


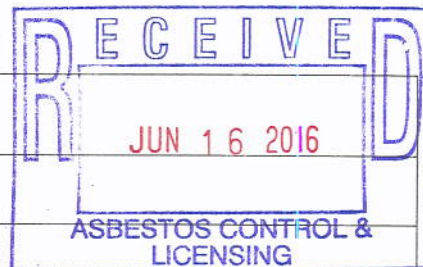
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

CK# 2045

Date of Notification (1): 6/13/16		Name of Building Owner/Operator (2): BLOOMFIELD TOWNSHIP BOARD OF EDUCATION						
Agencies Notified () EPA (X) DEP (X) DOL (X) DOH () DCA	Type Notification (X) Initial Notification () Amendment Notification () Emergency () Cancellation	Street Address: 155 BROAD STREET						
		City, State, Zip Code: BLOOMFIELD, NJ 07003						
		Name of Contact: MIKE SIBBALD		Telephone Number:				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3): BLOOMFIELD MIDDLE SCHOOL				Type of Facility (4): (X) School (K-12) () Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)				
Street Address: 60 HUCK ROAD								
City & State (5): BLOOMFIELD, NJ				Square Feet: NA	# of Floors: 2			
County (6): ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): MIDDLE SCHOOL				
Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES		ASCM No.: 0004		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.				
Street Address: 3 CROSSWICKS STREET		Street Address: 339 North 6 th Street						
City, State, Zip Code: BORDENTOWN, NJ 08505		City, State, Zip Code: Prospect Park, NJ 07508						
Project Manager for Monitoring Firm: MIKE HODAK		Telephone No.: 609-298-5520		Telephone No.: (973) 595-6955	License No.: 00641			
Start Date (10): 6/27/16	Scheduled Completion Date (11): 7/03/16		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.					
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: occupied/unoccupied			Street Address: P.O. Box 8265					
			City, State, Zip Code: Haledon, NJ 07538					
Scope of Work (Check all that apply):								
<div style="display: flex; justify-content: space-between;"> <div> () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf </div> <div> (X) Renovation () Demolition </div> <div> () Full Containment with Negative Pressure () Wrap & Cut () Glovebag Procedure (X) Non-Friable Procedure </div> </div>								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
SECURITY VESTIBULE		X	FLOOR TILES / MASTIC	800 SF	X			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC, INC.		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 6	Name of Registered landfill: MINERVA			
City, State: BRONX, NY		Disposal Date: 7/7/16		City, State: WAYNESBURG, OH				
Completed By: MIKE ALTADOUKA		Title: PRESIDENT		Signature: 		Date: 6/13/16		

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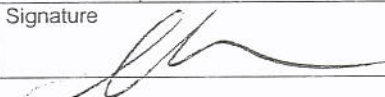
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



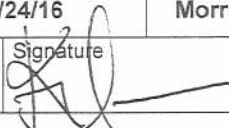
Date of Notification (1) 06 / 13 / 16		Name of Building Owner/Operator (2) Vineland Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	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 625 E. Plum Street City, State, Zip Code Vineland, NJ 08360 Name of Contact Paul Farinaccio Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland HS South		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2880 E. Chestnut Street		Square Feet # of Floors Bldg. Age							
City (5) Vineland, NJ 07361		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Cumberland									
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 515 Grove Street, Suite 1 B		Street Address 27 Outwater Lane							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856-547-0505	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 06 / 20 / 16	Scheduled Completion Date (11) 08 / 31 / 16	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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 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
Fan Room- B211	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfacing Sprayed on	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fan Room- A216	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfacing Sprayed on	3,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fan Room- A217	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfacing Sprayed on	1,600 SF	<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"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 1A-371	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises LLC					
City, State Shirley, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Raymond Blum		Title Project Manager		Signature 		Date 6-13-16			

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

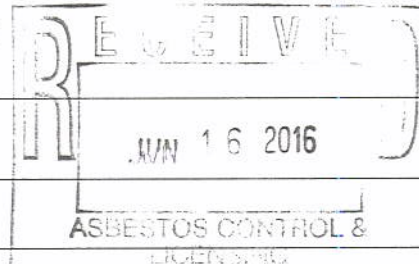
No Check

Date of Notification (1) <div style="text-align: center;">06 / 10 / 16</div>		Name of Building Owner/Operator (2) Vineland Board of Education		2016 JUN 16 AM 1:01					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 625 E. Plum Street						
			City, State, Zip Code Vineland, NJ 08360						
			Name of Contact Paul Farinaccio		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland HS South			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2880 E. Chestnut Street									
City (5) Vineland, NJ 07361			Square Feet	# of Floors	Bldg. Age				
County (6) Cumberland		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) ALL PRO MANAGEMENT LLC					
Street Address 515 Grove Street, Suite 1 B		Street Address 27 Outwater Lane							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856-547-0505		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) <div style="text-align: center;">06 / 20 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">08 / 31 / 16</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 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 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
Fan Room- B211	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfacing Sprayed on	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fan Room- A216	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfacing Sprayed on	3,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fan Room- A217	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surfacing Sprayed on	1,600 SF	<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"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 1A-371		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises LLC				
City, State Shirley, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed By (Print or Type) Raymond Blum		Title Project Manager		Signature 		Date 6-10-16			

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 / 13 / 16</div>		Name of Building Owner/Operator (2) West New York Board of Education / Job #1606-2089 Chk. #4381							
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 6028 Broadway							
		City, State, Zip Code West New York, NJ 07093							
		Name of Contact Dean Austin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Memorial High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 5501 Park Avenue		Square Feet 420,936	# of Floors 3						
City (5) West New York		Bldg. Age TBD							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied - School							
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 331 Newman Springs Road, Suite 203		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Red Bank NJ 07701		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm TBD	Telephone No. 732-383-1950	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <div style="text-align: center;">6 / 24 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 24 / 16</div>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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
SEE ATTACHED LIST OF ACM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED LIST OF ACM		<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 Carnevale Disposal		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill					
City, State Hamilton, NJ		Disposal Date 7/24/16		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator		Signature 			Date 6-13-16			

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



Date of Notification (1) 06 / 02 / 16		Name of Building Owner/Operator (2) Pennsville School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Church Street	
		City, State, Zip Code Pennsville, NJ 08070	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CENTRAL PARK		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 43 OLIVER AVENUE			
City (5) PENNSVILLE	Square Feet 50,000	# of Floors 1	Bldg. Age 58
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES INC		ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 515 GROVE STREET SUITE 1B		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON PA	
Project Manager for Monitoring Firm ALAN LOYDE		Telephone No. 856 547-0505	License No. 00783
Start Date (10) 06 / 15 / 16	Scheduled Completion Date (11) 08 / 31 / 16		Name of OSHA Monitor CRITERION LABS
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: 7AM-11PM-11PM-AM		Street Address 3370 PROGRESS AVE	
		City, State, Zip Code BENSALEM PA 19020	

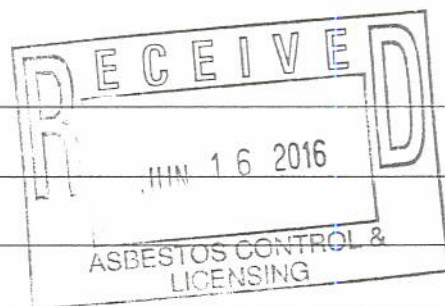
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
HALLWAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 BOILERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER INS/GASKETS	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRONT OF UNIT VENTILATOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	2,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MGR.	Signature <i>Michael Parson</i>		Date 6-14-2016	

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



Date of Notification (1) 6/9/2016		Name of Building Owner/Operator (2) 5711 Washington St LLC							
Agencies Notified	Type Notification	Street Address 120 Sylvan Ave suite 300							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood NJ 07632							
		Name of Contact Peter Tiflinsky	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 8000	# of Floors 1						
City (5) West New York NJ		Bldg. Age +50							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 6/10/2016	Scheduled Completion Date (11) 6/21/2016	Name of OSHA Monitor J&S Environmental Corp							
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 type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	roofing material	8000 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 			Date 6/9/2016			

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2931

GAC Project # 060-16

Date of Notification (1) June 8, 2016		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
			Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		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 BUSCH CAMPUS		Sq. Feet: <u>N/A</u> # of Floors: <u>2</u> Bldg. Age: <u>60+ years</u>	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): EXTERIOR EXCAVATION AREA
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/20/16	Scheduled Completion Date (11) 06/27/16	Name of OSHA Monitor ENVIROVISION, 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: Shift Hours: 3:00 PM - 5:00 AM Daily (24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Wrap & Cut) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) EXCAVATION AREA (exterior)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <9 LF
		Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ NJDEP # 04509		Disposal Date 06/27/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 8, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2933

GAC Project # 548-16

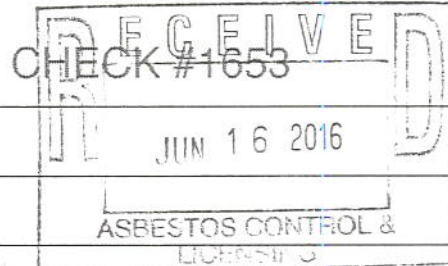
Date of Notification (1) June 9, 2016		Name of Building Owner/Operator (2) CELGENE CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 - new material, location and quantity <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 86 MORRIS AVENUE City, State, Zip Code SUMMIT, NJ 07901 Name of Contact MR. RAY SANTILLAN - Environmental Health & Safety
			Telephone Number (908) 673-9472

RECEIVED JUN 16 2016 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - "B" BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 86 MORRIS AVENUE		Sq. Feet: 26,512 # of Floors: 2 Bldg. Age: ~70+ years	
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	Current Use (prior if being demolished): ADMINISTRATIVE OFFICES
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 464 VALLEY BROOK AVENUE #3A		Street Address 268 MAIN STREET	
City, State, Zip Code LYNDHURST, NJ 07071		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 201-438-4839	License Number 00840
Scheduled Start Date (10) 04/22/16		Scheduled Completion Date (11) 12/31/16	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD	
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"/> Facility Occupied During Entire Period of Abatement Area Vacated (NOT SUB 8 - PHASE I FRI 4/22 - MON 4/25, Additional phases to be determined - M - F 7am - 4 pm (24 hrs & weekends as needed)		City, State, Zip Code FAIRLAWN, NJ 07410	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Tent) <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Various Locations	<input checked="" type="checkbox"/>	VAT & Mastic (includes cove base)	300 SF
Various Locations	<input checked="" type="checkbox"/>	TSI	100 LF
Various Locations	<input checked="" type="checkbox"/>	CAULKING (door, window, expansion, etc.)	50 LF
Various Locations	<input checked="" type="checkbox"/>	PLASTER (ext. soffits, ceilings, walls, etc.)	300 SF
Various Locations	<input checked="" type="checkbox"/>	CONDUIT	40 LF
Various Locations	<input checked="" type="checkbox"/>	VAPOR BARRIER	150 SF
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 12/31/16	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700		Notes: None	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 9, 2016

Copies To: CELGENE CORP. Attn: Mr. Ray Santillan and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello

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



Date of Notification (1) 06/10/2016		Name of Building Owner/Operator (2) IRIS WALKER							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PORT NORRIS NJ 08349							
		Name of Contact AMY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1709	# of Floors 2						
City (5) PORT NORRIS		Bldg. Age 100+							
County (6) CUMBERLAND	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address		Street Address 570 CLEMS RUN							
City, State, Zip Code		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm		Telephone No. 610-304-4676	License No. 01145						
Start Date (10) 06/13/2016	Scheduled Completion Date (11) 06/17/2016	Name of OSHA Monitor EMSL							
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 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE HOUSE			X	TRANSITE HOUSE SIDING	2000 SF	X			
Name of Registered Waste Hauler GEPPERT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 12	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State PHILADELPHIA PA			Disposal Date 06/17/2016	City, State ROSENHAYN NJ					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 06/10/2016					

06/10/2016 01:10PM 18562248799

ASSURED SERVICES

PAGE 03/04

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CHECK #1653

NJASBESTOS.COM

Date of Notification (1) 06/10/2016		Name of Building Owner/Operator (2) IRIS WALKER							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code PORT NORRIS NJ 08349							
Name of Contact AMY		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1709	# of Floors 2						
City (5) PORT NORRIS		Bldg. Age 100+							
County (6) CUMBERLAND		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RESIDENTIAL							
Street Address		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
City, State, Zip Code		Street Address 670 CLEMS RUN							
Project Manager for Monitoring Firm		City, State, Zip Code MULLICA HILL NJ 08062							
Telephone No.		Telephone No. 610-304-4676	License No. 01145						
Start Date (10) 06/13/2016	Scheduled Completion Date (11) 06/17/2016		Name of OSHA Monitor EMSL						
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 200 RT. 130 NORTH							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility	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
OUTSIDE HOUSE			X	TRANSITE HOUSE SIDING	2000 SF	X			
Name of Registered Waste Hauler GEPPERT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 12	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State PHILADELPHIA PA		Disposal Date 06/17/2016		City, State ROSENHAYN NJ					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 06/10/2016					

ASB-41 (R-06-09)

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

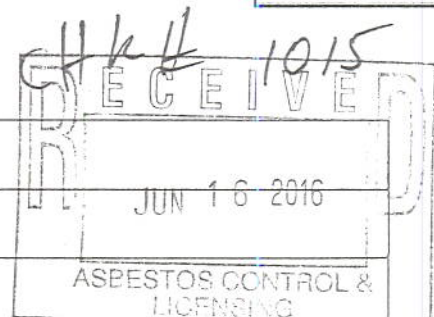
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) June 10, 2016		Name of Building Owner/Operator (2) Drew University	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Initial Notification <input checked="" type="checkbox"/> Amended Certification #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	36 Madison Avenue City, State, Zip Code Madison, NJ Name of Contact James Hall	
Telephone Number ASBESTOS CONTROL & REMEDIATION, INC.			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Drew University- Commons Building		Type of Facility (4)	
Street Address 36 Madison Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years	
City (5) Madison	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates, Inc.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 Crosswicks Street		Street Address 511 MAIN STREET	
City, State, Zip Code Bordentown, NJ		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Michael Hoodak	Telephone Number 609.298.5520	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) March 7, 2016	Scheduled Completion Date (11) July 20, 2016	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Occupied Phase 4- June 12, 2016 to July 20, 2016		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Throughout Commons Building 1 st Floor 2 nd Floor Hallway Kitchen Area 1 st Floor Mail Room, Storage Rooms Men's, Woman's Rooms	YES NO NA <input checked="" type="checkbox"/>	Spray On Fireproofing TSI Spray on Fireproofing VAT Spray On Fireproofing & TSI Spray On Fireproofing Spray On Fireproofing & TSI Spray On Fireproofing & TSI	14,800 sf 1,150 lf 2,500 sf 600 sf 2,000 sf 100 sf 3,000 sf & 500 lf 1,000 sf & 200 lf
Abatement Type		Abatement Type	
Remove Repair Encap. Enclose		Remove Repair Encap. Enclose	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 800 Cy.yds.	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date July 20, 2016	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager	Signature <i>Marin Graure</i>	Date June 10, 2016

GAC # 2015-551- Please Note: Change to this notification-Add 4,100 sf Spray Fireproofing& 700 LF TSI
New Completion Date: July 20, 2016

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



Date of Notification (1) 6/8/2016		Name of Building Owner/Operator (2) 133 Monroe LLC							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken NJ							
		Name of Contact Bryan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1100	# of Floors 2						
City (5) Hoboken NJ		Bldg. Age +50							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette St							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 6/18/2016	Scheduled Completion Date (11) 6/21/2016	Name of OSHA Monitor J&S Environmental Corp							
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 type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	roofing material	11100 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po Box 5670 Newark NJ 07105			Disposal Date	City, State 2335 Applebutter rd Bethlehem PA					
Completed by Carlos Gomes		Title President	Signature 	Date 6/8/2016					

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

DECLARATION
JUN 16 2016
ASBESTOS CONTRACTOR
LICEN 2016

Date of Notification (1) 5/27/2016		Name of Building Owner/Operator (2) Maplewood Developers	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input 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 # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	80 South Jefferson RD Suite 202	
		City, State, Zip Code	
		Whippany NJ	
		Name of Contact	Telephone Number
		Joseph Forgione	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Maplewood		Square Feet 35,000	# of Floors 2
		Bldg. Age +50	
County (6) Essex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC
Street Address N/A		Street Address 339 Lafayette St	
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07015	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 973-491-0877	License No. 01240
Start Date (10) 5/28/2016 <u>6/9/2016</u>	Scheduled Completion Date (11) 6/31/2016	Name of OSHA Monitor J&S Environmental Corp	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<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 07083	

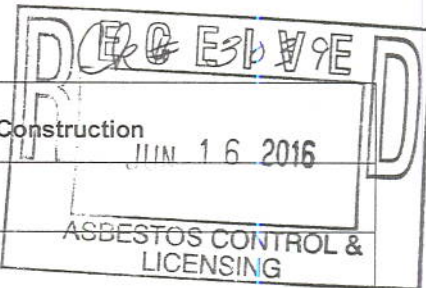
Scope of Work (Check All That Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input 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 Phase 3			x	pile clean up	200SF	x			

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill	
City, State Po Box 5670 Newark NJ 07105		Disposal Date	City, State 2335 Applebutter rd Bethlehem PA		
Completed by Carlos Gomes	Title President	Signature	Date 5/27/2016		

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;">5 / 17 / 16</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWLD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-6/7/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Spelman Hall Bldgs. 3 & 4		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Frist Lane		Square Feet	
City (5) Princeton		# of Floors	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 Group Services, LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Three Terri Center		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <div style="text-align: center;">6 / 9 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 1 / 16</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 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)

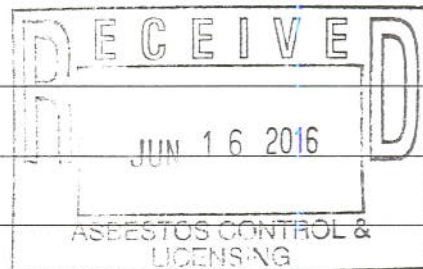
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Bldg 3 -1 st to 4 th Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drywall	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 4 -1 st to 4 th Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drywall	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jh</i>		Date 6/7/16	

CK 2874

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



Date of Notification (1) 6/3/2016 Check #2876		Name of Building Owner/Operator (2) St Leo Church	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Linden Avenue	
		City, State, Zip Code Irvington, NJ 07111	
		Name of Contact Msgr Beau	
		Telephone Number	

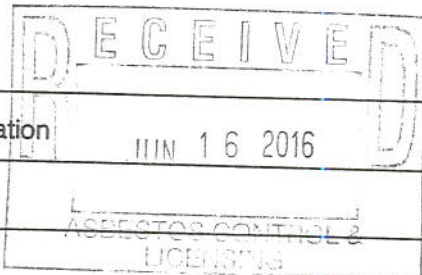
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burch Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 Linden Avenue		Square Feet	# of Floors
City (5) Irvington, NJ			Bldg. Age 50+
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No.	
Street Address 280 Hyuler Street		Name of Abatement Contractor (9) EA Services Corporation	
City, State, Zip Code Hackensack, NJ 07606		Street Address 426 69th Street	
Project Manager for Monitoring Firm		Telephone No. 201-489-8700	Telephone No. 201295-1700
Start Date (10) 6/18/2016		Scheduled Completion Date (11) 6/21/2016	License No. 01074
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same as above	
		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Electric Panel Room	x			Seams	3 LF		x		
Head Start Closet		x		Elbows - Insulation	2 LF		x		
Boiler Room behind water tank	x			Insulation	15 SF	x			

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill	
City, State Freeholdm NJ		Disposal Date TBD		City, State Newburg, PA	
Completed by Gina Betances		Title Office Manager	Signature 	Date 6/3/2016	

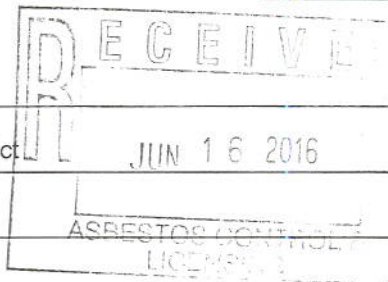
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/09/2016		Name of Building Owner/Operator (2) Lawrence Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2565 Princeton Pike		City, State, Zip Code Lawrenceville, NJ 08648							
Name of Contact Thomas Eldridge		Telephone Number 302-371-5100							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrence High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2525 Princeton Pike		Square Feet 80000	# of Floors 2						
City (5) Lawrenceville NJ 08648		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No. _____	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 120 North Warren Str.		Street Address 16 Glenwild Ave							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609 392 4200	Telephone No. 973 928 3995						
Start Date (10) 06/21/2016		Scheduled Completion Date (11) 06/26/2016	License No. 01181						
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: 7 am - 5 pm		Name of OSHA Monitor Hazmat Diagnostic LLC							
Street Address 16 Glenwild Ave		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 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
Room 101			X	Table tops	apr. 350 sf	X			
Room 105			X	Table tops	apr. 350 sf	X			
Room 101			X	VAT & Mastic	apr. 350 sf	X			
Room 105			X	VAT & Mastic	apr. 350 sf	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Bloomingdale, NJ 07403		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tatiana Rotaru		Title Clerk	Signature 			Date 06/09/2016			

CK 5455

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



Date of Notification (1) 6/10/2016		Name of Building Owner/Operator (2) Lower Cape May Regional School District							
Agencies Notified	Type Notification	Street Address 687 Route 9							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May							
		Name of Contact Gary Douglass Sr.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lower Cape May Regional High 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 687 Route 9		Square Feet 60000+	# of Floors 2						
City (5) Cape May		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No. 00057	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address PO Box 385		Street Address 16 Glenwild Ave							
City, State, Zip Code Oceanville, NJ 08321-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01181						
Start Date (10) 06/17/2016	Scheduled Completion Date (11) 06/22/2016	Name of OSHA Monitor Hazmat Diagnostic LLC							
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>Start 06/17/16 at 4:00pm</u>		Street Address 16 Glenwild Ave							
		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
Security Office		X		9x9 Floor Tile & Mastic	260sf	X			
Security Ticket Booth		X		Plaster Lathe Ceiling	25sf	X			
Security Ticket Booth		X		9X9 Black Floor Tile & Mastic	25sf	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tatiana Rotaru		Title Clerk	Signature 			Date 6/10/2016			

CK 5454

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

RECEIVED Print Form
JUN 16 2016

Date of Notification (1) 06/10/2016		Name of Building Owner/Operator (2) Lower Cape May Regional School District							
Agencies Notified	Type Notification	Street Address 687 Route 9							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May, NJ 08204							
		Name of Contact Gary Douglass Sr.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Richard M. Teitelman 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 687 Route 9		Square Feet 60000+	# of Floors 2						
City (5) Cape May		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No. 00057	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address PO Box 385		Street Address 16 Glenwild Ave							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-928-3995						
Start Date (10) 06/17/2016		Scheduled Completion Date (11) 06/22/2016	License No. 01181						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 06/17/16 at 4:00pm		Name of OSHA Monitor Hazmat Diagnostic LLC							
		Street Address 16 Glenwild Ave							
		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
Principals Office		X		Joint Compound	450sf	X			
Main Entrance Vestibule		X		Joint Compound	40sf	X			
Main Entrance Vestibule		X		Pipe Fitting Insulation	10lf	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Morrisville, NJ				
Completed by Tatiana Rotaru		Title Clerk		Signature 			Date 6/10/2016		