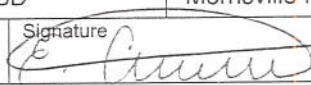


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6-12-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC								
Agencies Notified	Type Notification	Street Address 50 Washington Street								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030								
		Name of Contact	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		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 200-208 Middlesex Str (Angelo Cifelli Drive)		Square Feet 5000	# of Floors 2							
City (5) Harrison		Bldg. Age 50+								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Building for Demo								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950							
Start Date (10) 6-29-2015		Scheduled Completion Date (11) 8-31-2015	Lic. Use No. 0193							
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 Loznica Management Corp								
		Street Address 22 Troy Lane								
		City, State, Zip Code Lincoln Park NJ 07035								
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 (Spec. SF or %)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Lower Roof			x	Tar	1200	F	x			
Main Roof			x	Tar	2,500	F	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill						
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 1067						
Completed by E. Cirovic		Title Secretary	Signature 			Date 6-12-2015				

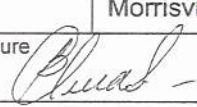
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 10, 2015		Name of Building Owner/Operator (2) James Foley		Check # 2158	
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 479 Raritan Avenue City, State, Zip Code Atco, NJ 08004 Name of Contact James Foley Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Old Gun Club				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 479 Raritan Avenue				Square Feet 1,480	# of Floors 3
City (5) Atco				Bldg. Age 80	
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue			
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	
Start Date (10) June 19, 2015		Scheduled Completion Date (11) June 22, 2015		License No. 0342	
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 EMSL Analytical	
Street Address 200 Route 130 North				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and In-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior		XXX		Siding	660 SF
Name of Registered Waste Hauler Wade's Salvage		NJDEP Waste Hauler ID No. 21115		Cubic Yards of Waste 2	Name of Registered Landfill Cycle Chem, Inc.
City, State Atco, NJ		Disposal Date 6/22/2015		City, State Elizabeth, NJ	
Completed by Christina Lynch		Title Operations Manager		Signature <i>Christina Lynch</i>	Date 6/10/2015

CK 2765

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

RECEIVED
2015 JUN 18 AM 12:58
LICENSING CONTROL

Date of Notification (1) 6/11/2015 Check#2764		Name of Building Owner/Operator (2) Queen St Mary and Prince Tadros	
Agencies Notified	Type Notification	Street Address 283 Davidson Mill Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Monroe Township, NJ 08831	
		Name of Contact Akram Aziz	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address 283 Davidson Mill Road		<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) Monroe Township, NJ 08831		Square Feet 2,000	# of Doors 2
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. _____	Name of Abatement Contractor EA Services Corporation
Street Address 280 Huyler Street		Street Address 426 69th Street	
City, State, Zip Code Hackensack, NJ 07606		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm _____		Telephone No. 201-489-8700	Telephone No. 201-295-1700
Start Date (10) June 22-2015		Scheduled Completion Date (11) June 25-2015	Name of OSHA Monitor Same as above
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM to 3:30 PM		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 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)
	Yes	No	
First Floor-Kitchen area		x	Heating pipe insulation
Basement area		x	Floor tile
Basement area		x	Debris on elbows
Throughout			x Windows
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd
City, State Freehold, NJ		Disposal Date tbd	Name of Registered Landfill GROWS North Morrisville, PA
Completed by Gina Salvador		Title Office Manager	Signature 
		Date 6-11-2015	

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

B & G proj. #: 2015-107

Emergency

Check # 7259

Date of Notification (1) <u>06/11/15</u>		Name of Building Owner/Operator (2) Bound Brook Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 337 W. 2nd Street		City, State, Zip Code Bound Brook, NJ 08805	
Name of Contact Ernie Turner		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Smalley School-NON FRIABLE			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 163 Cherry Avenue			Square Footage # of Floors Bldg. Age		
City (5) Bound Brook	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) school-non-friable		
Name of Monitoring Firm Hired by Bldg. Owner (8) R & K Occupational & Environmental Analysis		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 401 St. James Avenue		Street Address 105 Ryerson Road			
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jonathan Gilbert		Phone Number 908-454-6316	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/13/2015		Sched. Completion Date (11) 06/13/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Gym			<input checked="" type="checkbox"/>	glue dots	18 sq	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/13/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/10/2015

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** E M E R G E N C Y C L E A N - U P ***

B & G proj. #: 2015-113

Date of Notification (1) 06/11/15		Name of Building Owner/Operator (2) Joseph Sgroi and Andrea Sgroi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 66 Yantacaw Brook Road	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Joseph Sgroi and Andrea Sgroi	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Joseph Sgroi and Andrea Sgroi ***EMERGENCY CLEANUP***			Type of Facility <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial homes, etc.)	
Street Address 66 Yantacaw Brook Road			Square Feet	of Floors Bldg. Age
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Private or if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869	License Number 0378

Scheduled Start Date (10) 06/12/2015	Sched. Completion Date (11) 06/14/2015	Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road
		City, State, Zip Code Lincoln Park, NJ 07035

Scope of Work (check all that apply)			wrap & cut
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	Non-friable procedure


Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify S or LF)	or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
basement			X	mastic	1088 sf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	re-clean entire bsmt surface area			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Hepa vacuuming & wet wiping			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				utilizing negative pressure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 06/15/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/11/2015

Emergency

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

GK 4 907

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Barbara Stewart Private Home	
Agencies Notified	Type Notification	Street Address 2040 Kuehnle Ave	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City NJ 08401	
		Name of Contact Barbara	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Barbara Stewart Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
Street Address 2040 Kuehnle Ave		Square Feet 1000+	# of Floors 1
City (5) Atlantic City NJ 08401		Bldg. Age 35+	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if building demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 6/12/15	Scheduled Completion Date (11) 6/16/15	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	
Exterior Siding			X
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State Elm NJ		Disposal Date 6/16/15	Name of Registered Landfill G.R.O.W.S.
Completed by Anthony T Perna		Title President	Signature 
		Date 6/11/15	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 10, 2015		Name of Building Owner/Operator (2) Callan & Moeller Construction	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address P O Box 2251 City, State, Zip Code Long Beach Twp., NJ 08008 Name of Contact Kathy Minto Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 6 East 32 nd Street		Square feet 1500 sf	
City LB Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of floors 1
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Bldg. Age 85
Street Address		Current Use (Prior if being demolished) Garage	
City, State, Zip Code		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Project Manager for Monitoring Firm		Street Address 1889 Route 9	
Telephone Number		City, State, Zip Code Toms River, New Jersey 08755-1271	
Scheduled Start Date (10) 6/11/15		Telephone Number 732-349-9932	
Scheduled Completion Date (11) 6/12/15		License Number 00624	
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 _____		Name of OSHA Monitor E.M.S.L. Analytical	
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		Street Address 1056 Stelton Road	
[] Renovation [x] Demolition		City, State, Zip Code Piscataway, New Jersey 08854	
[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally used Solely by Maintenance/Custodial staff (12) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Exterior garage	X		Asbestos siding
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2
City, State Toms River, New Jersey		Disposal Date 6/15/15	Name of Registered Landfill T.R.R.F.
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>
		Date 2/27/15	

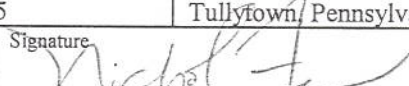
*Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) <div style="text-align: center;">June 10, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Carolyn Kolb</div>	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address <div style="text-align: center;">419 Stephanie Drive</div> City, State, Zip Code <div style="text-align: center;">North Coldwell, NJ 07006</div> Name of Contact <div style="text-align: center;">Carolyn Kolb</div>	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">91 Gregg Drive</div>			Square feet <div style="text-align: center;">1000 sf</div>		
City <div style="text-align: center;">Manahawkin</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 1</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">6/11/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/12/15</div>			
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 _____			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
			Street Address <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and In-Friable Procedure	

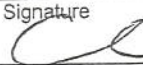
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Square Feet) (14)	Abatement Type			
	R	R	E			E			
Exterior		X		Asbestos siding	960 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">6/15/15</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 		Date <div style="text-align: center;">6/10/15</div>			

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

Emergency

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

CK 4906

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Joan Potts Private Home							
Agencies Notified	Type Notification	Street Address 300 Angelsea Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ocean Gate NJ 08721							
		Name of Contact Joan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joan Potts Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)							
Street Address 300 Angelsea Ave.		Square Feet 1000	# of Floors 1						
City (5) Ocean Gate NJ 08721		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if building demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/12/15	Scheduled Completion Date (11) 6/13/15	Name of OSHA Monitor Same							
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: on slab		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) <input type="checkbox"/> 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 Specified (F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
found under slab			x	floor tile	approx 300 lf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/15/15		City, State Morrisville		A 19067			
Completed by Anthony T Perna		Title President		Signature 		Date 6/11/15			

PK 14681

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

RECEIVED

Date of Notification (1) 6/10/2015		Name of Building Owner/Operator (2) Lodi School District	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 8 Hunter St.		City, State, Zip Code Lodi, NJ 07644	
Name of Contact Mr. Marc Capizzi			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hilltop Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 200 Woodside Ave			
City (5) Lodi	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 00127	Name of Contractor (9) MTM Metro Corporation
Street Address 307 N Walnut Street		Street Address 135-137 McBride Ave	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Matt Abraham	Telephone Number 610-431-7545	Telephone Number 973 742 5030	License Number 00019
Scheduled Start Date (10) 06/23/2015	Scheduled Completion Date (11) 7/09/2015	Name of OSHA Monitor MTM Metro Corporation	
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 135-137 McBride Av City, State, Zip Code Paterson, NJ 07501	
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"/> Non-Exempted(*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Gym	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A X	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Vapor barrier	Amount (Specify SF or LF) 3,480 SF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 40
City, State Paterson, NJ 07501		Disp. Date 7/10/2015	City, State Tullytown, PA
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
			Date 6/10/2015

ASB-41

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

OK 2823

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, 2015		Name of Building Owner/Operator (2) Erickson Living	
Agencies Notified X EPA DCA x DOL x DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 701 Maiden Choice Lane		City, State, Zip Code Catonsville, Maryland 21228	
Name of Contact Mark Hunter		Telephone Number 588-5888	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Exterior		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 603 Mountain Avenue		Sq. Feet: Unknown # of Floors: NA Bldg. Age: NA	
City (5) New Providence	County (6) Union	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address		Street Address 511 MAIN STREET	
City, State, Zip Code		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 973-492-0477	License Number 840
Scheduled Start Date (10) June 11, 2015	Scheduled Completion Date (11) June 18, 2015	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: Day Shift		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source 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> Renovation Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempt I (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Transite Pipe encased in concrete	Amount (Specify sf or LF) 100 LF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 60	Name of Registered Landfill Meadowfill Landfill C.R.O.W.S. Mervia Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date June 18th, 2015	City, State Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date June 10, 2015

GAC # 2015-495

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

check # 11 660

GAC Project # 060-15

Date of Notification (1) June 12, 2015		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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – additional location & quantity <input type="checkbox"/> Emergency (including justification) <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) MEDICAL SCIENCE BUILDING, BLDG# 7257		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 RBHS NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) NEWARK RBHS	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno 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
Scheduled Start Date (10) 06/12/15		Scheduled Completion Date (11) 06/15/15	
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: 5:00 PM – 5:00 AM (24 hours as needed)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
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) 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 or LF)
Room G506	<input checked="" type="checkbox"/>	VAT	400 SF
Room G657	<input checked="" type="checkbox"/>	VAT	100 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405, NJDEP # 28969		Disposal Date 06/15/15	
Hauler #2) S TG – P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		Name of Registered Landfill R.O.W.S. North Landfill	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date June 12, 2015	

Copies To: Rutgers, REHS, Attn: Mike Smith and Cardno 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)

GAC Project # 060-15

<u>Date of Notification (1)</u> June 2, 2015		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <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		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY		<u>Telephone Number</u> 	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> MEDICAL SCIENCE BUILDING, BLDG# 7257		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)	
<u>Street Address</u> RBHS NEWARK CAMPUS		<u>Sq. Feet: N/A</u> <u># of Floors: 8</u> <u>Est. Age: 60+ years</u>	
<u>City (5)</u> NEWARK RBHS	<u>County (6)</u> ESSEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> CADEMIC
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Cardno ATC		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 0840
<u>Scheduled Start Date (10)</u> 06/12/15	<u>Scheduled Completion Date (11)</u> 06/15/15	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: 5:00 PM - 5:00 AM (24 hours as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD <u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u> <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 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Room G506	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> YES	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT	<u>Amount (Specify S or LF)</u> 400 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 15 CY
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJDEP # 28969</u>		<u>Disposal Date</u> 06/15/15	
<u>Hauler #2) S TG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990</u>		<u>Name of Registered Landfill</u> R.O.W.S. North Landfill	
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO		<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>
		<u>Date</u> June 2, 2015	

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

CK 2824

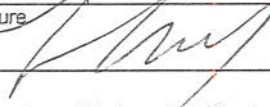
State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) June 11, 2015		Name of Building Owner/Operator (2) Delbarton School		JUN 18 AM 1:04 ASBESTOS CONTROL & REMEDIATION	
Agencies Notified X EPA X DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 230 Mendham Road City, State, Zip Code Morristown NJ Name of Contact Michel Rimpel	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Delbarton School		Type of Facility (4) School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial building homes, etc.) Sq. Feet: 60,000 # of Floors: 3 Bldg. Age: 60 years			
Street Address 230 Mendam Road					
City (5) Morristown	County (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being demolished):		
Name of Monitoring Firm Hired by Bldg. Owner (8) Detail Associates, Inc. DAI Environmental Services		ASCM No. 00012	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 300 Grand Avenue		Street Address 268 MAIN STREET			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Butler, NJ 07405			
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone Number 201.569.6708	Telephone Number 973-492-0477	Fax Number 840	
Scheduled Start Date (10) June 20, 2015		Scheduled Completion Date (11) June 23, 2015		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		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 Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempture (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) Room # 333	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Plaster Ceiling	Amount (Specify S or LF) 570 sf	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste:	Name of Registered Landfill Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561			Disposal Date June 23, 2015	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 SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>		Date June 11, 2015	

GAC # 2015-497

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

Date of Notification (1) 6/9/2015		Name of Building Owner/Operator (2) Private Property							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2030 Lamberts Mill Road							
		City, State, Zip Code Scotch Plains NJ							
		Name of Contact Danny	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private property		Type of Facility (4)							
Street Address 2030 Lamberts Mill Road		<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) Scotch Plains NJ		Square Feet 2500	# of Floors 1						
County (6) Union		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 Street							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-491-0877						
Start Date (10) 6-19-2015	Scheduled Completion Date (11) 6-21-2015	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		rear side canopy flashing	50	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		Disposal Date		City, State 2335 Applebutte Rd Bethlehem					
Completed by Carlos Gomes		Title President	Signature 		Date 6/9/2015				

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

MO#22742782986

Date of Notification (1) 06 / 12 / 15		Name of Building Owner/Operator (2) Josh Lluch							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 42 Forest Avenue		City, State, Zip Code Verona, NJ 07044							
Name of Contact Gary Toriello		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 42 Forest Avenue		Square Feet	# of Floors						
City (5) Verona, NJ 07044		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	Licence No. 01127						
Start Date (10) 06 / 24 / 15	Scheduled Completion Date (11) 06 / 26 / 15		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Clean up and decontamination with Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable							
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling plaster	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>John W. Wenzel</i>		Date 06/12/2015				

RECEIVED
2015 JUN 18 AM 1:02
ASBESTOS CONTROL & LICENSING

MO#22742782975

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

Date of Notification (1) 06 / 12 / 15		Name of Building Owner/Operator (2) Nicole Schenk		2015 JUN 18 11:02	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 430 Holmes Street City, State, Zip Code Boonton, NJ 07005 Name of Contact Nicole Schenk		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 430 Holmes Street City (5) Boonton, NJ 07005 County (6) Morris			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.) Square Feet # of doors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Telephone No. 973-638-1777 License No. 0112	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410			
Start Date (10) 06 / 23 / 15		Scheduled Completion Date (11) 06 / 24 / 15		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	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent with Negative Pressure Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable					
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)	
		Yes No N/A		Amount (Specify S.F. or LF)	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe insulation 70 LF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD	
Completed By (Print or Type) N.Jevtic		Title Owner		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Signature N.Jevtic		Signature N.Jevtic		Date 06/12/2015	

CK 1071701954

Print Form

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

Date of Notification (1) 6/09/15		Name of Building Owner/Operator (2) Suzanne Sayia		2015 JUN 18 AM 12:59	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		47 Haddonfield Road	
				City, State, Zip Code Short Hills, NJ 07078	
		Name of Contact Suzanne Sayia		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)	
Street Address 47 Haddonfield Road				<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) Short Hills				Square Feet N/A	# of Floors N/A
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address				Street Address 11 Rosengren Avenue	
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. 10675
Start Date (10) 6/23/15		Scheduled Completion Date (11) 6/24/15		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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)	
		Yes	No	N/A	
basement			X		duct insulation
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Waste Management of PA Landfill
City, State Totowa, NJ		Disposal Date TBD		City, State Tulltown, PA	
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>	Date 6/09/15

OK 1535102988

Print Form

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

Date of Notification (1) 6/09/15		Name of Building Owner/Operator (2) Joe Fiorentino	
Agencies Notified	Type Notification	Street Address 128 Cooper Ave	
<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 #	City, State, Zip Code Montclair, NJ 07043	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Fiorentino	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 128 Cooper Ave		Square Feet N/A	# of Floors N/A
City (5) Montclair		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
Start Date (10) 6/24/15	Scheduled Completion Date (11) 6/25/15	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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)
	Yes	No	
basement		X	pipe insulation
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Waste Management of PA Tulltown, PA
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>
		Date 6/09/15	

OK 1383

Print Form

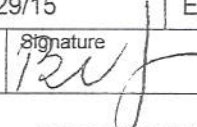
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2015 JUN 10 12:59

Date of Notification (1) 6/12/15		Name of Building Owner/Operator (2) Lisa Goodridge								
Agencies Notified	Type Notification	Street Address 1475 Highland Ave								
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillside NJ 07205								
		Name of Contact Lisa Goodridge								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)								
Street Address 1475 Highland Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Hillside NJ 07205		Square Feet 1800	# of Floors 2							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) Divine Environmental		ASCM No.	Name of Abatement Contractor (9) Turningpoint Contracting Corporation							
Street Address 358 Broadway		Street Address 51 Berkeley Terrace								
City, State, Zip Code Newark NJ		City, State, Zip Code Irvington NJ 07111								
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephone No. 201-483-9788	License No. 0238							
Start Date (10) 6/24/15	Scheduled Completion Date (11) 6/30/15	Name of OSHA Monitor JLC Environment, Inc								
Occupancy Status During Abatement (Check Only One)		Street Address 30 West 25th Street								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code NYC, NY 10007								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and NFPA-704 Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		Pipe Insulation	30L	x				
Name of Registered Waste Hauler Newark Carter Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Refactor						
City, State Newark NJ 07102		Disposal Date		City, State Tully Town PA						
Completed by Emeka Okeke		Title President	Signature 		Date 6/12/15					

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

CK# 2077

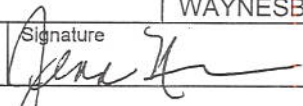
Date of Notification (1) 6/15/15		Name of Building Owner/Operator (2) Dennis Drazin						
Agencies Notified	Type Notification	Street Address 576 Ridge Rd						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Haven, NJ						
		Name of Contact Joe	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Drazin Residence		Type of Facility (4)						
Street Address 576 Ridge Rd		<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) Fair Haven		Square Feet 700	# of Floors 1					
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) garage					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address		Street Address 95 Montrose Road						
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757					
Start Date (10) 6/24/15		Scheduled Completion Date (11) 6/29/15	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		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 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)			Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure
garage			X	15 sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins				
City, State Colts Neck, New Jersey		Disposal Date 6/29/15		City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 6/15/15				

CK 3918

Print Form

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

RECEIVED

Date of Notification (1) 6-16-15		Name of Building Owner/Operator (2) CHICKFILA		2015 JUN 18 AM 3:35	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5200 BUFFINGTON ROAD City, State, Zip Code ATLANTA, GA 30349 Name of Contact DWIGHT WIRICK Telephone Number	
Name of Facility Where Abatement is Taking Place (3) CHICKFILA Street Address RT 202-31 City (5) FLEMINGTON County (6) HUNTERDON				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 23,000 # of Floors 1 Bldg. Age +/-50 Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EHS ENVIRONMENTAL Street Address 9 SOUTH MAIN STREET City, State, Zip Code MULLICA HILL, NJ 08067 Project Manager for Monitoring Firm JACK CARNEY		ASCM No. Telephone No. 856-223-0080		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC. Street Address 2251 FRALEY STREET City, State, Zip Code PHILADELPHIA, PA 19137 Telephone No. 215-533-5155 License No. 0136	
Start Date (10) 6-19-15		Scheduled Completion Date (11) 6-22-15		Name of OSHA Monitor EHS ENVIRONMENTAL Street Address 9 SOUTH MAIN STREET City, State, Zip Code MULLICA HILL, NJ 08067	
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:					
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) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
MAIN FLAT ROOF				2,916 SF	
TAR FLASHING				176 SF	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	
City, State NEW CASTLE, DE		Disposal Date		Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBORO, OH	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature  Date 6-16-15	

CK#6341

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

RECEIVED

Date of Notification (1) 6/17/15		Name of Building Owner/Operator (2) BUCKEYE PARTNERS		2015 JUN 18 AM 3:35				
Agencies Notified	Type Notification	Street Address 380 MAURER R.		City, State, Zip Code PERTH AMBOY, NJ 08863				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact DAVID KELLY		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BUCKEYE			Type of Facility (4)					
Street Address 1200 STATE STREET			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)					
City (5) PERTH AMBOY, NJ			Square Feet N/A	# of Floors N/A	Bldg. Age N/A			
County (6) MIDDLESEX			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 Broad St		Street Address 396 WHITEHEAD AVE						
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08881						
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111				
Start Date (10) 6/30/15		Scheduled Completion Date (11) 7/1/15		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA				
Occupancy Status During Abatement (Check Only One)			Street Address 396 WHITEHEAD AVE.					
<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: OUTSIDE			City, State, Zip Code SOUTH RIVER, NJ 08881					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
OUTSIDE		X	ACM PIPE INS.	70 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste APPX 10	Name of Registered Landfill WESTERN BERKS				
City, State FREEHOLD, NJ		Disposal Date TBD		City, State BIRDS MOUNTAIN, PA				
Completed by CAROL RAIMO		Title OFFICE MGR	Signature CAROL RAIMO	Date 6/17/15				

CK 11076

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

RECEIVED

Date of Notification (1) 6 / 15 / 15		Name of Building Owner/Operator (2) St. Luke's Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 185 Roseberry St. City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Ted Ruhf							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital		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 185 Roseberry St.		Square Feet 100,000+	# of Floors 2						
City (5) Phillipsburg, NJ 08865		Bldg. Age 40+							
County (6) Warren	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 3370 Progress Dr., Ste. J		Street Address 550 East Union St.							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 610-701-9000						
License No. 0050									
Start Date (10) 6 / 29 / 15	Scheduled Completion Date (11) 7 / 19 / 14	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM-AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 (Spec / SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	10 S	<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 David Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date TBD	City, State Birdsboro, PA						
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature 		Date 6-15-15				

CK 11079

Print Form

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

Date of Notification (1) June 9, 2015		Name of Building Owner/Operator (2) Carter Road V LLC								
Agencies Notified	Type Notification	Street Address 770 Township Line Rd.								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Yardley, PA 19067								
		Name of Contact Joseph Felice	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Former Lucent Training Center		Type of Facility (4)								
Street Address 353 Carter Rd.		<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) Hopewell		Square Feet 175,000	# of Floors 2							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) training center vacated for 18 years								
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.							
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.								
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382								
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. 610-701-9000							
Start Date (10) 6/17/15	Scheduled Completion Date (11) 10/15/15		Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check Only One)		Street Address 28 N. Pennell Rd.								
<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 Media, PA 19063								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Square Feet)	Abatement Type	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							
Basement mechanical room			X	boiler packing	600 SF		X			
Basement center building			X	VAT/Mastic	15,500 SF		X			
First Floor center building			X	VAT/Mastic	2,000		X			
Guest wings			X	VAT/Mastic	1,000		X			
Name of Registered Waste Hauler Mercer Group		NJDEP Waste Hauler ID No. 10416		Cubic Yards of Waste 90	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date ongoing		City, State Falls Township, PA						
Completed by Robert M. Casciato		Title President		Signature 		Date 06/15/2015				

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 S or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Guest rooms			X	Mastic on condensate pans	1,800 SF	X			
Basement electric room			X	Transite Board	10 SF	X			
Window panels guest rooms			X	Transite Board	7,000 SF	X			
Tennis Courts			X	1/8" wear surface	37,000 SF	X			

2015 JUN 19 AM 3:42
 2015 JUN 19 AM 3:42
 2015 JUN 19 AM 3:42

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

RECEIVED

Date of Notification (1) 5/18/2015		Name of Building Owner/Operator (2) County of Essex		2015 JUN 18 AM 3:43	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Bloomfield Avenue City, State, Zip Code Verona, NJ Name of Contact Sanjeev Vargheese	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Kip's Castle Park 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 22 Crestmont Road				Square Feet 8500	
City (5) Verona				# Floors 4	
County (6) Essex				Bldg. Age 90+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald				ASCM No. 140	
Street Address 111 Wood Avenue South				Name of Abatement Contractor (9) DIA General Construction, Inc.	
City, State, Zip Code Iselin, NJ 08830				Street Address 1360 Clifton Avenue, Floor 1B Suite 218	
Project Manager for Monitoring Firm Kevin Herrigthy				City, State, Zip Code Clifton, NJ 07012	
Telephone No. 973-912-2480				Telephone No. 973-389-0089	
Start Date (10) 6/2/2015				License No. 00693	
Scheduled Completion Date (11) 7/2/2015				Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, Floor 1B Suite 218	
				City, State, Zip Code Clifton, NJ 07012	
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 (*) <input type="checkbox"/> 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)	
		Yes No N/A			
Basement				Pipe/elbow insulation	
Basement				Ceiling Plaster	
Basement				Linoleum	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 60 CY	
City, State New Castle, DE 19720		Disposal Date 7/2/2015		Name of Registered Landfill Minerva Landfill	
Completed by Krutarth Jagad		Title Project Manager		Signature Waynesburg, OH 44688	
				Date 6/13/2015	

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

Date of Notification (1) 6/12/15		Name of Building Owner/Operator (2) The City of Rahway											
Agencies Notified	Type Notification	Street Address One City Hall Plaza											
<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>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07065											
		Name of Contact Daniel C. Lee	Telephone Number										
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Abandoned Residence		Type of Facility (4)											
Street Address 194 West Grand Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Rahway	Square Feet 1,300	# of Rooms ?	Bldg. Age 50+										
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Condemned											
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor Yannuzzi Environmental Services, Inc.										
Street Address		Street Address 135 Kinnelon Road											
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405											
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880										
Start Date (10) 6/9/15		Scheduled Completion Date (11) 6/12/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.										
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road											
<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 Kinnelon, NJ 07405											
Scope of Work (Check All That Apply)													
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> 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 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)										
	Yes	No		N/A									
Throughout Basement			x	Grey Pipe Insulation	50 SF	Removal	x	Repair		Encapsulate		Enclosure	
Second fl. hall under plywood			x	Black Floor Tile	15 SF	Removal	x	Repair		Encapsulate		Enclosure	
Interior Walls			x	Plaster	110 SF	Removal	x	Repair		Encapsulate		Enclosure	
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1 CY	Name of Registered Landfill GROWS									
City, State Kinnelon, NJ 07405		Disposal Date 6/11/15		City, State Morrisville, PA									
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 6/12/15							

NO CF

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

Date of Notification (1) 6/15/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07068							
		Name of Contact Gio Bermudez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warren Point Substation		Type of Facility (4)							
Street Address 5-45 Banta Pl		<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) Fair Lawn, NJ 07410		Square Feet 270	# of Floors 1						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control Room							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc		ASCM No. 0045	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Road							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. (732)290-2217	License No. 136						
Start Date (10) 6/24/15	Scheduled Completion Date (11) 7/8/15	Name of OSHA Monitor Environmental Tactics Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 64 Broad St							
<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 Matawan, NJ 07747							
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
Control House Exterior			X	Exterior Stucco	770	X			
Control House Window			X	Window Caulk	15	X			
Control House			X	Electric Cable Insulation	200	X			
Name of Registered Waste Hauler Russell Reid		NJDEP Waste Hauler ID No. NJD980533434	Cubic Yards of Waste 60	Name of Registered Landfill Conestoga					
City, State Edison, NJ		Disposal Date TBD	City, State Morgantown, P.						
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor	Signature <i>Michael J DiMaria</i>				Date 6/15/15		

NO CF

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

Date of Notification (1) 6/15/15		Name of Building Owner/Operator (2) PSEG					
Agencies Notified	Type Notification	Street Address 4000 Hadley Road					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07068					
		Name of Contact Gio Bermudez	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Warren Point Substation		Type of Facility (4)					
Street Address 5-45 Banta Pl		<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) Fair Lawn, NJ 07410		Square Feet 270	# of Floors 1				
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control Room					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc		ASCM No. 0045	Name of Abatement Contractor (9) WRS Environmental Services Inc.				
Street Address 64 Broad St		Street Address 17 Old Dock Road					
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Yaphank, NY 11980					
Project Manager for Monitoring Firm Tom Geiger		Telephone No. (732)290-2217	License No. 0136				
Start Date (10) 6/24/15	Scheduled Completion Date (11) 7/8/15	Name of OSHA Monitor Environmental Tactics Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 64 Broad St					
<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 Matawan, NJ 07747					
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			
				Removal	Repair	Encapsulate	Enclosure
Control House Exterior		Exterior Stucco	770 SF	X			
Control House Window		Window Caulk	15 LF	X			
Control House		Electric Cable Insulation	200 LF	X			
Name of Registered Waste Hauler Russell Reid		NJDEP Waste Hauler ID No. NJD980533434	Cubic Yards of Waste 60	Name of Registered Landfill Conestoga			
City, State Edison, NJ		Disposal Date TBD	City, State Morgantown, PA				
Completed by Michael J DiMaria	Title Proj Mgr/Site Supervisor	Signature <i>Michael J DiMaria</i>		Date 6/15/15			