

NO CK

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

Date of Notification (1) <div style="text-align: center;">6 / 12 / 14</div>			Name of Building Owner/Operator (2) <b>Newark Community Health Centers, Inc. Job #1206-4508 Check #</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>741 Broadway</b>						
		City, State, Zip Code <b>Newark, NJ 07107</b>		Name of Contact <b>Business Office</b>						
				Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Newark Community Health Center</b>				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 <b>741 Broadway</b>				Square Feet						
City (5) <b>Newark</b>				# of Floors						
County (6) <b>Essex</b>				Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Health Center</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>								
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>								
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>		Telephone No. <b>609-265-2107</b>						
				License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">5 / 27 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 11 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM				Street Address <b>200 Route 130 North</b>						
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
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) <b>TO BE ABATED IN Facility (13)</b>		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
1 <sup>st</sup> Floor		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	2,720 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>				Disposal Date <b>7/11/14</b>	City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>			Date <b>6/12/14</b>			

MO 21524499865

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

RECEIVED

Date of Notification (1) <b>06/19/2014</b>		Name of Building Owner/Operator (2) <b>Wayne Township Public Schools</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Nellis Drive</b> City, State, Zip Code <b>Wayne NJ 07470</b> Name of Contact <b>Mr. Kevin Joy</b>							
Telephone No. <b>50</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>John F. Kennedy ES</b>		Type of Facility (4) <input type="checkbox"/> Public Contracts <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 <b>1310 Ratzer Rd.</b>		Square Feet <b>80,000</b>							
City (5) <b>Wayne</b>		# of Floors <b>1</b>	Bldg. Age <b>50</b>						
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental LLC</b>	ASCM No. <b>00118</b>	Name of Abatement Contractor (9) <b>Niram Inc.</b>							
Street Address <b>464 Valley Brook Avenue</b>		Street Address <b>91 Fulton Street</b>							
City, State, Zip Code <b>Lyndhurst NJ 07071</b>		City, State, Zip Code <b>Boonton NJ 07005</b>							
Project Manager for Monitoring Firm <b>James Ruff</b>	Telephone No. <b>201 438 4839</b>	Telephone No. <b>973 299 4455</b>	License No. <b>01081</b>						
Start Date (10) <b>07/10/2014</b>	Scheduled Completion Date (11) <b>07/22/2014</b>	Name of OSHA Monitor <b>Uros Simeunovic</b>							
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: <b>Parts of facility occupied</b>		Street Address <b>91 Fulton Street</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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		City, State, Zip Code <b>Boonton NJ 07005</b>							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe Joint Insulation	25 LF	X			
Boiler Room	X			Boiler Breeching Insulation	150 SF	X			
Name of Registered Waste Hauler <b>Niram Inc.</b>		NJDEP Waste Hauler ID No. <b>12577</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Boonton NJ</b>		Disposal Date <b>07/23/14</b>		City, State <b>Tullytown PA</b>					
Completed By <b>Slobodan Panic</b>		Title <b>Project Manager</b>		Signature <i>S. Panic</i>		Date <b>06/19/2014</b>			

ASB-41

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



no 21524499876

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

ED

Date of Notification (1) <b>06/19/2014</b>		Name of Building Owner/Operator (2) <b>Wayne Township Public Schools</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Nellis Drive</b> City, State, Zip Code <b>Wayne NJ 07470</b> Name of Contact <b>Mr. Kevin Joy</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>George Washington MS</b>		Type of Facility (4) <input type="checkbox"/> Public Contracts <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 <b>68 Lenox Drive</b>		Square Feet <b>75,000</b>							
City (5) <b>Wayne</b>		# of Floors <b>2</b>	Bldg. Age <b>50</b>						
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental LLC</b>		ASCM No. <b>00118</b>	Name of Abatement Contractor (9) <b>Niram Inc.</b>						
Street Address <b>464 Valley Brook Avenue</b>		Street Address <b>91 Fulton Street</b>							
City, State, Zip Code <b>Lyndhurst NJ 07071</b>		City, State, Zip Code <b>Boonton NJ 07005</b>							
Project Manager for Monitoring Firm <b>James Ruff</b>		Telephone No. <b>201 438 4839</b>	Telephone No. <b>973 299 4455</b>						
Start Date (10) <b>06/30/2014</b>		Scheduled Completion Date (11) <b>07/09/2014</b>	License No. <b>01081</b> Contract No. _____						
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: <b>Parts of facility occupied</b>		Name of OSHA Monitor <b>Uros Simeunovic</b>							
		Street Address <b>91 Fulton Street</b>							
		City, State, Zip Code <b>Boonton NJ 07005</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Pipe Joint Insulation	25 LF	x			
Boiler Room	x			Boiler Breeching Insulation	210 SF	x			
Name of Registered Waste Hauler <b>Niram Inc.</b>		NJDEP Waste Hauler ID No. <b>12577</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Boonton NJ</b>		Disposal Date <b>07/10/14</b>		City, State <b>Tullytown PA</b>					
Completed By <b>Slobodan Panic</b>		Title <b>Project Manager</b>		Signature <i>S. Panic</i>		Date <b>06/19/2014</b>			

AS8-41

\* 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)

RECEIVED

Date of Notification (1) 06/17/2014		Name of Building Owner/Operator (2) Rockport Pheasant Farm							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 700 Rockport Road		City, State, Zip Code Mansfield, NJ							
Name of Contact Greg Frankoski		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rockport Game Farm Catch 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 700 Rockport Road		Square Feet	# of Floors						
City (5) Mansfield		Bldg. Age							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Service Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 973-588-4821	License No. 01231						
Start Date (10) 06/18/2014	Scheduled Completion Date (11) 06/19/2014	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Unoccupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pole Barn		X		Corrugated Panel	50SF	X			
Pole Barn		X		Window Coverings	300SF	X			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility					
City, State Linden, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Barbara Reed		Title President	Signature <i>Barbara Reed</i>	Date 06/17/014					



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

Date of Notification (1) <div style="text-align: center;">6 / 17 / 14</div>		Name of Building Owner/Operator (2) <b>Beachview, LP</b> / Job # 1406-1891 Chk. #3607							
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 <b>77 Park Street</b>							
		City, State, Zip Code <b>Montclair, NJ 07042</b>							
		Name of Contact <b>Mr. Bill Good</b>	Telephone Number <b></b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Beachview Residence</b>		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 <b>3850 Atlantic Avenue</b>									
City (5) <b>Atlantic City</b>		Square Feet <b>52,493</b>	# of Floors <b>5,4,4</b> Bldg. Age <b>45</b>						
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Apartment Complex</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>PO Box 336</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b> License No. <b>00862</b>						
Start Date (10) <div style="text-align: center;">06 / 30 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 30 / 14</div>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
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 <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Negative Pressure Enclosure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached Asbestos Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for a list of ACM locations, descriptions and quantities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment - 6 Pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>9/1/14</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature <i>Kimberly Trumbetti</i>		Date <b>6-17-14</b>			

**BRINKERHOFF**

ENVIRONMENTAL SERVICES, INC.



Brinkerhoff observed suspect materials for the Roenick building in the form of wall and ceiling plaster, wall joint compound, gypsum board, various ACT, various VAT and associated floor mastics, floor leveling compound, fire doors, electrical panel material, cove base material and associated mastic, ceramic tile grout and associated mastic, exterior stucco/cement, interior and exterior caulking, expansion joint material, various roofing materials, lightweight concrete, and TSI. According to laboratory analytical results, asbestos was detected above the one (1) percent action level in several of the materials tested.

**ASSUMED MATERIALS – COSMOPOLITAN BUILDING**

The following inaccessible materials and HAs located within the Cosmopolitan Building were not sampled by Brinkerhoff are assumed to be ACM based on historical knowledge of materials of this type and era. The materials listed below in Table 4 are considered homogenous with previously sampled ACM and are recommended to be removed as ACM prior to demolition of the subject building:

<b>Table 4</b> <b>Cosmopolitan Building</b> <b>Assumed Asbestos-Containing Materials (ACM)</b>		
<b>Material</b>	<b>Locations</b>	<b>Estimated Quantity</b>
12" Corrugated Pipe Insulation	Fourth Floor - Room 483 - Vertical Run To Basement And Horizontal Run To Boiler Room	150 LF
10" Corrugated Pipe Insulation	Fourth Floor - Ceiling Above Acoustical Tile Grid	400 LF
6" Corrugated Pipe Insulation	Fourth Floor Ceiling Above Acoustical Tile Grid	275 LF
2" Corrugated Pipe Insulation	Inside Wall Pipe Chases – Vertical Runs In Each Room to Basement	150 LF
Thermal System Pipe Fitting Insulation	Fourth Floor - Ceiling Above Acoustical Tile Grid	150 LF

LF – Linear Feet

**ASSUMED MATERIALS – SHANIS BUILDING**

The following materials and HAs located within the Shanis building were not sampled by Brinkerhoff and are assumed to be ACM. The materials listed below in Table 5 are recommended to be removed as ACM prior to demolition of the subject building:



**BRINKERHOFF**

ENVIRONMENTAL SERVICES, INC.



Table 5 Shanis Building Assumed Asbestos-Containing Materials (ACM)		
Material	Locations	Estimated Quantity
Fire Door Insulation	First & Second Floor Fire Control Room and Third Floor Nurses Utility Door	100 SF
Transite Panel	Third Floor Behind Pay Phone	5 SF

SF - Square Feet

Inaccessible areas may include interstitial sections inside walls, floors, ceilings, mechanical equipment, electrical cabinets and panels, underground pipe and equipment lines, tunnels, and or their systems. These interstitial spaces, and any other areas within the building, not specifically inspected, should be presumed to contain asbestos-containing materials until confirmatory investigations can be conducted.

**BRINKERHOFF**

ENVIRONMENTAL SERVICES, INC.



walls and in pipe chases throughout the building;

- ✓ Fire door insulation located throughout the corridor and patient rooms throughout the subject building;
- ✓ Penetration tar located throughout the fifth floor roofing materials;
- ✓ Edge perimeter tar located on the outer edge of the building third floor roof;
- ✓ Perimeter core materials located on the sides of the fourth floor roof where the roof meets the building;
- ✓ Perimeter core materials located on the sides of the third floor roof where the roof meets the building.
- ✓ Gross contamination of the Boiler Room

**Table 6**  
**Cosmopolitan Building – Estimated Quantities and Locations**  
**Asbestos-Containing Materials (ACM)**

Homogeneous Material ID #	Location(s)	Material Description	Estimated Quantity
HA-70	Cosmopolitan Building	Black Vinyl Floor Mastic (3.5% Chrysotile)	46,000 SF
HA-84	Cosmopolitan Boiler Room	6" Thermal System Insulation Mag Pipe (6% Chrysotile, 20% Amosite)	50 LF
HA-85	Cosmopolitan Boiler Room	12" Thermal System Insulation Mag Pipe (8% Chrysotile, 24% Amosite)	50 LF
HA-86	Cosmopolitan Boiler Room	18" Thermal System Insulation Mag Pipe (48% Chrysotile, 20% Amosite)	50 LF
HA-87	Cosmopolitan Boiler Room	Hot Water Tank Thermal System Insulation (8% Chrysotile, 4% Amosite)	75 SF
HA-88	Cosmopolitan Boiler Room	Condensate Tank Thermal System Insulation (4% Amosite)	75 SF
HA-89	Cosmopolitan Building	Corrugated Thermal System Insulation (40% Chrysotile)	1200 LF
HA-112	Cosmopolitan Building	Thermal System Pipe Fitting Insulation (72% Chrysotile)	10 LF
HA-130	Cosmopolitan Building	Fire Door Insulation (12% Amosite)	2,900 SF





**Table 6**  
**Cosmopolitan Building – Estimated Quantities and Locations**  
**Asbestos-Containing Materials (ACM)**

Homogeneous Material ID #	Location(s)	Material Description	Estimated Quantity
HA-160	Cosmopolitan Building 5 <sup>TH</sup> Floor Roof	Penetration Tar (2.9% Chrysotile)	100 SF
HA-163	Cosmopolitan Building 3 <sup>RD</sup> Floor Roof Sun Deck	Edge Tar (14.7% Chrysotile)	100 SF
HA-170	Cosmopolitan Building 4 <sup>TH</sup> Floor Roof	Perimeter Core Bottom Layer Asphalt (1.3% Chrysotile)	200 SF
HA-171	Cosmopolitan Building 3 <sup>RD</sup> Floor Roof Sun Deck	Perimeter Core Bottom Layer Asphalt (7.1% Chrysotile)	500

SF – Square Feet; LF – Linear Feet

**Shanis Building**

- ✓ Black vinyl floor tile mastic located throughout the bottom layer flooring of the walkway between Cosmopolitan and Shanis Buildings;
- ✓ Popcorn ceilings and acoustical plaster located throughout the subject building ceilings;
- ✓ Wood window glazing located throughout the subject building windows;
- ✓ Thermal system mag-pipe insulation located on the second floor;
- ✓ Thermal system pipe fitting insulation located on the fourth floor.
- ✓ Nine (9)-inch tan with dark specks vinyl floor tile located on the first floor near room 122; and,
- ✓ Nine (9)-inch tan with brown specks vinyl floor tile located throughout the subject building.

**Table 7**  
**Shanis Building – Estimated Quantities and Locations**  
**Asbestos-Containing Materials (ACMs)**

Homogeneous Material ID #	Location(s)	Material Description	Estimated Quantity
HA-72	Cosmopolitan to Shanis Walkway	Black Vinyl Floor Mastic (2.7% Chrysotile)	1,250 SF
HA-94	Shanis Building	Popcorn Ceiling (4% Chrysotile)	22,080 SF
HA-101	Shanis Building	Wood Window Glazing (4.3% Chrysotile)	3,188 LF



<b>Table 7</b> <b>Shanis Building – Estimated Quantities and Locations</b> <b>Asbestos-Containing Materials (ACMs)</b>			
Homogeneous Material ID #	Location(s)	Material Description	Estimated Quantity
HA-106	Shanis Building	Mag Pipe Insulation (4% <i>Chrysotile</i> , 16% <i>Amosite</i> )	20 LF
HA-113	Shanis Building	9" Light Tan w/ Dark Specks Vinyl Floor Tile (3.3% <i>Chrysotile</i> )	500 SF
HA-114	Shanis Building	9" Tan w/ Brown Specks Vinyl Floor Tile (5.3% <i>Chrysotile</i> )	7,500 SF

SF – Square Feet; LF – Linear Feet

**Roenick Building**

- ✓ Fire door Insulation located throughout the corridor and patient rooms for the subject building;
- ✓ Popcorn acoustical ceiling located throughout the subject building;
- ✓ Tan expansion joint caulk located throughout the corridors block wall joints;
- ✓ White expansion joint caulk located throughout the corridor doorways;
- ✓ Popcorn ceiling /wall perimeter caulk located throughout the corridors; and,
- ✓ Penetration tar located throughout the building roof.

<b>Table 8</b> <b>Estimated Quantities and Locations</b> <b>Asbestos-Containing Materials (ACMs)</b>			
Homogeneous Material ID #	Location(s)	Material Description	Estimated Quantity
HA-139	Roenick Building	Fire Door Insulation (20% <i>Amosite</i> )	3,950 SF
HA-140	Roenick Building	Tan Expansion Joint Caulk (1.9% <i>Chrysotile</i> )	650 LF
HA-141	Roenick Building	1 <sup>st</sup> Floor White Expansion Joint Caulk (1.1% <i>Chrysotile</i> )	200 LF
HA-144 HA-149	Roenick Building	Popcorn Ceiling (2% <i>Chrysotile</i> )	64,000 SF
HA-148	Roenick Building	Ceiling/Wall Perimeter Caulk (2.6% <i>Chrysotile</i> )	400 LF



Table 8 Estimated Quantities and Locations Asbestos-Containing Materials (ACMs)			
Homogeneous Material ID #	Location(s)	Material Description	Estimated Quantity
HA-156	Roenick Building Roof	Penetration Tar (12.4% Chrysotile)	100 SF

SF – Square Feet; LF – Linear Feet

Several different types of ACM which will likely be affected by the Scope of Work have been positively identified at various locations throughout the subject buildings.

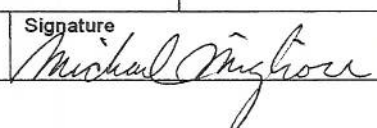
The Boiler Room of the Cosmopolitan Building is grossly contaminated with asbestos-containing TSI and will require abatement and decontamination prior to being occupied by non-asbestos trained personnel.

All asbestos abatement will have to be performed in accordance with NJDOLWD 12:120 and 8:60 by a contractor licensed by the state of NJ Department of Labor and Workforce Development (NJDOLWD) for asbestos removal.

The aforementioned regulatory agencies, the New Jersey Department of Health and Senior Services, and the USEPA must be notified in writing prior to the commencement of any abatement activities.


CK 1000022214

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

Date of Notification (1) 6/17/14		Name of Building Owner/Operator (2) Merck Sharp Dohme	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 Galloping Hill Rd
			City, State, Zip Code Kenilworth, NJ 07033
			Name of Contact Jerry Gaeta
Telephone Number _____			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Merck Sharp Dohme</b>			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 <b>2000 Galloping Hill Rd Bldg K2</b>			Square Feet 410000
City (5) <b>Kenilworth, NJ 07033</b>			# of Floors 3
County (6) <b>Union</b>			Bldg. Age 61 yrs
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Pharmaceutical Bldg / Office	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) <b>New States Contracting, LLC</b>
Street Address _____		Street Address <b>2400 Main Street Extension, Suite 10</b>	
City, State, Zip Code _____		City, State, Zip Code <b>Sayreville, NJ 08872</b>	
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. <b>732-525-0100</b>
License No. <b>00749</b>		Name of OSHA Monitor <b>Tiger Environmental</b>	
Start Date (10) <b>6/27/14</b>		Scheduled Completion Date (11) <b>6/27/14</b>	
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: <b>Unoccupied portion for MER in Basement</b>		Show Desktop.scf <b>16 W Elizabeth Ave</b>	
City, State, Zip Code <b>Linden, NJ 07036</b>			
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		
	Abatement Type		
Removal	Repair	Encapsulate	Enclosure
MER 71 Basement	X		
Thermal Insulation	12 LF	X	
Name of Registered Waste Hauler NA		NJDEP Waste Hauler ID No. NA	Cubic Yards of Waste NA
Name of Registered Landfill NA		Disposal Date NA	
City, State NA		City, State NA	
Completed by Michael Migliore		Title Sr. Account Manager	Signature 
		Date 6/17/14	



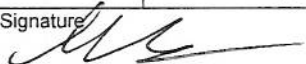
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/16/2014		Name of Building Owner/Operator (2) Summit Board of Education							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	14 Beekman Avenue							
		City, State, Zip Code Summit NJ 07901							
		Name of Contact Angelo Palumbo	Telephone Number 609-314-1111						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Summit Middle School		Type of Facility (4)							
Street Address 272 Morris Avenue		<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.)							
City (5) Summit		Square Feet 15,000	# of Floors 1						
		Bldg. Age 30 years							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public Middle School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental Inc		ASCM No. 00127	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address 307 N Walnut St		Street Address 205 Route 46 Suite 15							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Philip Condeh		Telephone No. (610) 431-7545	Telephone No. 973-339-9735						
		License No. 01034							
Start Date (10) 07/07/2014	Scheduled Completion Date (11) 07/22/2014	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 205 Route 46 Suite 15							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:30 pm to 12am occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classrooms 130,132,134,134a		X		Cove Base, Floor Tile & Mastic	2,100 SF	x		X	
Classroom 244		X		Cove Base, Floor Tile & Mastic	860 SF	x		x	
Classroom 246/246a		X		Cove Base, Floor Tile & Mastic	990 SF	x		X	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 07/22/2014		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager		Signature 		Date 06/16/2014			

CK 3090

Print Form

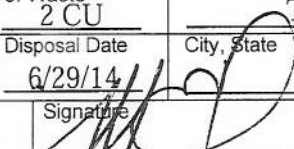
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/16/2014		Name of Building Owner/Operator (2) Summit Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 14 Beekman Avenue		City, State, Zip Code Summit NJ 07901							
Name of Contact Angelo Palurnbo		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Summit High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 125 Kent Place Blvd.		Square Feet 20,000							
City (5) Summit		# of Floors 2							
County (6) Union		Bldg. Age 30 years							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Public High School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental Inc		ASCM No. 00127							
Street Address 307 N Walnut St		Name of Abatement Contractor (9) Savic Construction Corp							
City, State, Zip Code West Chester, PA 19380		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Totowa, NJ 07512		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Philip Condeh		Telephone No. (610) 431-7545							
Start Date (10) 06/27/2014		Scheduled Completion Date (11) 07/08/2014							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:30 pm to 12am		Name of OSHA Monitor Savic Construction Corp							
Street Address 205 Route 46 Suite 15		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room	X			Boiler Breeching	600 SF	x		X	
Boiler room	X			Pipe Fittings	75 count	x		x	
Boiler room	X			Water tank	200 SF	x		X	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill GROWS			
City, State Newark NJ		Disposal Date 07/08/2014		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager		Signature 		Date 06/16/2014			

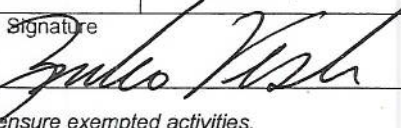


CK # 24560

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

Date of Notification (1) <u>6/17/14</u>		Name of Building Owner/Operator (2) <u>Chapin School</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>4101 Princeton Pike</u>							
		City, State, Zip Code <u>Princeton, NJ 08540</u>							
		Name of Contact <u>Bill Ehret</u>	Telephone Number <u>609-683-0011</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>The Cottage</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>4101 Princeton Pike</u>									
City (5) <u>Princeton, NJ</u>		Square Feet <u>3000 SF</u>	# of Floors <u>2</u>						
		Bldg. Age <u>70+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>School</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 371</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weigarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>6/27/14</u>	Scheduled Completion Date (11) <u>6/29/14</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 371</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
<u>1st Floor</u>			<u>✗</u>	<u>Pipe Insulation</u>	<u>40 lf</u>	<u>✗</u>			
				<u>(wrap and cut)</u>					
<u>Basement</u>				<u>Flue Insulation</u>	<u>1 sf</u>	<u>✗</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/29/14</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>6/17/14</u>			

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

Date of Notification (1) <div style="text-align: center;">06 / 17 / 14</div>		Name of Building Owner/Operator (2) <b>Tom Tahan</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>29 Baker Road</b>							
		City, State, Zip Code <b>Livingston, NJ 07039</b>							
		Name of Contact <b>Tom Tahan</b>	Telephone Number <b>732-350-1234</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</b>		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 <b>29 Baker Road</b>									
City (5) <b>Livingston</b>		Square Feet	# of Floors						
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <div style="text-align: center;">06 / 28 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 30 / 14</div>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
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 <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>50 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crawl Space</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ACM Pipe Insulation</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 			Date <b>6/17/14</b>		



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

Date of Notification (1) 06 / 17 / 14		Name of Building Owner/Operator (2) Dunellen Board of Education / Job #1406-4778 Check #6372							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address High and Lehigh Streets							
		City, State, Zip Code Dunelle, NJ 08812							
		Name of Contact Brian DeLucia	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dunellen High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 411 1 <sup>st</sup> Street		Square Feet	# of Floors						
City (5) Dunellen		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren St.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Dominick Dercole	Telephone No. 609-462-3218	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 06 / 30 / 14	Scheduled Completion Date (11) 07 / 14 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tiles	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbows/Fittings	160 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/14/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature <i>Jennifer Piraine</i>		Date 6/17/14			



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

Date of Notification (1) <b>06 / 17 / 14</b>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1406-4779 Check #6373</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b> City, State, Zip Code <b>New Brunswick, NJ 08901</b> Name of Contact <b>Jim Uricchio</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital - 4<sup>th</sup> Floor Tower</b>		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 <b>One Robert Wood Johnson Place</b>									
City (5) <b>New Brunswick</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>	Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>06 / 19 / 14</b>	Scheduled Completion Date (11) <b>06 / 21 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile, Linoleum & Mastic	50 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/21/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Jennifer Piraine</b>		Title <b>Operations Coordinator</b>		Signature <i>Jennifer Piraine</i>		Date <b>6/17/14</b>			



575


Print Form

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

Date of Notification (1) <b>06/16/14</b>		Name of Building Owner/Operator (2) <b>Archdiocese of Newark</b>		2014 JUN 23 PM 1	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>171 CLIFTON AVE.</b> City, State, Zip Code <b>NEWARK, NJ 07104</b> Name of Contact <b>TOM MCCUE</b>	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>GARAGE/ST. MARY'S OF THE ASSUMPTION</b>				Type of Facility (4)	
Street Address <b>321 S. BROAD ST.</b>				<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) <b>ELIZABETH</b>				Square Feet <b>400</b>	# of Floors <b>1</b>
County (6) <b>UNION</b>				Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9)	
Street Address				<b>LESCO SERVICES INC.</b>	
City, State, Zip Code				Street Address <b>156 MAPLE AVE.</b>	
				City, State, Zip Code <b>WALLINGTON, NJ 07057</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>973-406-7341</b>	License No. <b>04107</b>
Start Date (10) <b>06/28/14</b>		Scheduled Completion Date (11) <b>06/30/14</b>		Name of OSHA Monitor <b>LESLAW NALODKA</b>	
Occupancy Status During Abatement (Check Only One)				Street Address <b>156 MAPLE AVE.</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				City, State, Zip Code <b>WALLINGTON, NJ 07057</b>	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)
	Yes	No	N/A		
<b>ROOF</b>			<b>*</b>	<b>Roofing material</b>	<b>400 SF</b>
Name of Registered Waste Hauler <b>NEWARK CARTING INC.</b>		NJDEP Waste Hauler ID No. <b>05403</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>G.R.O.W.S</b>
City, State <b>NEWARK, NJ</b>		Disposal Date <b>06/30/14</b>		City, State <b>Morrisville, PA</b>	
Completed by <b>LESLAW NALODKA</b>		Title <b>PRESIDENT</b>		Signature <b>L. Nalodka</b>	Date <b>06/16/14</b>

CK 23837

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

Date of Notification (1) <b>6 / 17 / 14</b>		Name of Building Owner/Operator (2) <b>Merrimac Industries Inc</b>		2014 JUN 23 PM 12:00					
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 <b>41 Fairfield Place</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
		Name of Contact <b>Ron Rowe</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Merrimac Industries Inc.</b>				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 <b>41 Fairfield Place</b>									
City (5) <b>West Caldwell</b>				Square Feet <b>70,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>50</b>					
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Manufacturing</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services, Inc</b>		ASCM No. <b>00017</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>318 12th Street, Hammonton NJ 08037</b>			Street Address <b>2 Henderson Drive</b>						
City, State, Zip Code <b>Hammonton NJ 08037</b>			City, State, Zip Code <b>West Caldwell, NJ 07006</b>						
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>					
Start Date (10) <b>06 / 28 / 14</b>		Scheduled Completion Date (11) <b>06 / 29 / 14</b>		Name of OSHA Monitor <b>Superior Abatement Inc</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-4:00PM/</b> _____ PM-_____ AM			Street Address <b>2 Henderson Drive</b>						
			City, State, Zip Code <b>West Caldwell, NJ 07006</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>1<sup>st</sup> Floor - New Core Manufacturing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/Mastic under CMU Block Wall</b>	<b>300 SF</b>	<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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>6/29/2014</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 		Date <b>6-17-14</b>				



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

check #1282

Page 1 of 1

Date of Notification (1) 6-18-2014		Name of Building Owner/Operator (2) Board of Education Township of Edison							
Agencies Notified	Type Notification	Street Address 312 Pierson Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837							
		Name of Contact Ken Stromsland	Telephone Number <del>732-261-1111</del>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Thomas Jefferson Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 450 Division Street		Square Feet 50,000+	# of Floors 1						
City (5) Edison		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detailed Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Grand Avenue		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201.569.6708	Telephone No. 201-710-9725						
		License No. 01084							
Start Date (10) 6-18-2014 after 3:00 pm	Scheduled Completion Date (11) 6-23-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Home EC Room		X		Ceiling Tile glue dots	912 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 6-18-2014		

Date of Notification (1) 6-18-2014		Name of Building Owner/Operator (2) Rutherford Board of Education							
Agencies Notified	Type Notification	Street Address 176 Park Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Joseph P Kelly	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rutherford Sylvan School MS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 109 Sylvan Street		Square Feet 30,000	# of Floors 2						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 118	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 464 Valley Brook, Ave #3A		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. (201) 438-4839	License No. 01084						
Start Date (10) 6-23-2014	Scheduled Completion Date (11) 7-25-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached			X			X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>				Date 6-18-2014	




Location(s)	Material Description	Estimated Quantity
	<u>ACM-2</u> = 3 1/2" Sleeved Penetrations	10
	<u>ACM-3</u> = Removal of Wall Plaster	115 SF
	<u>ACM-7</u> = Install 5" wide Vertical Raceway back channel	150 LF
	<u>ACM-8</u> = Install Back Channel for Horizontal Raceway	50 LF
	<u>ACM-9</u> = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	2 Sleeves
	<u>ACM-10</u> = Install Raceway back Channel Above Existing Casework (35" AFF to Act as Backsplash)	110 LF
	<u>ACM-11</u> = Modify Illustration Board/ for Vertical Raceway	2 Modification
	<u>ACM-16</u> = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	<u>ACM-17</u> = 3' Long Slotted Channel Mounted on the Ceiling	4 Channels
Second Floor	<u>ACM-1</u> = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5'	115 Channels
	<u>ACM-2</u> = 4 1/2" Sleeved Penetrations	9
	<u>ACM-2</u> = 3 1/2" Sleeved Penetrations	9
	<u>ACM-3</u> = Removal of Wall Plaster	225 SF
	<u>ACM-7</u> = Install Back Box for 5" Vertical Raceway	160 LF
	<u>ACM-8</u> = Install Back box for Horizontal Raceway	65 LF
	<u>ACM-9</u> = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	1 Sleeve
	<u>ACM-10</u> = Install Raceway Above Existing Casework (35" AFF to Act as Backsplash)	20 LF
	<u>ACM-11</u> = Modify Illustration Board/ for Vertical Raceway	2 Modification
	<u>ACM-12</u> = Cut and Remove Existing Coat Hook Strip. Patch the wall for holes and prepare it to receive paint finish.	5 LF
	<u>ACM-16</u> = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	<u>ACM-17</u> = 3' Long Slotted Channel Mounted on the Ceiling	6 Channels
Lower Level	<u>ACM-1</u> = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5' Apart	40 Channels
	<u>ACM-2</u> = 4 1/2" Sleeved Penetrations	10
	<u>ACM-2</u> = 3 1/2" Sleeved Penetrations	4
	<u>ACM-3</u> = Removal of Wall Plaster	115 SF
	<u>ACM-4</u> = 6" Sleeved Penetrations	2
	<u>ACM-5</u> = 2' High Unistrut 3' Apart Parallel in Hallway	4 Channels
	<u>ACM-6</u> = Install 6x6 Pull Box	7 Boxes
	<u>ACM-7</u> = Install Back Channel for 5" Vertical Raceway	30 LF
	<u>ACM-8</u> = Install Back Channel for Horizontal Raceway	60 LF
	<u>ACM-9</u> = 4 1/2" Sleeves Thru Floor / Ceiling Assembly	4 Sleeves
	<u>ACM-15</u> = Sleeve Thru Exterior Wall Assembly for 6" Sleeved Penetration	1
	<u>ACM-16</u> = 3' Long Slotted Channel Mounted on the Ceiling	4
	Repair/ Replace Spalling Plaster Behind Stage	470 SF
First Floor	<u>ACM-1</u> = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5' Apart	90 Channels
	<u>ACM-2</u> = 4 1/2" Sleeved Penetrations	10

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

check #1280

Page 1 of 1

Date of Notification (1) 6-18-2014		Name of Building Owner/Operator (2) Denville Township School District							
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 Morris Ave Suite 279  City, State, Zip Code Denville New Jersey 07834  Name of Contact Jerry Rolph						
			Telephone Number _____						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Riverview Elementary  Street Address 33 St. Mary's Place  City (5) Denville		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  Square Feet 40,000+							
		# of Floors 1	Bldg. Age 50+						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Detailed Associates  Street Address 300 Grand Avenue  City, State, Zip Code Englewood, NJ 07631		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc  Street Address 140 Hamburg Turnpike  City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Anthony Valentine  Telephone No. 201.569.6708		Telephone No. 201-710-9725	License No. 01084						
Start Date (10) 6-20-2014 after 3:00 pm	Scheduled Completion Date (11) 6-23-2014		Name of OSHA Monitor GL Group, Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike  City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st fl boys&girls bathrooms/190-191		X		Pipe Insulation	165 LF	X			
1st fl boys&girls bathrooms/157-155		X		Pipe Insulation	165 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature 			Date 6-18-2014			



Date of Notification (1) 6-18-2014		Name of Building Owner/Operator (2) SADDLE BROOK PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 355 Mayhill Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Saddle Brook, NJ 07663							
		Name of Contact Raymond G. Karaty	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 355 Mayhill Street		Square Feet 184,000+	# of Floors 3						
City (5) Saddle Brook		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 N Church Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800 x 23	License No. 01084						
Start Date (10) 6-20-2014 at 3:00 pm	Scheduled Completion Date (11) 6-23-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Gym Closet #1		X		Mastic/underlayment	207 SF	x			
Gym Closet #2		X		Mastic/underlayment	64 SF	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-18-2014			

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

Date of Notification (1) 6-19-2014		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 2175 Lemoine Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Jack DeNichilo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fort Lee High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3000 Lemoine Avenue		Square Feet 40,000 +	# of Floors 2						
City (5) FORT LEE		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 6-24-2014 at 3:30 pm	Scheduled Completion Date (11) 6-29-2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub-8 Occupied		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Home EC Room		X		VAT/Mastic Multi layers	990 SF	X			
Sewing Room		X		VAT/Mastic Multi layers	700 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-19-2014			