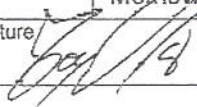


CK 3857

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

Date of Notification (1) 06/05/2015		Name of Building Owner/Operator (2) Bed, Bath, & Beyond							
Agencies Notified	Type Notification	Street Address 650 Liberty Avenue							
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code union, NJ 07083							
		Name of Contact John Purcel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Coffee Distributing Corp.		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 685 Liberty Avenue		Square Feet 35,000	# of Floors 2						
City (5) Union		Bldg. Age 25+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Former Coffee Distributing Corp.							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Super, LLC						
Street Address		Street Address 484 Route 17 North							
City, State, Zip Code		City, State, Zip Code Paramus, NJ 07652							
Project Manager for Monitoring Firm		Telephone No. (201) 6735392	License No. 195						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road, Suite 12							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and In-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
Please see attached survey			X						
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. 34893	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S., Waste Management					
City, State Paramus, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tailor Dominguez		Title President		Signature 		Date 06/16/2015			

Hillmann Consulting, LLC

Firestop, red
 Flashing Concrete
 Flashing Tar, Membrane
 Floor Tile, light gray
 Floor Tile, light green
 Joint Compound, white
 Joint Tape, white
 Mastic for white & black vinyl floor tile
 Paint, tan/off-white
 Roof Membrane, Tar Board
 Tar
 Tar Flashing
 Tar from Vent Pipe
 Tar with Stone
 Tar Membrane
 Tar Membrane, Flashing
 Tar Paper, Black
 Tar Paper Flashing
 Tar Paper Insulation
 Tar Roof Membrane
 Vinyl Floor Tile, black
 Vinyl Floor Tile, dark green
 Vinyl Floor Tile, off-white
 Vinyl Floor Tile, off-white with speckles
 Vinyl Floor Tile, orange
 Vinyl Floor Tile, tan with speckles
 Wallboard
 Wallpaper, Tan
 Window Glazing
 White Board Insulation

3.4 Results Summary Table

The following is a summary of the observed condition of the homogeneous materials sampled that were identified as asbestos-containing material. All quantities are approximate and are subject to field verification.

Building at 685 Liberty Avenue, Union, NJ					
Sample ID	Location	Material	Total Quantity	Friability (F/N)	Cond. (G/F/P)
W103230	2 nd Floor, South Offices, Open Area	Mastic for 12"x12" Carpet Tiles, Black	4,800 SF	NF	Good
W103245	2 nd Floor, Server Room, Pipe Vent	Tar	6 LF	NF	Good

Asbestos Inspection Report
 Bed, Bath & Beyond
 685 Liberty Avenue, Union, NJ

Hillmann Consulting, LLC

Building at 685 Liberty Avenue, Union, NJ					
Sample ID	Location	Material	Total Quantity	Fraility (F/NF)	Cond. (G/F/P)
W103275	1 st Floor, Storage Area	9"x9" Vinyl Floor Tile, Gray	10 SF	NF	Good
W103276		Mastic associated with Gray 9"x9" Vinyl Floor Tile, Black			
Assumed	1 st Floor Sprinkler Room	Residual Floor Mastic	20 SF	NF	Fair
W103300	1 st Floor, Martial Arts Studio, under Carpet and Matting	Mastic associated with 12"x12" Light Gray Vinyl Floor Tile, Black	2,400 SF	NF	Good
TB1740	1 st Floor, Comcast Warehouse, East Side	Window Glazing	1,152 LF	NF	Good
W103341	Roof, Office, Flashing, Fourth Layer*	Roof Flashing (Base)	3,560 SF	NF	Good
W103343	Roof, Warehouse*	Tar Board (Roof Membrane)	35,000 SF	NF	Good
W103357	Roof, Warehouse, First Layer*	Roof Flashing (Base)	2,240 SF	NF	Good
W103368	Roof, Warehouse, HVAC Ducts	HVAC Tar on Ducts	10 SF	NF	Good
W103369	Roof, Warehouse, Vent Pipe	Tar on Vent Pipes	4 SF	NF	Good
W103370					
Assumed	Throughout Perimeter of Interior and exterior of Building - Up to 4' high on interior and 4' below the 1 st floor slab	Vapor Barrier**	Under Slab - 3,840 SF 1 st Floor - 3,760 SF 2 nd Floor - 2,704 SF Total - 10,304 SF	NF	N/A

Square Feet = SF

Good = G

NF = Non-fraility

*ACM is located in at least one layer of a component. For construction purposes, the entire component must be considered ACM.

**Assumed due to inaccessibility - It is recommended material is sampled at a later date when accessibility is provided.

#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann considers this to be a homogenous material. As such, all aircell and block pipe insulation are considered positive.

##Samples of same color and texture floor tile have yielded positive results. Hillmann considers this to be a homogenous material. As such, some floor tiles have been grouped together and are considered positive.

Hillmann had the layers attached directly to the substrate analyzed first in order to identify the component as ACM. If this layer is identified as ACM, then the remaining layer were not analyzed and are assumed to be ACM as part of that component.

JUN 17 2015

NO CKS.

Print Form

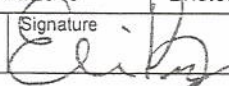
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/16/2015		Name of Building Owner/Operator (2) Beyer Brothers GMC							
Agencies Notified	Type Notification	Street Address 109 Broad Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, NJ 07022							
		Name of Contact Michelle Beyer	Telephone Number 201-200-2002						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Structure Associates with Route 1 & 9		Type of Facility (4)							
Street Address 155 Broad Avenue Parcel 11A		<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) Fairview		Square Feet	# of Floors Bldg. Age 25+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 211 East Essex Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250 License No. 01-2						
Start Date (10) 6/10/2015	Scheduled Completion Date (11) 6/30/2015	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 365							
<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: Vacant		City, State, Zip Code Berlin, NJ 08009							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	250 SF	X			
						X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 211 East Essex Ave. Linwood, NJ 08221			Disposal Date 6/30/2015	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature		Date 6/16/2015				

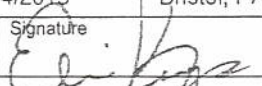
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/16/2015		Name of Building Owner/Operator (2) Beyer Brothers GMC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	109 Broad Ave							
		City, State, Zip Code Fairview, NJ 07022							
		Name of Contact Michelle Beyer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Structure Associates with Route 1 & 9		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 155 Broad Avenue Parcel 11A		Square Feet	Bldg. Age 25+						
City (5) Fairview	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 211 East Essex Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 6/10/2015	Scheduled Completion Date (11) 6/30/2015	Name of OSHA Monitor Health & Safety Services, 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: Vacant		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Windows			X	Window Caulk	17 Windows	X			
Basement			X	Pipe	60 L	X			
Roof			X	Roofing Tile	4,000	X			
Throughout			X	Fire Doors	4 Doors	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 211 East Essex Ave. Linwood, NJ 08221			Disposal Date 6/30/2015	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature			Date 6/16/2015			

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

Date of Notification (1) 5/27/2015		Name of Building Owner/Operator (2) Beyer Brothers GMC								
Agencies Notified	Type Notification	Street Address								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	109 Broad Ave								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, NJ 07022								
		Name of Contact Michelle Beyer	Telephone Number 201-2-1234							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Structure Associates with Route 1&9		Type of Facility (4)								
Street Address 155 Broad Avenue Parcel 11A		<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) Fairview		Square Feet	# of Floors Bldg. Age 25+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a								
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.							
Street Address PO Box 365		Street Address 211 East Essex Ave								
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221								
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250 License No. 01172							
Start Date (10) 6/10/2015	Scheduled Completion Date (11) 6/17/2015	Name of OSHA Monitor Health & Safety Services, Inc.								
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>		316 12th Street								
		City, State, Zip Code Hammononton, NJ 08037								
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			X	Floor Tile	250 SF	X				
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill						
City, State 815 12th Street, Hammonton NJ 08037		Disposal Date 4/14/2015		City, State Bristol, PA						
Completed by Eric Keys		Title OM	Signature 		Date 5/27/2015					

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

Date of Notification (1) 5/27/2015		Name of Building Owner/Operator (2) Beyer Brothers GMC					
Agencies Notified	Type Notification	Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	109 Broad Ave					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, NJ 07022					
		Name of Contact	Telephone Number				
		Michelle Beyer					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Structure Associates with Route 1&9		Type of Facility (4)					
Street Address 155 Broad Avenue Parcel 11A		<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) Fairview		Square Feet	# of Floors				
			Bldg. Age 25+				
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a					
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.				
Street Address PO Box 365		Street Address 211 East Essex Ave					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221					
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250				
License No. 31172							
Start Date (10) 6/10/2015	Scheduled Completion Date (11) 6/17/2015	Name of OSHA Monitor Health & Safety Services, Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		316 12th Street					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code					
<input checked="" type="checkbox"/> Other - Describe: Vacant		Hammonton, NJ 08037					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Windows		Window Caulk	17 Windows	X			
Basement		Pipe	60 LF	X			
Roof		Roofing Tile	4,000 SF	X			
Throughout		Fire Doors	4 Doors	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill			
City, State 815 12th Street, Hammonton NJ 08037		Disposal Date 4/14/2015	City, State Bristol, PA				
Completed by Eric Keys	Title OM	Signature 	Date 5/27/2015				

NO CK

D&S Proj. #: 2015-167

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

RECEIVED

2015 JUL 17 AM 3:36

ADDED TO CONTROL & LICENSING

Date of Notification (1) 10/16/11/11/11/15		Name of Building Owner/Operator (2) BOB SMIGELSKY	
Agencies Notified	Type Notification	Street Address 85 SAND SPRING ROAD	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code HARDING TWP., NJ	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact BOB SMIGELSKY	
<input checked="" type="checkbox"/> DOL	Amendment #: 1	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BOB SMIGELSKY			Type of Facility (4)	
Street Address 85 SAND SPRING ROAD			<input type="checkbox"/> School (K - 12)	
City (5) HARDING TWP.			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) MORRIS			<input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
County Code (7) (State use only)			Square Feet	# of Floors
			Current Use	Prior if being demolished

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION INC.	
City, State, Zip Code			Street Address 20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 06/02/15		Sched. Completion Date (11) 06/30/15	Telephone Number 973-345-8020	
Occupancy Status During Abatement (Check only one)			License Number 01169	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Name of OSHA Monitor D & S Restoration, Inc.	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Street Address 20 California Avenue	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)			Full Container w/negative pressure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-enclosure		
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount Specified (SF)	SF or T.	Remove	Repair	Encap	Encl
	Yes	No	N/A							
3RD FLR, HLLWY, 3 RMS, BATHRMS		X		WALL & CEILING PLASTER	1,900 SQ.		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 20 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/24/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/11/15

NO CK

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

D&S Proj. #: 2015-167

RECEIVED

2015 JUN 7 AM 3:36

CONTROL
& LICENSING

Date of Notification (1) 10 15 / 11 18 / 11 15		Name of Building Owner/Operator (2) BOB SMIGELSKY	
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 Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 SAND SPRING ROAD	
		City, State, Zip Code HARDING TWP., NJ	
		Name of Contact BOB SMIGELSKY	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BOB SMIGELSKY			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 Bldg./Homes, etc.)
Street Address 85 SAND SPRING ROAD			Square Feet
City (5) HARDING TWP.	County (6) MORRIS	County Code (7) (State use only)	# of Floors
			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	License Number 01169
Start Date (10) 06/02/15	Sched. Completion Date (11) 06/19/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Container w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount Specified (SF or cu yd)	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A						
3RD FLR, HLLWY, 3 RMS, BATHRMS		X		WALL & CEILING PLASTER	1,900 SQ FT.	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 20 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/05/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/18/2015

OK 37431

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

RECEIVED

Date of Notification (1) 06/16/15 Month/Day/Year		Name of Building Owner/Operator (2) Cooper University Hospital		2015 JUL 17 AM 3:43	
Agency Notified X EPA X DEP X DCA X DOH	Type Notification x Initial	Street Address One Cooper Plaza		A-98 FOS CONTROL LICENSING	
	Notification	City, State, Zip Code Camden NJ 08103			
	Amended	Name of Contact Mark Elberfeld		Telephone Number	
	Notification Cancellation				
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial building, home etc.)		
Street Address One Cooper Plaza			Square Feet 50,000 # of Floor 4 Bldg. Age 60		
City (5) Camden		County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc.	
Street Address 3370 Progress Drive			Street Address 98 LaCrue Avenue		
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Panpresso		Telephone Number 215-244-1300		Telephone Number 610-364-9622	
Licence Number 1103					
Scheduled Start Date (10) 06/29/15 Month/Day/Year		Sched. Completion Date (11) 09/29/15 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30 AM			Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020		
Scope of work (Check all that apply) Demolition >3 sf or >3 if x >160 sf or >260 lf x Renovation Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No			
Pharmacy 2nd floor		x	floor tile and mastic	4564 SF	x
3rd Fl OR		x	floor tile and mastic	1542 SF	x
2nd Fl Enabling		x	floor mastic	1345 SF	x
2nd Fl Enabling		x	floor tile	830 SF	x
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As req.		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature Mark Goshow	
Date 6-16-15					
ABS-41 JUN 95					

G4667

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

Cheryl 9939

Date of Notification (1) <div style="display: flex; justify-content: space-around;">61215</div>		Name of Building Owner/Operator (2) Manchester Board of Education		2015 JUN 17 AM 3:44					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 121 Route 539		ASBESTOS CONTROL					
		City, State, Zip Code Manchester Township, NJ 08759		LICENSING					
		Name of Contact Robert Sibilia		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Whiting Elementary School				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 412 Manchester Blvd									
City (5) Manchester Township, NJ 08759				Square Feet 7000	# of Floors 1				
County (6) Passaic				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 1253 North Church Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215 542 7000	License No. 00017					
Start Date (10) 6/ / 24 / 15		Scheduled Completion Date (11) 6 / 30 / 15		Name of OSHA Monitor CES					
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-5:00PM / ____ PM - ____ AM			Street Address 1121 N. Bethlehem Pike - Suite 60						
			City, State, Zip Code Spring House, PA 19477						
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 <i>w/ bag + airlock</i> <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
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TSI Pipe Fitting	13 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Tar Flashing	92 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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks County Munty Landfill					
City, State Hatfield, PA		Disposal Date 6/30/15	City, State Birdsboro, PA 1908						
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>		Date 6/12/15				

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

Once # 9940

Date of Notification (1) <div style="text-align: center;">6 / 12 / 15</div>			Name of Building Owner/Operator (2) Manchester Board of Education			<i>2015 JUN 17 PM 3:45</i>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 121 Route 539			<i>121 Route 539</i>			
City, State, Zip Code Manchester Township, NJ 08759						<i>MANCHESTER, NJ</i>				
Name of Contact Robert Sibilia				Telephone Number 732 -						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Ridgeway ES						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 2861 Ridgeway Rd										
City (5) Manchester Township, NJ 08759						Square Feet 7000		# of Floors 1		
County (6) Passaic						County Code (7) (STATE USE ONLY)		Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.				ASCM No.		Name of Abatement Contractor (9) Controlled Environmental System				
Street Address 1253 North Church Street				Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm Mike Stocku			Telephone No. 609-304-3969		Telephone No. 215 542 7000		License No. 00 17			
Start Date (10) <div style="text-align: center;">6 / 30 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 7 / 15</div>		Name of OSHA Monitor CES						
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-5:00PM / ____ PM - ____ AM						Street Address 1121 N. Bethlehem Pike - Suite 60				
						City, State, Zip Code Spring House, PA 19477				
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 <i>W/ bag & suit</i> <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 (Square Feet)	Abatement Type			
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library Storage Closet		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	15 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 Geppert Recycling			NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill				
City, State Hatfield, PA					Disposal Date 6/30/15	City, State Birdsboro, PA 19008				
Completed By (Print or Type) Patricia Visco		Title Office Manager			Signature <i>Patricia Visco</i>		Date 6/12/15			

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

Chg # 9941

Date of Notification (1) <div style="display: flex; justify-content: space-around;">61215</div>		Name of Building Owner/Operator (2) Manchester Board of Education		<i>2015 JUN 17 AM 3:45</i>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 121 Route 539		<i>ASBESTOS</i>	
		City, State, Zip Code Manchester Township, NJ 08759			
		Name of Contact Robert Sibilia		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Manchester MS			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 2759 Ridgeway Rd					
City (5) Manchester Township, NJ 08759			Square Feet 7000	# of Floors 1	Bldg. Age 50+
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) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental System		
Street Address 1253 North Church Street		Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215 542 7000	License No. 0017	
Start Date (10) <div style="display: flex; justify-content: space-around;">63015</div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;">7715</div>		Name of OSHA Monitor CES	
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-5:00PM PM- AM			Street Address 1121 N. Bethlehem Pike - Suite 60		
			City, State, Zip Code Spring House, PA 19477		
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 (SF or LF)	Abatement Type
	Yes	No			
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Flashing	50 LF	<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"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
	<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"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill	
City, State Hatfield, PA		Disposal Date 6/30/15	City, State Birdsboro, PA 19008		
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 6/12/15	

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

QRC # 9942

Date of Notification (1) <div style="text-align: center;">6 / 12 / 15</div>		Name of Building Owner/Operator (2) Manchester Board of Education		2015 JUN 7 AM 3:45				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 121 Route 539		A-321 36 1001				
		City, State, Zip Code Manchester Township, NJ 08759		60 JUN 15				
		Name of Contact Robert Sibilia		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Manchester High School				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 101 S. Colonial Drive,								
City (5) Manchester Township, NJ 08759				Square Feet 7000	# of Floors 1			
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) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental System					
Street Address 1253 North Church Street		Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 609-304-3969	Telephone No. 215 542 7000	License No. 00 47				
Start Date (10) 6 / 29 / 15		Scheduled Completion Date (11) 7 / 7 / 15		Name of OSHA Monitor CES				
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-5:00PM / ____ PM - ____ AM			Street Address 1121 N. Bethlehem Pike - Suite 60					
			City, State, Zip Code Spring House, PA 19477					
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
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1300 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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill				
City, State Hatfield, PA		Disposal Date 6/30/15		City, State Birdsboro, PA 19008				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 6/12/15		

CK 006034

D&S Proj. #: 2015-199

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

RECEIVED

2015 JUN 17 AM 3:56

ASBESTOS CONTROL
& LICENSING

Telephone Number

712

FACILITY INFORMATION

Date of Notification (1) 10/16/11/11/15		Name of Building Owner/Operator (2) CHUCK FISHER	
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 Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 VAN VLECK STREET City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact CHUCK FISHER	Telephone Number

Name of facility where abatement is taking place (3) CHUCK FISHER			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 Bldg./Homes, etc.)
Street Address 21 VAN VLECK STREET			Square Feet
City (5) Upper Montclair	County (6) ESSEX	County Code (7) (State use only)	# of Floors
			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	License Number 01169
Start Date (10) 07/15/15	Sched. Completion Date (11) 07/30/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input 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 Container w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-Exempted and Non-friable procedure
---	--	--	---	---

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount Specified (SF)	SF or	Remove	Repair	Encapsulate	Enclose
	Yes	No	N/A							
GARDEN HOUSE basement		<input checked="" type="checkbox"/>		PIPE INSULATION	901 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARRIAGE HOUSE bsmnt.		<input checked="" type="checkbox"/>		PIPE INSULATION	2401 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN HOUSE VARIOUS LOCATIONS		<input checked="" type="checkbox"/>		PIPE INSULATION	1400 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN HOUSE LIBRARY		<input checked="" type="checkbox"/>		VAT AND MASTIC	620 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 25 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/11/2015