

No CK

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

Check No. No Fee - PA Project

Date of Notification (1) June 18, 2015		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCP <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 Building 125 City, State, Zip Code Newark, NJ 07114 Name of Contact Ralph Campione Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport - WO No. 07			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address CHIRP Storage Yard Adjacent to Parking Lot P07			Square Feet N/A	# of Floors N/A	Bldg. Age N/A		
City (5) Newark			County Code (7) (STATE USE ONLY) Essex				
County (6) Essex			Current Use (Prior if being demolished) Storage Yard				
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.				
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue					
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120			
Start Date (10) July 13, 2015		Scheduled Completion Date (11) July 27, 2015		Name of OSHA Monitor McCabe Environmental Services, L.L.C.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 56 In ft	Abatement Type		
	Yes	No			N/A	Removal	Repair
CHIRP Storage Yard Adjacent to Parking Lot P07	<input checked="" type="checkbox"/>		Transite pipe		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 6	Name of Registered Landfill Grows North Landfill / Grand Central Landfill (Friable) (Non-Friable)			
City, State 250 Rutherford Boulevard, Clifton, NJ 07014-1312			Disposal Date 07/16/2015 - 07/31/2015	City, State Morrisville, PA / Penn Argyl, PA			
Completed by G. Roger Woodman		Title Project Manager	Signature 		Date 6/18/2015		

NO CK

State of New Jersey

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

Date of Notification (1) <u>06/11/19/11/15</u>		Name of Building Owner/Operator (2) <u>Phillips 66</u>	
Agencies Notified	Type Notification	Street Address <u>1400 Park Avenue</u>	
<input checked="" type="checkbox"/> IEPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <u>Cinden NJ</u>	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact <u>Ben Hines</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number <u>907-553-5555</u>	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Phillips 66</u>			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 <u>1400 Park Avenue</u>			Square Feet <u>Outdoor</u>	# of Floors <u>1</u>
City (5) <u>Cinden</u>	County (6) <u>UNION</u>	County Code (7) (STATE USE ONLY)	Bldg. Age <u>Oil Refinery</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>			Name of Abatement Contractor (9) <u>New States Contracting LLC</u>	
Street Address			Street Address <u>2400 Main St Extension Suite 10</u>	
City, State, Zip Code			City, State, Zip Code <u>Sayreville NJ 08872</u>	
Project Manager for Monitoring Firm			Telephone Number <u>732 525-0100</u>	License Number <u>00749</u>
Scheduled Start Date (10) <u>06/11/08/11/15</u>			Name of OSHA Monitor <u>Tiger Environmental 1</u>	
Sched. Completion Date (11) <u>06/11/26/11/15</u>			Street Address <u>234 20th Ave</u>	
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: <u>normal work hours</u>			City, State, Zip Code <u>Brick NJ 08724</u>	

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☐ Renovation
☒ Demolition
☒ Clean up

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ 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)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	C	E
<u>Scrap Yard @ P-66</u>	<u>X</u>	<u>Surfacing</u>	<u>1200 SF</u>	<u>M</u>	<u>O</u>	<u>P</u>	<u>A</u>	<u>S</u>
				<u>V</u>	<u>A</u>	<u>I</u>	<u>U</u>	<u>S</u>
				<u>L</u>	<u>R</u>	<u>L</u>	<u>E</u>	<u>E</u>

Name of Registered Waste Hauler <u>Horwith Trucking Inc</u>	NJDEP Waste Hauler ID No. <u>30</u>	Cubic Yards of Waste <u>30</u>	Name of Registered Landfill <u>Advanced Disposal</u>
City, State <u>PO Box 7 North Hampton PA</u>	Disposal Date <u>6-26</u>	City, State <u>Kersey PA 15846</u>	
Completed By (Print or Type) <u>Kurt Nale</u>	Title <u>Superintendent</u>	Signature <u>Kurt Nale</u>	Date <u>6-19-15</u>

OK 006037

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

D&S Proj. #: 2015-208

Date of Notification (1) 10/16/18		Name of Building Owner/Operator (2) SUE ANN OHL	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	274 FRANKLIN TURNPIKE	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	RIDGEWOOD, NJ 07450	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	SUE ANN OHL	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SUE ANN OHL			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
274 FRANKLIN TURNPIKE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/29/15	Sched. Completion Date (11) 07/10/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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							
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
GARAGE	Yes No N/A	PIPE INSULATION	30 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/30/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/18/2015

01K 006036

D&S Proj. #: 2015-206

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

REC'D JUN 24 AM 3:45

Date of Notification (1) 06/18/15		Name of Building Owner/Operator (2) JOSEPH O'CONNELL	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 204 ADAMS AVENUE		City, State, Zip Code RIVER EDGE, NJ 07661	
Name of Contact JOSEPH O'CONNELL		Telephone Number 212 700	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPH O'CONNELL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 204 ADAMS AVENUE			Square Feet		
City (5) RIVER EDGE			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 06/23/15		Sched. Completion Date (11) 07/15/15		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ATTIC		X		vermiculite attic insulation	1,050 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 20 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/25/15		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/18/2015	

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

Date of Notification (1) 6/19/2015		Name of Building Owner/Operator (2) City of Brigantine		2015 JUN 24 AM 3:44					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 1417 West Brigantine Ave. City, State, Zip Code Brigantine NJ Name of Contact Rich Stevens Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence				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 852 West Shore Drive				Square Feet 1200 sf # of Floors 1 Bldg. Age 50+					
City (5) Brigantine		County (6) Atlantic		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) residential					
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No. _____		Name of Abatement Contractor (9) Yannuzzi Environmental Services					
Street Address 1012 Industrial Drive		City, State, Zip Code West Berlin NJ 08091		Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm Scott Horn		Telephone No. 856-809-1203		Telephone No. 908-218-0880 License No. 01228					
Start Date (10) 6/30/2015		Scheduled Completion Date (11) 7/5/2015		Name of OSHA Monitor Yannuzzi Environmental 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: condemned				Street Address 135 Kinnelon Rd City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Siding (behind vinyl siding)	2,100 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 20 CY		Name of Registered Landfill GROWS			
City, State Kinnelon NJ				Disposal Date 7/05/2015		City, State			
Completed by John Mucha		Title Project Manager		Signature		Date 06/19/15			

OK #6359

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

RECEIVED

Date of Notification (1) 6/23/15		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact RAFER DECAIRES	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G		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 7932 TONNELLE AVE.		Square Feet 700	# of Floors 1
City (5) NORTH BERGEN, NJ.		Bldg. Age Appx 55	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350
		License No. 01111	
Start Date (10) 7/8/15	Scheduled Completion Date (11) 7/8/15	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: necessary operators only		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 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 room		X		TRANSITE PANELS	26 SF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 2	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 6/23/15	

CK # 6358

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

Date of Notification (1) 6/23/15		Name of Building Owner/Operator (2) PSEG		2015 JUN 24 AM 3:43	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact THAD HENDRICKS Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSE&G			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 640 PASSAIC AVE.			Square Feet 680		
City (5) WEST CALDWELL			# of Floors 1		Bldg. Age APPX 53yrs
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SUB STATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217		Telephone No. 732-432-8350	
Start Date (10) 7/7/15		Scheduled Completion Date (11) 7/7/15		License No. 01111	
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA			
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: necessary operators only		Street Address 396 WHITEHEAD AVE.			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code SOUTH RIVER, NJ 08882			
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)	
CONTROL ROOM		X		TRANSITE PANELS	
				50 SF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste Appx 3	
City, State ELIZABETH, NJ		Disposal Date TBD		Name of Registered Landfill GROWS NORTH	
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo	
				Date 6/23/15	

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

Check # 9955

RECEIVED

Date of Notification (1) 6 / 22 / 15		Name of Building Owner/Operator (2) Barbara Ward							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1514 Emerson Ave							
		City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Wayne Shifflet	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ward Residence -- Block 687 Lot 6		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 1514 Emerson Ave		Square Feet 2040	# of Floors 2						
City (5) Atlantic City		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 00847						
Start Date (10) 7 / 2 / 15	Scheduled Completion Date (11) 7 / 2 / 15	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5PM/00PM-____AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Pipe insulation	54 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date 7/5/15		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco	Title Office Manager		Signature <i>Patricia Visco</i>			Date 6/22/15			

NO CK

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

take off hold

U-3-15

Date of Notification (1) 4 / 29 / 15		Name of Building Owner/Operator (2) DPMC		Job #1503-1972 Chk. NA 2015 JUN 24 AM 1:49					
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 #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 West State Street, 3 rd Floor City, State, Zip Code Trenton, NJ 08625 Name of Contact Don Juechter Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CRRNJ Terminal Bldg, Liberty State Park				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 1 Audry Zapp Drive				Square Feet					
City (5) Jersey City				# of Floors 1					
County (6) Hudson				Bldg. Age 200					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Mgmt, Inc.		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 344 West State Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm John Duggan		Telephone No. 609.656.8101		License No. 00862					
Start Date (10) 5 / 13 / 15		Scheduled Completion Date (11) 6 / 12 / 15		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Rooms 105, 106, 106A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Asbestos Flashing	384 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ		Disposal Date 6/12/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date U-3-15			

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

check # 1465
Page 1 of 1

GL15-002-11

Date of Notification (1) 6-19-2015		Name of Building Owner/Operator (2) Wells Fargo Home Mortgage							
Agencies Notified	Type Notification	Street Address 1 Home Campus							
<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 Des Moines, IA 50328							
		Name of Contact Tyler Overturf	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 229 Rector Street		Square Feet 2,350 SF	# of Floors 2						
City (5) Perth Amboy		Bldg. Age 80+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) GL Group, Inc		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 140 Hamburg Turnpike		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Bloomingdale, NJ 07403		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael B Solakov		Telephone No. 973-393-3099	License No. 01084						
Start Date (10) 7/3/2015	Scheduled Completion Date (11) 7/6/2015	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	55 lf	X			
Basement			X	Boiler Insulation	30 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 6-19-2015			

EDS15-156

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

check #1451

Page 1 of 1

Date of Notification (1) 6-17-2015		Name of Building Owner/Operator (2) Caldwell- West Caldwell Board of Education							
Agencies Notified	Type Notification	Street Address 104 Gray Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Caldwell, NJ 07006-7696							
		Name of Contact Frank Ennis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson 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 85 Prospect Street		Square Feet 5,000+	# of Floors 1						
City (5) West Caldwell		Bldg. Age 40+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Krystoff Liz		Telephone No. (609) 652-1833	License No. 01084						
Start Date (10) 6-23-2015 at 2 pm	Scheduled Completion Date (11) 8-7-2015	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 Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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
Crawlspace	X			Thermal System Insulation	6,475 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 Bloomington, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-17-2015			

EDS15-181

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

check # 1463

Page 1 of 1

Date of Notification (1) 6-15-2015		Name of Building Owner/Operator (2) Somerville Public Schools							
Agencies Notified	Type Notification	Street Address 51 West Cliff Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville, NJ 08876							
		Name of Contact Salvatore Gambino	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Van Derveer 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 51 Union Avenue		Square Feet 30,000+	# of Floors 1						
City (5) Somerville		Bldg. Age 40+							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Turnpike							
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) 6-26-2015	Scheduled Completion Date (11) 6-30-2015	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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
Kindergarten A-9&A-10 Bathrooms		X		Pipe insulation	200 lf	X			
Kindergarten A-9&A-10 Bathrooms		X		Pipe Fittings	15 ea	X			
Kindergarten A-9&A-10 Bathrooms		X		Pipe Fittings Water Main	10 ea		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 6-15-2015			

EDS15-032

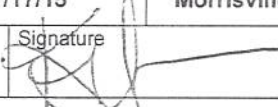
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

check # 1464

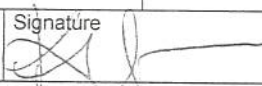
Date of Notification (1) 6-11-2015		Name of Building Owner/Operator (2) Randolph Township Board of Education							
Agencies Notified	Type Notification	Street Address 25 Schoolhouse Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Andy Hurd	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shongum Elementary		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 9 Arrow Place		Square Feet 50,000+	# of Floors 1						
City (5) Randolph		Bldg. Age 40+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASC No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	License No. 01084						
Start Date (10) 6-23-2015	Scheduled Completion Date (11) 7-5-15	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
Roof Sections A, B, C		X		Flashing	3,000 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 6-11-15			

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

Date of Notification (1) <u>6</u> / <u>19</u> / <u>15</u>		Name of Building Owner/Operator (2) New Jersey CVS Pharmacy, LLC		Job #1506-1990 Chk. #3994	
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 One CVS Drive City, State, Zip Code Woonsocket, RI 02895 Name of Contact Al Stein, Preferred Developer	
				Telephone Number 7	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CVS Property/Campus				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 111 & 119 Beachwood, 300 Atlantic City Blvd, 110 & 118 Seaman Ave.					
City (5) Beachwood		Square Feet 2400, 1500, 9500, 2800, 1400		# of Floors 2	
				Bldg. Age 45, 55, 65	
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave or Steven Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	
				License No. 00862	
Start Date (10) <u>6</u> / <u>29</u> / <u>15</u>		Scheduled Completion Date (11) <u>7</u> / <u>17</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<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 /Negative Pressure Enc. <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
**See Page 2 for Additional Scope 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)	
111 Beachwood Blvd.		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Transite Siding Multi Layer Roofing 3,924 SF 160 SF	
119 Beachwood Blvd.		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Transite Siding Sheet Flooring 3,222 SF 144 SF	
119 Beachwood Blvd. (cont)		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Multi Layer Roofing Duct Wrap 102 SF 452 LF	
118 Seaman Ave.		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Flue Packing Transite Siding 2 SF 1,755 SF	
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	
City, State Freehold, NJ		Disposal Date 7/17/15		Name of Registered Landfill GROWS Landfill	
City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 6/19/2015	

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

RECEIVED

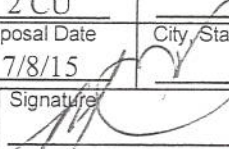
Date of Notification (1) <div style="text-align: center;">6 / 19 / 15</div>		Name of Building Owner/Operator (2) New Jersey CVS Pharmacy		2015 Job #1506-1990 Chk. #3994					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 One CVS Drive City, State, Zip Code Woonsocket, RI 02895 Name of Contact Al Stein, Preferred Developer					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CVS Property/Campus				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 111 & 119 Beachwood, 300 AC Blvd, 110 & 118 Seaman Ave.									
City (5) Beachwood				Square Feet	# of Floors				
				Bldg. Age					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address PO Box 316				Street Address 3859 Sylon Boulevard					
City, State, Zip Code Thorofare, NJ 08086				City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) <div style="text-align: center;">6 / 29 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 17 / 15</div>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
300 Atlantic City Blvd.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1,438 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheetrock on Joint Compound	2,800 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	612 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 Seaman Avenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	332 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Siding	455 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ				Disposal Date 7/17/15	City, State Morrisville, PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 6/19/2015		

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

Date of Notification (1) 06/9/2015		Name of Building Owner/Operator (2) City of Brigantine							
Agencies Notified	Type Notification	Street Address 1417 West Brigantine Ave							
<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 Brigantine, NJ							
		Name of Contact Rich Stevens	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4)							
Street Address 435 Lafayette Boulevard		<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) Brigantine		Square Feet 290	# of Floors 2						
		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 1012 Industrial Drive		Street Address 135 Kinnelon Rd							
City, State, Zip Code West Berlin NJ 08091		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Scott Horn		Telephone No. 856-809-1203	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 7/8/2015	Scheduled Completion Date (11) 7/9/2015	Name of OSHA Monitor Yannuzzi Environmental Group, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd.							
<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: condemned		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
1st Floor/Kitchen			x	Gray/Blue 12"X12" Floor Tile	100SF	x			
1st Floor/Laundry Room			x	Yellow Linoleum Flooring	40 SF	x			
Exterior			x	Window Glazing caulking	3 windows	x			
2nd Floor/Back Bedroom			x	Wood Finish 12"X12" Floor Tile	150 SF	x			
Name of Registered Waste Hauler yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 5 CY	Name of Registered Landfill GROWS					
City, State Kinnelon NJ			Disposal Date 7/9/2015	City, State Morrisville, PA					
Completed by John Mucha		Title Project Manager		Signature			Date 06/19/2015		

CK #24894


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

Date of Notification (1) <u>6/19/15</u>		Name of Building Owner/Operator (2) <u>Humora</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>125 Plainsboro Rd.</u>
			City, State, Zip Code <u>Cranbury, NJ 08512</u>
			Name of Contact <u>Todd Kearny</u>
		Telephone Number <u>8</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		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 <u>125 Plainsboro Rd.</u>			
City (5) <u>Cranbury, NJ 08512</u>		Square Feet <u>2100</u>	# of Floors <u>2</u>
		Bldg. Age <u>75+/-</u>	
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>4 Berkley Place</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	License No. <u>00493</u>
Start Date (10) <u>7/6/15</u>		Scheduled Completion Date (11) <u>7/8/15</u>	
Name of OSHA Monitor <u>MECS</u>			
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>7am to 4pm</u>		Street Address <u>4 Berkeley Place</u>	
		City, State, Zip Code <u>Freehold, NJ 07728</u>	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</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>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROWS Landfill</u>	
		Disposal Date <u>7/8/15</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/19/15</u>

CK 3409

Print Form

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

Date of Notification (1) 06/17/2015		Name of Building Owner/Operator (2) Monmouth Regional High School Board of Education							
Agencies Notified	Type Notification	Street Address One Norman J. Field Way							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tinton Falls, NJ 07724							
		Name of Contact Maria Anne Parry	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Regional 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 One Norman J. Field Way		Square Feet 90,000	# of Floors 2						
City (5) Tinton Falls		Bldg. Age 30 years							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public High School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01034						
Start Date (10) 06/29/2015	Scheduled Completion Date (11) 08/14/2015	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied building from 6am to 2:30pm		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 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
A602,G305,G322JC-A H-Hall H B/G		X		Pipe-Fitting insulation	420 LF	x		x	
D500A,D502 D-Wing 504-529		X		Floor Tile and Mastic	15470 SF	x		x	
Library and offices, H401, 401A/B		X		Floor Tile and Mastic	2350 SF	x		x	
D500A, Library, D508,D501, 503		X		Pipe-Fitting insulation	460 LF	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 07/30/2015	City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager	Signature 	Date 06/17/2015					

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

Date of Notification (1) 06/19/2015		Name of Building Owner/Operator (2) City of Brigantine							
Agencies Notified	Type Notification	Street Address 1417 West Brigantine Ave							
<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 Brigantine NJ							
		Name of Contact Rich Stevens	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4)							
Street Address 401 Sheridan Place		<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) Brigantine		Square Feet 75 SF	# of Floors 1						
		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address 1012 Industrial Dr		Street Address 135 Kinnelon Rd							
City, State, Zip Code West Berlin		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm Scott Horn		Telephone No. 856-809-1203	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 7/12/2015	Scheduled Completion Date (11) 7/14/2015	Name of OSHA Monitor Yannuzzi Environmental Group, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon RD.							
<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>Condemned</u>		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom/Utility Room			x	Tan wall Mastic	35 SF	x			
Bathroom/Utility Room			x	Drywall	40 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 2 CY	Name of Registered Landfill GROWS					
City, State Kinnelon NJ			Disposal Date 7/14/2015	City, State Morrisville, PA					
Completed by John Mucha		Title Project Manager		Signature _____			Date 06/19/2015		

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

Date of Notification (1) 6/19/2015		Name of Building Owner/Operator (2) City of Brigantine							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1417 West Brigantine Ave							
		City, State, Zip Code Brigantine NJ							
		Name of Contact Rich Stevens							
		Telephone Number J							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		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 40 Heald Road									
City (5) Brigantine		Square Feet 2800	# of Floors 2						
		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 1012 Industrial Dr		Street Address 135 Kinnelon Rd							
City, State, Zip Code West Berlin NJ 08091		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Scott Horn		Telephone No. 856-809-1203	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 7/03/2015	Scheduled Completion Date (11) 7/9/2015	Name of OSHA Monitor Yannuzzi Environmental Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>condemned</u>		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			x	Joint Compound	2,160 SF	x			
2nd floor			x	Joint Compound	640 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40 CY	Name of Registered Landfill GROWS					
City, State Kinnelon NJ			Disposal Date 7/09/2015	City, State Morrisville, PA					
Completed by John Mucha		Title Project Manager		Signature			Date 6/19/2015		

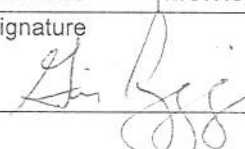
CK 1170

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

Date of Notification (1) 6/19/15		Name of Building Owner/Operator (2) City of Brigantine							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1417 West Brigantine Ave City, State, Zip Code Brigantine NJ Name of Contact Rich Stevens Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence				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 1307 East Shore Dr				Square Feet 1200 sf # of Floors 1 Bldg. Age 50+					
City (5) Brigantine		County (6) Atlantic		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) residential					
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No. _____		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc					
Street Address 1012 Industrial Dr		Street Address 135 Kinnelon Rd							
City, State, Zip Code West Berlin NJ 08091		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Scott Horn		Telephone No. 856-809-1203		Telephone No. 908-218-0880 License No. 01228					
Start Date (10) 6/29/15		Scheduled Completion Date (11) 7/2/15		Name of OSHA Monitor Yannuzzi Environmental Group, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Condemned</u>				Street Address 135 Kinnelon Rd. City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
First Floor			x	Drywall joint compound	945 sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 20 CY	Name of Registered Landfill GROWS				
City, State Kinnelon NJ				Disposal Date 7/1/15	City, State Morrisville, PA				
Completed by John Mucha		Title Project Manager		Signature _____		Date 6/19/15			

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

ck 2829
RECEIVED

Date of Notification (1) 6/19/15		Name of Building Owner / Operator (2) South Hunterdon Regional School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 301 Mt Airy - Harbourton Road City, State & Zip Code Lambertville, NJ 08530 Name of Contact Kerry Sevilis	
		Telephone Number 10	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) South Hunterdon Regional HS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 301 Mt Airy - Harbourton Road		Square Feet 40000	
City (5) Lambertville	County (6) Hunterdon	County Code (7)	# of Floors 1
			Bldg. Age 60+
		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 56 East Bridge Street		Street Address 1123 Beaver Street	
City, State & Zip Code Morrisville, PA 19067		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Richard Beach		Telephone Number 267-991-9212	License Number 00509
Scheduled Start Date (10) 7/1/15	Scheduled Completion Date (11) 7/3/15	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7am to 3pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	
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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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 or 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)
Locker Rooms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Wrap & Cut Fittings	50
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill
City, State New Castle, DE	Disposal Date 7/3/2015	City, State Morrisville PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature 	Date 7/3/15

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

Date of Notification (1) 06/19/2015		Name of Building Owner/Operator (2) City of Brigantine							
Agencies Notified	Type Notification	Street Address 1417 West Brigantine Ave							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brigantine NJ							
		Name of Contact Rich Stevens	Telephone Number 70						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4)							
Street Address 103 North 12th 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) Brigantine		Square Feet 1770 sf	# of Floors 1						
		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 1012 Industrial Dr		Street Address 135 Kinnelon Rd							
City, State, Zip Code West Berlin NJ 08091		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Scott Horn		Telephone No. 856-809-1203	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 7/9/2015	Scheduled Completion Date (11) 07/13/2015	Name of OSHA Monitor Yannuzzi Environmental Group, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd.							
<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>Condemned</u>		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Gray Transite Siding	1,200 SF	x			
1st Floor/Living Room			x	Tan 9"X9" Floor Tile(Bottom Layer)	300 SF	x			
1st Floor/Middle Bedroom			x	Tan 9"X9" Floor Tile(Bottom Layer)	120 SF	x			
1st Floor/Kitchen			x	Tan 9"X9" Floor tile (Bottom Layer)	150 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 30 CY	Name of Registered Landfill GROWS					
City, State Kinnelon NJ			Disposal Date 07/13/2015	City, State Morrisville, PA					
Completed by John Mucha		Title Project Manager	Signature			Date 06/19/2015			

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

B & G proj. #: 2015-117

Check # 7272

Date of Notification (1) 06/18/15		Name of Building Owner/Operator (2) Westfield 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 302 Elm Street	
		City, State, Zip Code Westfield	
		Name of Contact Dana Sullivan, Business Admin.	Telephone Number 1

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tamaques Elementary School-SUB 8			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 641 Willow Grove Road			Square Feet # of Floors Bldg. Age		
City (5) Westfield	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Enviro Vision Consultants, Inc.		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Guillermo Morales		Phone Number 973-636-9145	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 07/06/2015		Sched. Completion Date (11) 07/10/2015	Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		
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: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Boiler Room	X			pipe, elbows, joints insulation	90 lf	X			
Boiler Room	X			breeching insulation	40 sqft	X			
						X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 07/07-10/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/18/2015

B & G proj. #: 2015-116

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

*** EMERGENCY ***

Check # 7263

Date of Notification (1) 06/15/15		Name of Building Owner/Operator (2) Waterford Township Public Schools	
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 1106 Old White Horse Pike N		City, State, Zip Code Waterford, NJ 08089	
Name of Contact Daniel J. Fox, School Business Administrator		Telephone Number 33	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Atco Elementary School-SUB 8			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2162 Cooper Road			Square Feet		
City (5) Waterford			County (6) Camden		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA CONSULTANTS		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address P.O. Box 385			Street Address 105 Ryerson Road	
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number 973-696-6869	License Number 0378
Scheduled Start Date (10) 06/19/2015		Sched. Completion Date (11) 06/26/2015		
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: 6/19/15 start @ 3:00 p.m. & 7:00 a.m.-3:30 p.m. <input type="checkbox"/> Other-Describe:				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

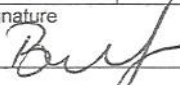
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Boiler Room	X			Boiler rib packing	50 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	X			Boiler door insulation	20 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	X			Boiler rope, gaskets, & bricks	40 sqft	<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"/>

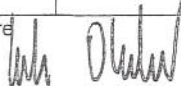
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 7 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 06/22-26/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/15/2015

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

Date of Notification (1) 6/22/15		Name of Building Owner/Operator (2) 254 LLC							
Agencies Notified	Type Notification	Street Address 254 Jimmy Leeds 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 Galloway Township, New Jersey							
		Name of Contact Betty	Telephone Number 609 652-1002						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 254 LLC Property		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 254 Jimmy Leeds Rd		Square Feet 1700	# of Floors 1						
City (5) Galloway		Bldg. Age 65+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
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. 732-294-1757	License No. 00029						
Start Date (10) 7/1/15	Scheduled Completion Date (11) 7/6/15	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: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
outside			x	siding	1700sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 7/6/15	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 6/22/15			

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

CHECK # 8572

Date of Notification (1) <div style="text-align: center;">06 / 17 / 15</div>		Name of Building Owner/Operator (2) Hackettstown Public Schools							
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 315 Washington Street							
		City, State, Zip Code Hackettstown, NJ 07840							
		Name of Contact Mr. John Bowker	Telephone Number 908-6						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hatchery Hill 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 and commercial buildings, homes, etc.)							
Street Address 389 5th Avenue									
City (5) Hackettstown	Square Feet 80,000 SF	# of Floors 1	Bldg. Age 40+						
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental	ASCM No. 0027	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address 307 N. Wanut Street		Street Address 494 E. 41 Street							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Paul F. McCaa	Telephone No. 610-4317545	Telephone No. 973-345-0022	License No. 00507						
Start Date (10) 07 / 06 / 15	Scheduled Completion Date (11) 07 / 20 / 15	Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM/ _____ PM- _____ AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Halls & Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tiles	17,202 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	1,978 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13206	Cubic Yards of Waste 100	Name of Registered Landfill GROWS, Inc.					
City, State Freehold, NJ 07728		Disposal Date 07-17-2015		City, State Morrisville, PA 12506					
Completed By (Print or Type) Leslie Olszewski	Title Project Manager		Signature 			Date 06-17-2015			