Type of Facility (4)							
Street Address 77 WEST 18TH 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) WEEHAWKEN		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 N. CHURCH STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JEFF SIEMENS		Telephone No. 856-840-8800	License No. 00494						
Start Date (10) 6/11/2014	Scheduled Completion Date (11) 7/2/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
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: <u>VACANT</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 100+/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 7/2/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 5/30/2014	

Block 144 Development LLC, Hoboken and Weehawken, New Jersey

144 Concrete/Block Building

Location	Material	Estimated Quantity
Concrete Block Building Warehouse N.E. Area	Roll-up Garage Door Frame Caulking	60 LF
Concrete Block Building Perimeter	Weatherproofing Felt and/or Mastic Material Between the Facade and Interior Walls	8,680 SF
Concrete Block Building	Below Grade Weatherproofing Felt and/or Mastic Material	3,310 SF
Concrete Block Building	Built-up Roofing Material	3,093 SF
Concrete Block Building	Roof Flashing Insulation	217 SF
Concrete Block Building	Fire Door Insulation	2 Ea. or 42 SF
Concrete Block Building Throughout	Electrical Wiring Insulation	To be determined

Concrete Block Building Throughout	Electrical Panels	8 SF
Concrete Block Building Throughout	Pipe and Pipe Fitting Insulation	To be determined
Concrete Block Building	Skylight Caulking	160 LF

144 Metal Corrugated Bldg.

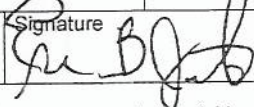
Location	Material	Estimated Quantity
Corrugated Metal Building (2)	Fire Door Insulation	2 Ea. or 42 SF
Corrugated Metal Building	Roof Flashing	30 SF
Corrugated Metal Building Throughout	Electrical Wiring Insulation	To be determined
Corrugated Metal Building Throughout	Electrical Panels	8SF
Corrugated Metal Building	Built-up Roofing Material	2,970 SF

Carmine Franco Building

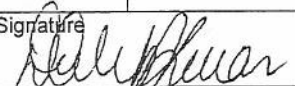
Location	Material	Estimated Quantity
Corrugated Metal Building Throughout Rooftop	Sheet Metal Roof Caulking Sealant	120 SF

NO CK

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

Date of Notification (1) 6 / 10 / 14		Name of Building Owner/Operator (2) GLM at Comstock, LLC		2014 JUN 16 PM 2:34					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1260 Stelton Road		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact C/O Partick Larney		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Strip Mall				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 350 Comstock Street									
City (5) New Brunswick				Square Feet ~ 15,000	# of Floors 1				
				Bldg. Age 50 years					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Strip Mall					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) ATC Construction, LLC						
Street Address 411 South Court, Suite E		Street Address 6012 Broadway Avenue, Unit 2							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code West New York, NJ 07093							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 201-293-2368	License No. 01210					
Start Date (10) 05 / 28 / 14		Scheduled Completion Date (11) 06 / 28 / 14		Name of OSHA Monitor ATC Construction, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 6012 Broadway Avenue						
			City, State, Zip Code West New York, NJ 07093						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input 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
Awing and Sing Cragters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Firedoor	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radical Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Patch over drywall	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radical Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	4,280 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parapet Flashing	240 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Rovic Disposal		NJDEP Waste Hauler ID No. NJDEP20785		Cubic Yards of Waste 40 Cubic	Name of Registered Landfill Tullytown Resource Recovery				
City, State Riverdale, New Jersey				Disposal Date 07/2014	City, State Tullytown, PA				
Completed By (Print or Type) Eric B Jeter		Title PM		Signature 		Date 6.10.14			

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;">06 / 06 / 14</div>			Name of Building Owner/Operator (2) Merck Sharp and Dohme Corporation						
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 Galloping Hill Road					
				City, State, Zip Code Kenilworth, NJ 07033					
				Name of Contact Mike Latronica					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 5				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 2000 Galloping Hill Road									
City (5) Kenilworth				Square Feet 115000	# of Floors 4				
				Bldg. Age 46					
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental, Inc			ASCM No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.				
Street Address 2 E. Blackwell Street			Street Address 8436 Enterprise Avenue						
City, State, Zip Code Dover, NJ 07801			City, State, Zip Code Philadelphia, PA 19153						
Project Manager for Monitoring Firm Ray Pirnat		Telephone No. 973-366-4660		Telephone No. 215-365-5810	License No. 1156				
Start Date (10) 6 / 23 / 14		Scheduled Completion Date (11) 7 / 31 / 14		Name of OSHA Monitor USA Environmental Management, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM / ____ PM- ____ AM				Street Address 8436 Enterprise Avenue					
				City, State, Zip Code Philadelphia, PA 19153					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	1400 SF	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage Inc.			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill Lycoming County RMS			
City, State Freehold, NJ			Disposal Date 7/31/2014		City, State Montgomery, PA				
Completed By (Print or Type) Dilip Kumar		Title Program Manager			Signature 		Date 6/6/14		

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 / 6 / 14</div>		Name of Building Owner/Operator (2) Mr. Barry Rosengaten							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-6/11/14 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 211 Front St.							
		City, State, Zip Code Perth Amboy							
		Name of Contact Scott Bisbort	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former General Cable		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 40-50 Washington Street									
City (5) Perth Amboy	Square Feet	# of Floors	Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.	ASCM No. 00102	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 515 Grove St., Suite 1B		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">6 / 9 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 10 / 14</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleanup of transite debris	600 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 Service Transport Group Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date	City, State Waynesburg, OH						
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>				Date 6/11/14			

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

CL # 2634

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 # 9-6/12/14 <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	# 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.	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	Telephone No. 215-788-6040						
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) 2 / 5 / 14	Scheduled Completion Date (11) 6 / 16 / 14	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 <i>ON SITE 6/13/14 - 6/16/14</i>							
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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"/>
1 st Floor Level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	72 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill 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 <i>Brian Scafiro</i>			Date 6/12/14			

CK 1133

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

Date of Notification (1) 6 / 13 / 2014		Name of Building Owner / Operator (2) Federal National Mortgage Assn.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 345 St. Peter Street		City, State, Zip Code St. Paul, MN 55102	
Name of Contact Melissa Sherman		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 1161 Loraine Avenue			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1161 Loraine Avenue			Square Feet 1,500		
City (5) Plainfield			# Of Floors 2		
County (6) Middlesex			Building Age 64 yrs		
County Code (7)			Current Use (Prior if being demolished) Residential home - empty		
Name of Monitoring Firm Hired by Bldg. Owner (8) Steve Rich Environmental Contractors d/b/a OPUS Abatement			ASCM NO _____ Name of Abatement Contractor (9) Steve Rich Environmental Contractors d/b/a OPUS Abatement		
Street Address 222 Delawanna Avenue			Street Address 222 Delawanna Avenue		
City, State, Zip Code Clifton, NJ 07014			City, State, Zip Code Clifton, NJ 07014		
Project Mngr. For Monitoring Firm Warren Clendenny			Telephone Number 973-458-1188		
Scheduled Start Date (10) 6 / 23 / 2014		Sched. Completion Date (11) 6 / 27 / 2014		Telephone Number 973-458-1188	
				License Number 1219	
Occupancy Status During Abatement (Check Only 1) <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: _____			Name of OSHA Monitor Steve Rich Environmental Contractors d/b/a OPUS Abatement Street Address 222 Delawanna Avenue City, State, Zip Code Clifton, NJ 07014		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input type="checkbox"/> Renovation <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 TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
basement	YES NO N/A						
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe insulation	180 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"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill IESI	
City, State Newark, NJ		Disposal Date 6/25/2014		City, State Bethlehem, PA			
Completed by (Print or Type) Tracey O'Connell		Title Office Manager		Signature <i>Tracey O'Connell</i>		Date 6/13/14	

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

check # 1267

Page 1 of 1

Print Form

Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) Board of Education Township of Edison							
Agencies Notified	Type Notification	Street Address 312 Pierson Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837							
		Name of Contact Ken Stromsland	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Herbert Hoover Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 174 Jackson Avenue		Square Feet 50,000+	# of Floors 2						
City (5) Edison		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detailed Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Grand Avenue		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201.569.6708	License No. 01084						
Start Date (10) 6-18-2014 after 3:00 pm	Scheduled Completion Date (11) 6-23-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
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
Home EC Room		X		Ceiling Tile Glue Dots	1,300 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 6-4-2014		

EDS14-032

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

check #1266

Page 1 of 1

Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) Board of Education Township of Edison							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 312 Pierson Avenue City, State, Zip Code Edison, NJ 08837 Name of Contact Ken Stromsland Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Thomas Jefferson Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 450 Division Street				Square Feet 50,000+					
City (5) Edison				# of Floors 1					
County (6) Middlesex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Detailed Associates			ASCM No. 00012		Name of Abatement Contractor (9) GL Group, Inc				
Street Address 300 Grand Avenue			Street Address 140 Hamburg Turnpike						
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Bloomington, NJ 07403						
Project Manager for Monitoring Firm Anthony Valentine			Telephone No. 201.569.6708		License No. 01084				
Start Date (10) 6-18-2014 after 3:00 pm		Scheduled Completion Date (11) 6-23-2014		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turnpike City, State, Zip Code Bloomington, NJ 07403					
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
Home EC Room		X		Ceiling Tile	912 SF	X			
Name of Registered Waste Hauler GL Group, Inc			NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Grows			
City, State Bloomington, NJ			Disposal Date TBD		City, State Morrisville, PA				
Completed by Elena Solakov			Title President		Signature <i>Elena Solakov</i>		Date 6-4-2014		

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

Check #1270



Date of Notification (1) 6-10-2014		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 2175 Lemoine Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ Name of Contact Jack DeNichilo Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LEWIS F. COLE MIDDLE SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 467 Stillwell Avenue		Square Feet 40,000 +	# of Floors 1						
City (5) FORT LEE		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20 Lauck Road		Street Address 140 Hamburg Tpke							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Krischer		Telephone No. (610) 223-1832	Telephone No. (201) 710-9725						
Start Date (10) 6-20-2014 at 3:00pm		Scheduled Completion Date (11) 6-24-2014	License No. 01084						
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor GL Group, Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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 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
Room 118		X		Transite Bench/Table Top	80 SF	X			
Room 116		X		Transite Bench/Table Top	80 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-10-2014			

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

Date of Notification (1) 6-11-2014		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2175 Lemoine Avenue	
		City, State, Zip Code Fort Lee, NJ	
		Name of Contact Jack DeNichilo	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fort Lee High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3000 Lemoine Avenue		Square Feet 40,000 +	# of Floors 2
City (5) FORT LEE		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCM No. _____	Name of Abatement Contractor (9) GL Group, Inc
Street Address 20 Lauck Road		Street Address 140 Hamburg Tpke	
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Michael Krischer		Telephone No. (610) 223-1832	License No. 01084
Start Date (10) 6-24-2014	Scheduled Completion Date (11) 6-29-2014	Name of OSHA Monitor GL Group, Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Isolated Work Area</u>		Street Address 140 Hamburg Tpke	
		City, State, Zip Code Bloomingdale, NJ 07403	
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 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)
	Yes	No	
Science Room/Prep Room		X	Lab Tops
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Name of Registered Landfill GROWS
City, State Bloomingdale, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Elena Solakov	Title President	Signature <i>Elena Solakov</i>	Date 6-11-2014

GL14-022

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

check # 1273

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Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address Evergreen Avenue & Cedar Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Scotch Plains, NJ 07076							
		Name of Contact Deborah S. Saridaki	Telephone Number 1-800-762-2873						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Howard B Brunner Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 721 Westfield Rd		Square Feet 40,000+	# of Floors 1						
City (5) Scotch Plains		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145	License No. 01084						
Start Date (10) 6-30-2014	Scheduled Completion Date (11) 7-3-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Breach	225 SF	X			
Boiler Room	X			Water Tank	200 SF	X			
Boiler Room	X			Pipe Elbows	90 lf	X			
Boiler Room	X			Interior Boiler Mortar	75 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-4-2014			

Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Evergreen Avenue & Cedar Street 2014 JUN 16 PM 5:03 City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Deborah S. Saridaki Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) J Ackerman Coles Elementary School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 16 Kevin Road				Square Feet 40,000+	
City (5) Scotch Plains				# of Floors 1	
County (6) Union				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079		Name of Abatement Contractor (9) GL Group, Inc	
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike			
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomingdale, NJ 07403			
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145		Telephone No. 201-710-9725	
License No. 01084					
Start Date (10) 6-30-2014		Scheduled Completion Date (11) 7-3-2014		Name of OSHA Monitor GL Group, Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turnpike	
				City, State, Zip Code Bloomingdale, NJ 07403	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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		
Boiler Room	X			Water Tank	115 SF
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	
City, State Bloomingdale, NJ		Disposal Date TBD		Name of Registered Landfill Grows	
City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>	
				Date 6-4-2014	

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

check # 1275

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Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Evergreen Avenue & Cedar Street							
		City, State, Zip Code Scotch Plains, NJ 07076							
		Name of Contact Deborah S. Saridaki							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J McGinn Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1100 Roosevelt Avenue		Square Feet 80,000+	# of Floors 2						
City (5) Scotch Plains		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145	License No. 01084						
Start Date (10) 6-23-2014	Scheduled Completion Date (11) 6-27-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Breech	300 SF	X			
Boiler Room	X			Boiler Rib Insulation	450 SF	X			
Boiler Room	X			Water Tank	170 SF	X			
Boiler Room	X			Pipe Elbows	60 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Grows				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 6-4-2014		

Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) SCOTCH PLAINS -FANWOOD BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Evergreen Avenue & Cedar Street					
		City, State, Zip Code Scotch Plains, NJ 07076		Name of Contact Deborah S. Saridaki					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Terrill Middle School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1301 Terrill Road				Square Feet 80,000+					
City (5) Scotch Plains				# of Floors 2					
County (6) Union				Bldg. Age 40+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145		License No. 01084					
Start Date (10) 7-7-2014		Scheduled Completion Date (11) 7-21-2014		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 140 Hamburg Turnpike					
				City, State, Zip Code Bloomingdale, NJ 07403					
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
Auditorium		X		Spray on Ceiling	3,500 SF	X			
Boiler Room	X			Hot Water Tank	300 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Grows				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 6-4-2014		

GL14-010

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

check # 1272

Page 1 of 1

Date of Notification (1) 6-4-2014		Name of Building Owner/Operator (2) BOROUGH OF NEW MILFORD Board of Education					
Agencies Notified		Type Notification					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 145 MADISON AVENUE		City, State, Zip Code NEW MILFORD, NEW JERSEY 07646					
Name of Contact Michael Sawicz		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Berkley Street Elementary School				Type of Facility (4)			
Street Address 812 Berkley Street				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) New Milford		Square Feet 50,000+		# of Floors 1	Bldg. Age 50+		
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079		Name of Abatement Contractor (9) GL Group, Inc			
Street Address 20-21 Wagaraw Rd, Building 35E		Street Address 140 Hamburg Turnpike					
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Bloomingdale, NJ 07403					
Project Manager for Monitoring Firm Guillermo M Morales		Telephone No. (973) 636-9145		Telephone No. 201-710-9725	License No. 01084		
Start Date (10) 6-23-2014 at 3:30 pm		Scheduled Completion Date (11) 6-30-2014		Name of OSHA Monitor GL Group, Inc			
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Turnpike			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Bloomingdale, NJ 07403			
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 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			
				Removal	Repair	Encapsulate	Enclosure
Boiler Room	X	Pipe Insulation	175 LF	X			
Boiler Room	X	Ceiling Plaster	700 SF	X			
Boiler Room	X	Interior Mortar/brick Boiler 1&2	100 SF	X			
Crawl space	X	Pipe Insulation	575 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows			
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA			
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 6-4-2014		

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

CHECK # 8466

Date of Notification (1) <u>6/11/14</u>		Name of Building Owner/Operator (2) <u>LARRY E LIT SWITAS</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>349 CARLTON TERR.</u>					
		City, State, Zip Code <u>RIDGEWOOD, N.J. 07450</u>					
		Name of Contact <u>LARRY SWITAS</u>					
Telephone Number <div style="float: right; text-align: right;">201 4 JUNE 16 PM 5:16</div>							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <u>349 CARLTON TERR.</u>		Square Feet <u>1,400</u>	# of Floors <u>2</u>				
City (5) <u>RIDGEWOOD</u>		Bldg. Age <u>150</u>					
County (6) <u>Bergen</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>RESIDENTIAL</u>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>				
Street Address		Street Address <u>105 Lovell Road</u>					
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, NJ 07452</u>					
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00155</u>				
Start Date (10) <u>7/9/14</u>	Scheduled Completion Date (11) <u>7/30/14</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Hayer Street</u> City, State, Zip Code <u>Hackensack, NJ 07606</u>					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> 25 sf or 25 ft <input type="checkbox"/> >160 sf or >250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VMI, or other miscellaneous)	Amount (Specify SF or LF) <u>85 LF</u>	Abatement Type		
	Yes	No			N/A	Removal	Repair
<u>BASEMENT</u>			<u>PIPE INSULATION</u>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>ISI PA Bethlehem Landfill Corp.</u>			
Route Transport		City, State, Zip Code <u>Fulcrum, NJ 07457</u>	Disposal Date <u>7/9/14</u>	City, State, Zip Code <u>Bethlehem, PA 18015</u>			
Completed by <u>Joseph Vocaturo</u>		Title <u>Operations</u>	Signature <u>J. Vocaturo</u>	Date <u>6/11/14</u>			

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

check # 8466

Date of Notification (1) 6/11/14		Name of Building Owner/Operator (2) JONATHAN MALCHETTA						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 43 CLEVELAND RD.		City, State, Zip Code CALDWELL, N.J. 07006						
Name of Contact JONATHAN MALCHETTA		Telephone Number 214 111 1611						
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)						
Street Address 43 CLEVELAND RD.		Square Feet 1,650	# of Floors 2					
City (5) CALDWELL		Bldg. Age +50						
County (6) ESSEX		Current Use (Prior to being demolished) RESIDENTIAL						
County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) A. MAC Contracting Inc.						
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 105 Lowell Road						
Street Address		City, State, Zip Code Glen Rock, NJ 07452						
City, State, Zip Code		Telephone No. 201-252-5841	License No. 00156					
Project Manager for Monitoring Firm		Name of OSHA Monitor Omega Environmental Services Inc.						
Start Date (10) 7/3/14		Scheduled Completion Date (11) 7/30/14						
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 <input type="checkbox"/> Other - Describe: _____		Street Address 280 Hager Street City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 5 sf or ≥ 25 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) (13) TO BE ABATED Basement	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) 900SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			VAT		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler NUDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 3	Name of Registered Landfill 1551 PA Bethlehem Landfill Corp.					
Route Transport City, State, Zip Code Riverside, NJ 07067		Disposal Date 7/3/14	City, State, Zip Code Bethlehem, PA 18015					
Completed by Joseph Vioraturo		Title Operations	Signature J. Vioraturo	Date 6/11/14				

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

8466

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

Jun 11 2014 12:22pm

P001/001

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Norner
(signature)
Date: 6/11/14 Time: 12:17PM

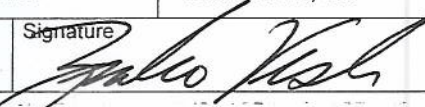
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

CHECK NO. 8466


Name of Facility (1)		Name of Building Owner/Operator (2)				
<u>6/11/14</u>		<u>AFFILIATED MANAGEMENT</u>				
Agencies Notified		Street Address				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>301 S. LIVINGSTON AVE SUITE 201</u>				
Type Notification		City, State, Zip Code				
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>LIVINGSTON, N.J. 07039</u>				
		Name of Contact				
		<u>RICHARD SHATWELL</u>				
		Telephone Number				
		<u>201-262-6841</u>				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)				
<u>FAIR LWN. PROPERTIES</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (e.g. private & commercial buildings, homes, etc.)				
Street Address		Square Feet				
<u>18-28 CHANDLER DRIVE</u>		<u>85,000</u>				
City (5)		# of Floors				
<u>FAIR LWN.</u>		<u>+3</u>				
County (6)		Building Age				
<u>Bergen</u>		<u>+50</u>				
County Code (7) (STATE USE ONLY)		Current Use (Prior & being demolished)				
<u>03209</u>		<u>RESIDENTIAL</u>				
Name of Monitoring Firm/Lead by Building Owner (8)		ASCM No.				
<u>ASCM No.</u>		Name of Abatement Contractor (9)				
<u>ASCM No.</u>		<u>A. MAC Contracting Inc.</u>				
Street Address		Street Address				
<u>105 Lowell Road</u>		<u>105 Lowell Road</u>				
City, State, Zip Code		City, State, Zip Code				
<u>Glen Rock, NJ 07452</u>		<u>Glen Rock, NJ 07452</u>				
Project Manager for Monitoring Firm		Telephone No.				
<u>Telephone No.</u>		<u>201-262-6841</u>				
Start Date (10)		Scheduled Completion Date (11)				
<u>6/11/14</u>		<u>6/30/14</u>				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor				
<input 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>Omega Environmental Services Inc.</u>				
Street Address		Street Address				
<u>230 Haver Street</u>		<u>230 Haver Street</u>				
City, State, Zip Code		City, State, Zip Code				
<u>Hackensack, NJ 07606</u>		<u>Hackensack, NJ 07606</u>				
Scope of Work (Check All That Apply)						
<input checked="" type="checkbox"/> 25 sf or less IF <input type="checkbox"/> 26 sf or more IF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Chasing Procedure <input type="checkbox"/> Non-Enclosed (?) and Non-Frangible Procedure						
Location of Asbestos Containing Material (ACM) <u>DISCOVERED</u> in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)	Description of Asbestos Containing Material (ACM) (e.g. thermal system insulation, surfacing, VMI, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<u>CRAWL SPACE</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<u>PIPE INSULATION</u>	<u>20 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		Cubic Yards of Waste		Name of Registered Landfill		
<u>Waste Transport</u>		<u>1</u>		<u>ESI PA, Bethlehem Landfill Corp.</u>		
City, State, Zip Code		Exposure Date		City, State, Zip Code		
<u>Exposure Date</u>		<u>6/11/14</u>		<u>Bethlehem, PA 18015</u>		
Completed by		Title		Signature		Date
<u>Joseph Viorato</u>		<u>Operations</u>		<u>J. Viorato</u>		<u>6/11/14</u>

* Do not use this form for asbestos fibers are exempted activities.

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;">06 / 11 / 14</div>		Name of Building Owner/Operator (2) Gladys Watson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 151 Pamona Avenue City, State, Zip Code Newark, NJ 07112 Name of Contact Gladys Watson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 151 Pamona Avenue		Square Feet # of Floors Bldg. Age							
City (5) Newark									
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) <div style="text-align: center;">06 / 21 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 25 / 14</div>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President	Signature 			Date 6/11/14			

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 / 12 / 14</div>			Name of Building Owner/Operator (2) BWP School Partners, 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 # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 224 Main Street								
				City, State, Zip Code Metuchen, NJ 08840								
				Name of Contact Eric Felczak								
Telephone Number												
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Lady Liberty Academy Charter School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 746 Sanford Ave				Square Feet 19,000								
City (5) Newark				# of Floors 1								
County (6) Essex				Bldg. Age 50								
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Charter School								
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc			ASCM No. 00117		Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 318 12th Street			Street Address 2 Henderson Drive									
City, State, Zip Code Hammonton NJ 08037			City, State, Zip Code West Caldwell, NJ 07006									
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850		License No. 00411								
Start Date (10) <div style="text-align: center;">06 / 14 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 15 / 14</div>		Name of OSHA Monitor Superior Abatement Inc								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 2 Henderson Drive								
				City, State, Zip Code West Caldwell, NJ 07006								
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 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) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 225 LF		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Basement		<input checked="" type="checkbox"/>			Pipe Insulation				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N/A			NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill					
City, State					Disposal Date		City, State					
Completed By (Print or Type) Nick Petrovski			Title President			Signature 			Date 6-12-14			

CK 006184

D&S Proj. #: 14-232

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

Date of Notification (1) 10/16/10 9/1/14		Name of Building Owner/Operator (2) DANIELLE KING		2014 JUN 16 PM 5:15	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 179 SCOTLAND ROAD City, State, Zip Code SO. ORANGE, NJ 07079	
Name of Contact DANIELLE KING				Telephone Number 6	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DANIELLE KING			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 170 SCOTLAND ROAD			Square Feet		
City (5) SO. ORANGE			County (6) ESSEX		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9)		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm		Phone Number	Telephone Number		License Number
Start Date (10) 06/26/14		Sched. Completion Date (11) 07/11/14			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	1601 ft	X			
First Floor		X		PIPE INSULATION	101 ft	X			
Second Floor		X		PIPE INSULATION	91 ft	X			

Registered Waste Hauler D & S RESTORATION, INC	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/27/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/09/14

Do not use this form for asbestos licensure exempted activities

CK 006183

D&S Proj. #: 2014-233

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

Date of Notification (1) 10/16/10/19/11/14		Name of Building Owner/Operator (2) GLADYS GRIMM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1845 MYRTLE AVENUE		City, State, Zip Code PLAINFIELD, NJ 07061	
Name of Contact GLADYS GRIMM		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GLADYS GRIMM			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 1845 MYRTLE AVENUE			Square Feet		
City (5) PLAINFIELD			County (6) UNION		# of Floors
County Code (7) (State use only)			Bldg. Age		
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 06/19/14		Sched. Completion Date (11) 06/30/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 w/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)	Amount (Specify SF or LF)	R	e	m	o	v	R	e	p	a	i	r	E	n	c	a	p	E	n	c	l
	Yes	No	N/A																						
BASEMENT		X		PIPE INSULATION	102 L FT																				

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/20/14		City, State TULLYTOWN, PA		Date 06/09/14	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date	

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

CR # 2633

Date of Notification (1) 6/10/14		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 125 West South Orange Avenue	
		City, State & Zip Code South Orange New Jersey	
		Name of Contact ALEX BAYLOR	Telephone Number _____
Name of Facility Where Abatement is Taking Place (3) South Orange Central Office			
Street Address 125 West South Orange Avenue		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.)	
City (5) South Orange	County (6) Essex	County Code (7)	Square Feet 36665
		# of Floors 4	Bldg. Age 75
Current Use (Prior if being demolished) Verizon communication center			
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. _____	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET	
City, State & Zip Code Moorestown NJ 08057		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Harold Baldwin		Telephone Number 908-812-6742	License Number 00509
Scheduled Start Date (10) 7/7/14		Scheduled Completion Date (11) 7/18/14	
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 Describe: 5:00 PM – 1:00 AM <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		Abatement Type
Basement Stairwell	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT & Mastic	180 SF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Basement Corridor	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT & Mastic	640 SF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT & Mastic	1000 SF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Basement Meter Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT & Mastic	800 SF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH
Completed By (Print or Type) Patrick T. DeCaro		Title Estimator	Signature <i>Patrick T. DeCaro</i>
			Date 6/10/14

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

Date of Notification (1) 06/11/2014		Name of Building Owner/Operator (2) Faeleigh Dickinson University							
Agencies Notified	Type Notification	Street Address 285 Madison Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, NJ 07940 Name of Contact Craig Gorczyca							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Science Building		Type of Facility (4)							
Street Address 285 Madison Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Madison		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 5434 King Ave		Street Address 208 Piaget Ave							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 973-253-8828	License No. 00704						
Start Date (10) 06/23/2014	Scheduled Completion Date (11) 06/26/2014	Name of OSHA Monitor VMC Co. Inc							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input 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) <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
Room S-2A		x		VAT/Mastic	308 SF	x			
				Transite	100 SF	x			
				Pipe insulation "wrap & cut"	50LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 06/11/2014			

CH. # 4556

Print Form

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

Date of Notification (1) 06/11/2014		Name of Building Owner/Operator (2) Passaic BOE							
Agencies Notified	Type Notification	Street Address 390 Gregory Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Passaic, NJ 07055 Name of Contact Russel Albrecht							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Cruise Memorial School #11		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 390 Gregory Ave		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address		Street Address 208 Piaget Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 06/25/2014		Scheduled Completion Date (11) 07/03/2014							
Name of OSHA Monitor VMC Co. Inc									
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Exterior		x		Window/Door caulking	581 LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 06/11/2014			

CH. #4555

PRINT FORM

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

Date of Notification (1) 06/10/2014		Name of Building Owner/Operator (2) Mack-Cali Company							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 150 JFK Parkway City, State, Zip Code Short Hills, NJ 07708 Name of Contact VJ Aynilian Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 110 South Street City (5) Morristown				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.) Square Feet _____ # of Floors _____ Bldg. Age _____					
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No. _____		Name of Abatement Contractor (9) VMC Company, Inc.					
Street Address 5434 King Ave		City, State, Zip Code Pennsauken, NJ 08109		Street Address 208 Piaget Ave City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545		Telephone No. 973-253-8828 License No. 00704					
Start Date (10) 06/11/2014		Scheduled Completion Date (11) 06/17/2014		Name of OSHA Monitor VMC Company, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address _____ City, State, Zip Code _____					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Various locations			x	Pipe insulation "wrap & cut"	80 LF	x			
Various locations			x	Duct insulation "wrap & cut"	290 SF	x			
			x	Contaminated debris	2 CY	x			
2nd Fl			x	Pipe insulation repair	10 LF		x		
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Freehold, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Voytek Roszkowski		Title President		Signature <i>J. Roszkowski</i>		Date 06/10/2014			

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

B & G proj. #: 2014-104

Check # 6579

Date of Notification (1) <u>06/16/14</u>		Name of Building Owner/Operator (2) Woodland Park BOE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 853 McBride Avenue		City, State, Zip Code Woodland Park, NJ 07424	
Name of Contact Jack Wittig		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Beatrice Gilmore Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1075 McBride Avenue			Square Feet # of Floors Bldg. Age		
City (5) Woodland Park, NJ 07424	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 3 Crosswicks Street			Street Address 105 Ryerson Road		
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Michael Hoodak		Phone Number 609-298-5520	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/26/2014		Sched. Completion Date (11) 07/17/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 8:00am - 4:30pm			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 checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Rooms 101, 102, 103			<input checked="" type="checkbox"/>	VAT	2,400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 104			<input checked="" type="checkbox"/>	VAT & mastic	750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 201, 202, 203, 204, 205, 206			<input checked="" type="checkbox"/>	VAT	4,750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher's Room			<input checked="" type="checkbox"/>	VAT	230 sf	<input checked="" 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 25	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/26/14 - 07/18/14	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/10/2014

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) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN BRADLEY	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		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 13 VAN VLIET		Square Feet 18,248	# of Floors 3						
City (5) CLIFTON		Bldg. Age APX 88 YRS							
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Start Date (10) 6/23/14	Scheduled Completion Date (11) 6/30/14	Street Address 396 WHITEHEAD AVE.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators only		City, State, Zip Code SOUTH RIVER, NJ 08882							
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 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
SOUTH SIDE CONTROL BLDG		X		ACM WINDOW CAULK	52 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPR 5	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 6/11/14			

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

Date of Notification (1) 5/7/14		Name of Building Owner/Operator (2) Marx Realty and Improvement Co., Inc. 2014 JUN 16 PM 5:03							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	708 Third Ave.-21st Floor							
		City, State, Zip Code New York, NY 10017-4146							
		Name of Contact Phoebe Starr	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) No name		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 3607 Bergenline Ave.									
City (5) Union City		Square Feet 30,000	# of Floors 3						
		Bldg. Age 75							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail 1st floor vacant above							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Air Quality Services		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 700 Turner Way, Suite 105		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 6/2/14	Scheduled Completion Date (11) 8/1/14	Name of OSHA Monitor Vertex							
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: Abatement to be performed in unoccupied areas of building		Street Address 700 Turner Way							
		City, State, Zip Code Aston, PA 19014							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler and Breeching	X			Thermal Insulation	750 SF	X			
Basement	X			Pipe insulation	850 LF	X			
Basement	X			VAT/Mastic	4000 SF	X			
3rd Floor			X	Plaster	250 SF	X			
Name of Registered Waste Hauler Richard Burns		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill					
City, State Philadelphia			Disposal Date TBD	City, State Birdsboro, PA					
Completed by Robert M. Casciato		Title President	Signature	Date 6/10/14					

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
2 nd floor			X	Pipe insulation	5 LF	X			
2 nd Floor			X	Floor tile	700 SF	X			
2 nd Floor			X	Plaster	300 SF	X			
Retail Storage			X	Duct Insulation	200 SF	X			
Basement			X	Contaminated surfaces	10,000 SF	X			
Basement			X	Contaminated Contents	300 CY	X			
						X			
						X			

CK 3434

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

mailed
6/2/14

Date of Notification (1) 05/30/2014		Name of Building Owner/Operator (2) Regency Gardens Nursing Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 296 Hamburg Turnpike Wayne, NJ Name of Contact Mr. Mark Benedek Telephone Number 571-5000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Regency Gardens Nursing Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 296 Hamburg Turnpike		Square Feet 15,000	# of Floors 2						
City (5) Wayne, NJ		Bldg. Age 250							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Nursing home							
Name of Monitoring Firm Hired by Building Owner (8) HET		ASCM No.	Name of Abatement Contractor (9) Proseccia, LLC						
Street Address 25 N Pennell Rd		Street Address 407 W Lincoln Highway #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						
Start Date (10) 06/09/14		Scheduled Completion Date (11) 06/20/14	License No. 01161						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 3:30 PM / PM - AM		Name of OSHA Monitor EMSL							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSI	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		379 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 Waste Management of NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 16	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date TBD		City, State Moccasinville, PA					
Completed By (Print or Type) Linda P. DeLorenzo		Title Manager	Signature Linda P. DeLorenzo		Date 5/30/14				

Check#1925

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

Date of Notification (1) 06 / 12 / 14		Name of Building Owner/Operator (2) Britt Zimmerman	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 26 Harvard Terrace		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Britt Zimmerman		Telephone Number 2014 JUN 16 PM 2:27 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-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 26 Harvard Terrace		Square Feet	
City (5) West Orange, NJ 07052		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address 576 Valley Rd #283		Street Address	
City, State, Zip Code Wayne, NJ 07470		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Telephone No.		License No. 01127	
Start Date (10) 06 / 21 / 14		Scheduled Completion Date (11) 06 / 22 / 14	
Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
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		City, State, Zip Code Fair Lawn, NJ 07410	

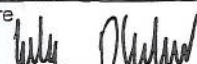
Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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	

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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 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"/>	<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 06/12/2014	

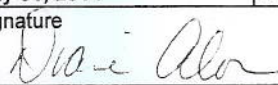
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHECK # 8320

Date of Notification (1) <div style="text-align: center;">06 / 11 / 14</div>		Name of Building Owner/Operator (2) Dover Board of Education							
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 100 Grace Street							
		City, State, Zip Code Dover, NJ 07801							
		Name of Contact Mr. Robert Gomes	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academy Street School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 14 Academy Street		Square Feet 30,000 SF	# of Floors 2						
City (5) Dover		Bldg. Age 40+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 344 West State Street		Street Address 494 E. 41 Street							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-345-0022						
License No. 00507		Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Start Date (10) <div style="text-align: center;">07 / 07 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 14 / 14</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 - Describe Time of Abatement: 7:30AM-4:30PM/ P M- AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room - Original Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	370 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room - Original Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaching Insulation	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room - Original Section	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 20	Name of Registered Landfill GROWS, INC. W/M of Pennsylvania					
City, State Paterson, NJ 07504		Disposal Date 07-11-2014		City, State Morrisville, PA 19067					
Completed By (Print or Type) Lelsie Olszewski		Title Project Manager		Signature 			Date 06-11-2014		

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


Check # 8879

Date of Notification (1) June 12, 2014		Name of Building Owner / Operator (2) Santander Bank, NA							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address <div style="text-align: right;">2014 JUN 16 PM 2:20</div> 2 Morrissey Boulevard							
		City, State & Zip Code Dorchester, MA 02125							
		Name of Contact Susan Peck							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santander Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address 1135 & 1137 Burnt Tavern Road		Square Feet 6,000	# of Floors 2						
City (5) Brick		Bldg. Age 60							
County (6) Ocean		County Code (7) USE ONLY _____							
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address 1600 Route 22 East, Ste. 107		Street Address 829 Radio Road							
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Little Egg Harbor, NJ 08087							
Project Manager for Monitoring Firm Brian Nemetz		Telephone Number 908-686-2636	License Number 00817						
Scheduled Start Date (10) June 23, 2014		Scheduled Completion Date (11) July 30, 2014							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.							
Street Address 829 Radio Road		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			x	Floor Tile & Mastic	600 SF	X			
First and Second Floors			x	Joint Compound	2,400 SF	X			
Second Floor Bathroom			x	Wall Stucco	175 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill				
City, State Little Egg Harbor, NJ 08087		Disposal Date July 31, 2014		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature 			Date June 12, 2014				

CK 1110

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

RECEIVED

Date of Notification (1) 06/10/2014		Name of Building Owner/Operator (2) Newark Farmers Market Urban Renewal							
Agencies Notified	Type Notification	Street Address 2-44 Cornelia Street							
<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 Newark, NJ 07105							
		Name of Contact David Forem	Telephone Number (973) 341-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 52-62 Cornelia 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) Newark		Square Feet 28,432	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age yrs						
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solutions		Name of Abatement Contractor (9) Shoreline Contracts Inc.							
Street Address PO Box 1224		Street Address 85 Kero Road							
City, State, Zip Code Union, NJ, 07082		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Laura Wiecezszak		Telephone No. (201)-806-3001	License No. 01230						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor BioTerra Environmental Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 1224							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07082							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Roof	x			Roofing/Flashing	23,782 SF	x			
Roof	x			Tar	320 SF	x			
Loading Dock Roof	x			Transite Roof Panel	1,080 SF	x			
Loading Dock	x			VAT Floor Tile	3,250 SF	x			
Name of Registered Waste Hauler Asbestos Transportation Company, INC.		NJDEP Waste Hauler ID No. 1A-371		Cubic Yards of Waste	Name of Registered Landfill Cycle Chem, Inc.				
City, State Shirley, NY		Disposal Date		City, State Elizabeth, NJ					
Completed by Niall Kenny		Title		Signature 		Date 06/10/2014			

OK 2677

Print Form

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

Date of Notification (1) 04/04/14 06/12/14		Name of Building Owner/Operator (2) Joseph Nezgoda		2014 JUN 16 PM 2:10	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 304 HAMILTON AVE City, State, Zip Code SEASIDE HEIGHTS NJ Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 304 HAMILTON AVE City (5) SEASIDE HEIGHTS			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.) Square Feet 3000 # of Floors 2 Bldg. Age _____ County (6) OCEAN 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) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm _____ Telephone No. _____ Telephone No. 732-668-9078 License No. 1200 Start Date (10) 06/17/14 06/13/14 Scheduled Completion Date (11) 06/18/14 06/16/14 Name of OSHA Monitor AAA LEAD PROFESSIONALS 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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
CEILING				PLASTER	
				800	
				X	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10	
City, State NEWARK, NJ		Disposal Date		Name of Registered Landfill IESI	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature _____ Date _____	

PK 2684

Print Form

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

Date of Notification (1) 06/12/14		Name of Building Owner/Operator (2) SOMERSET DEVELOPMENT		2014 JUN 16 PM 2:16					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 911 E. COUNTY LINE ROAD City, State, Zip Code LAKEWOOD NJ 08701 Name of Contact PETER TISDALE Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 1 PASSAIC ST City (5) WOODRIDGE				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.) Square Feet # of Floors Bldg. Age					
County (6) BERGEN		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) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT		City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078 License No. 1200					
Start Date (10) 06/22/14		Scheduled Completion Date (11) 06/25/14		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) 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
EXTERIOR			X		100SF	X			
INTERIOR			X		2500SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 20	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 06/25/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 06/12/14			